

State of Illinois
Pat Quinn, Governor

Department of Public Health
Damon T. Arnold, M.D., M.P.H., Director



Instruction Manual for the Illinois EMS Prehospital Care Report Form

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Instruction Manual for the Illinois EMS Prehospital Care Report Form

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Section 1—The Legal Basis for Collecting Prehospital Data

The Illinois Department of Public Health is authorized by the Illinois EMS Act, 210 ILCS 50/3.195, and the Emergency Medical Service and Trauma Center Code, 77 IAC § 515.350, to collect prehospital run report data.

From the EMS Act (210 ILCS 50)

§ 3.195. Data Collection and Evaluation.

- (a) The Department shall develop and administer an emergency medical services data collection system. Nothing in this Section shall be construed to empower the Department to specify the form of internal recordkeeping.
- (b) The confidentiality of patient records shall be maintained in accordance with State and federal regulations on confidentiality of records.
- (c) The Department shall develop parameters by which the availability and quality of emergency medical care can be evaluated to assure a reasonable standard of performance by individuals and organizations providing such services.
- (d) EMS Medical Directors shall have the authority to require System participants to provide data to the System in addition to that required by the Department. Participants shall not be required to submit financial information that is proprietary in nature and unrelated to the scope or purposes of this Act.

From Illinois Administrative Code (77 IAC)

§ 515.350 (excerpts)

- a) A run report shall be completed by each vehicle service provider for every emergency prehospital or interhospital transport and for refusal of care.
 - 1) One copy shall be left with the receiving hospital emergency department, trauma center or health care facility before leaving this facility.
 - 2) Each Resource Hospital EMS System shall designate or approve a single form to be used by all of its vehicle providers. It shall be a form that contains the minimum prescribed data elements listed in Section 515.Appendix E of this Part.

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- c) The ambulance provider shall submit the run report data to the Resource Hospital EMS System. Each Resource Hospital EMS System shall submit a data report to the Department on March 1, June 1, September 1, and December 1 of each year, covering run report data from the preceding quarter. The report shall be in one of the following formats:
 - 1) Copies of a scannable run report form, or
 - 2) [An electronic file] containing the prescribed data elements.
 - A) The data elements shall be in a format compatible with the Department's data base input specifications, and
 - B) Department review and approval of data format compatibility is required prior to submission.

Section 2—General Guidance

These instructions apply to the one-page, two-sided computer form used to collect the prehospital data elements prescribed by the Illinois Department of Public Health. This form is commonly referred to as “the bubble sheet.”

General guidelines for the successful completion and shipment of the forms:

- Use black or blue ink to fill in the bubbles. Red ink, in particular, will not be recognized by the scanner.
- Errors may be covered using correction fluid or correction tape. If fluid is used it should be allowed to dry completely before stacking the forms.
- Fill ovals completely. “Doughnuts,” checkmarks, or single lines through an oval will not be recognized by the scanner.
- Do not tear, fold, or otherwise damage the form.
- Do not staple other documents to the form, such as narrative documentation, or include other loose documents with the forms shipment; ensure all forms are free of staples.
- Do not write in the form margins, or anywhere else on the form except in the boxes and ovals directly underneath each of the blue-and-white data element labels.
- Ensure that the forms are securely packaged for shipping, especially if they are being sent by the carton. This will minimize shipping damage such as curled or creased edges, tears, and forms that do not lie flat.
- Send the forms to the appropriate EMS System Resource Hospital or, with the Resource Hospital’s permission, directly to the Illinois Department of Public Health:

IDPH/OPR/EMS and Highway Safety
122 S Michigan Ave, Rm 768
Chicago, IL 60603
Attn: Prehospital Report Forms

- All reports for runs that occur in a given quarter should be promptly shipped after the end of that quarter. Forms may be sent more but not less often than quarterly.

Additional information about the form:

- When a data element contains header boxes above columns of ovals, enter text in the boxes and fill in the oval below it that corresponds to the text entry.
- “Unknown” and “Not Applicable” responses are intended only for use in situations for which those descriptions truly apply. They should not be used when more specific information is available and applicable.
- When entering a number, such as a time, all available columns for the number must be completed, including leading zeros. If the time to be entered is 8:05 AM, the correct entry is 0805. Use military time, so for 8:05 PM the correct entry is 2005.
- Some data elements with multiple choices allow multiple entries, while other others allow only single entries. Refer to the element-by-element instructions in the next section for more information.

Section 2—Element-by-element Guidance

Specific values/choices for multiple choice data elements are not defined when self-evident or assumed to be common knowledge.

Unless otherwise noted:

- *An entry is required for each **applicable** data element on the form;*
- *Only one response should be selected for multiple-choice data elements.*

-----↓ Side one of form ↓-----

LITHOCODE: The form serial number pre-printed on side one, lower right-hand side (no entry needed).

DATE: The month, date, and year that the EMS response was initiated. Record only the last digit of the year.

AGENCY NO.: The four-digit EMS provider license number (the first four digits of the vehicle plate number). Entries will be checked against known agency license numbers when the form is scanned.

A valid EMS agency license number must be recorded on all run reports, regardless of patient/incident disposition, including cancellations and refusals.

VEH. #: The two-digit EMS vehicle number (the last two digits of the vehicle plate number).

INCIDENT NUMBER: The number assigned to the incident by the 911 dispatch system.

INCIDENT COUNTY: Enter the 5 digit Federal Information Processing Standards (FIPS) code for the county in which the incident occurred. The last three of the five digits comprise the county identifier, and the first two comprise the state identifier. **The state identifier for Illinois is 17.** For surrounding states the state identifiers are:

Indiana—18

Iowa—19

Kentucky—21

Missouri—29

Wisconsin—55

INCIDENT ZIP CODE: The five-digit ZIP code for the area in which the incident occurred.

DISPATCH DELAY: The reason for a delay during dispatch; if no dispatch delay select “None.”

DELAYS: This matrix covers RESPONSE DELAY, SCENE DELAY, and TRANSPORT DELAY. If there was a delay during one or more of these stages of the run select the choice in the appropriate row that best describes the reason for the delay; whenever there is no delay for a stage, select “None” for that stage; record “N/A” for SCENE DELAY or TRANSPORT DELAY if either type of delay does not apply due to a call cancellation, no patient found at scene, etc.

TURN-AROUND DELAY: Reason the EMS unit experienced a delay in achieving a state of readiness for the next call; if no turn-around delay select “None.”

RESPONSE MODE: The unit’s lights and sirens status on the way to the scene.

SERVICE REQUESTED: Type of service the EMS unit was dispatched to provide.

911 Response (Scene) – Emergent or immediate response to an incident location, regardless of method of notification (for example, 911, direct dial, walk-in to agency, or flagging down).

Intercept – When one EMS Provider meets a transporting EMS unit with the intent of receiving a patient or providing a higher level of care.

Inter-facility Transfer – Transfer of a patient from one hospital to another hospital.

Medical Transport – A transport that is not between two hospitals and does not require an immediate response.

Mutual Aid – A request from another ambulance service to provide emergent or immediate response to an incident location.

Standby – An initial request for service that was not tied to a patient but to a situation where a person may become ill or injured, such as a parade, sports event, or other large public gathering.

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- COMPLAINT REPORTED BY DISPATCH:** The primary complaint provided to the unit by the 911 dispatcher.
- EMD PERFORMED:** Whether or not Emergency Medical Dispatching (EMD) was performed by the 911 dispatcher and, if so, whether or not pre-arrival instructions were provided to the unit.
- GENDER:** Patient gender; complete “Y” for pregnant when applicable.
- ETHNICITY and RACE:** These are *separate categories* and both fields should be completed. Base selections on what is self-reported by the patient, whenever possible.
- PT DATE OF BIRTH:** If “UNK” is selected for patient date of birth then an estimate is required in AGE. An exact date of birth is preferable to an estimate in the AGE field.
- WORK-RELATED:** Base the response on information provided by the patient or witness. If that is not available, an EMS crew member’s assessment may be used if the work-related status is not in question.
- PT’s OCCUPATIONAL INDUSTRY:** Complete if WORK-RELATED is “Yes,” otherwise leave blank.
- AGE:** An entry is required if no birthdate is recorded in the PT. DATE OF BIRTH field, otherwise AGE may be left blank. Always complete all three digits (for example, 16 years would be 016, 2 years would be 002); units are recorded here also. Use hours, days, months, or years as follows:
- ▶ If age is less than one day, use hours; otherwise
 - ▶ If age is less than one month, use days; otherwise
 - ▶ If age is less than two years, use months; otherwise
 - ▶ For all other ages use years.
- PT. HOME ZIP CODE:** May be left blank if not applicable, such as with a cancelled call or if no patient is found at the scene.
- CREW MEMBER #1/#2/#3 ID:** The state license number for each EMT B/I/P crew member associated with the EMS unit for which the report is being completed, for up to three crew members beginning with CREW MEMBER #1 ID. If fewer than three crew members, leave the remaining field(s) blank. Entries will be checked against valid EMT B/I/P license numbers when the form is scanned.
- INCIDENT LOCATION TYPE:** The setting in which the incident occurred.
- Home/Residence** – Any home, apartment, or residence (not just the patient's home). Includes a yard, driveway, garage, pool, garden, or walk of a home, apartment, or residence. Excludes assisting living facilities.
- Farm** – A place of agriculture, excluding a farmhouse; includes land under cultivation and non-residential farm buildings.
- Mine or Quarry** – Includes sand pits, gravel pits, iron ore pits, and tunnels under construction.
- Industrial Place and Premises** – A place where things are made, assembled, constructed, stored, or loaded/unloaded; includes construction sites, factories, warehouses, industrial plants, docks, and railway yards.
- Place of Recreation or Sport** – Includes amusement parks, public parks and playgrounds, sports fields/courts/courses, sports stadiums, skating rinks, gymnasiums, non-residential swimming pools, waterparks, and resorts.
- Street or Highway** – Any public street, road, highway, or avenue, including boulevards, sidewalks, ditches.
- Public Building (schools, government offices)** – Any publicly owned building and its grounds, including schools, public museums, and government offices.
- Trade or Service (business, bars, restaurants, malls, etc.)** – Any privately owned building used for business and open to the public. Includes bars, restaurants, office buildings, churches, stores, malls, bus/railway stations. Excludes health care facilities.

Incident Location Type continued on next page →

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INCIDENT LOCATION TYPE (continued):

Health Care Facility (clinic, hospital, nursing home) – A place where health care is delivered, includes, clinics, doctor's offices, hospitals and, under certain conditions, nursing homes*.

Residential Institution (nursing home, assisted living, jail/prison) – A place where people live that is not a private home, apartment, or residence. Includes, nursing homes*, jails/prisons, orphanages, assisted living when a medical care provider is available but does not provide patient care on a regular basis, and group homes.

Lake, River, Ocean – Any body of water, except swimming pools.

Other Location – Any place that does not fit one of the above categories (use of this selection should be very rare).

OF PTS AT SCENE: Use “Multiple-EMS Overwhelmed” to indicate a mass casualty incident (MCI). For the purposes of this system, a “mass casualty incident” is an event which increases patient volume to the extent that locally available emergency and health care resources, using routine procedures, are rendered inadequate and non-routine assistance becomes necessary.

POSSIBLE INJURY: Must be completed for all incidents involving a patient. Indicates whether or not the reason for the EMS encounter was related to either an actual injury or an anticipated injury based on mechanism (mechanism of injury has been described as the way in which the person sustained the injury; how the person was injured; the process by which the injury occurred, or; the events leading to the injury situation). May be left blank only if not applicable, such as with a cancelled call or if no patient was found.

INC. ONSET: If available, the four-digit military time (24-hour time) when the incident/injury occurred or the symptoms/problem began, or a reasonably accurate estimate. Example of military time usage: For 8:05 AM, record 0805; for 8:05 PM, record 2005. May be left blank, but try to avoid that. Incident onset time is important clinical information, especially for stroke, cardiac, and trauma patients.

PSAP CALL: If available, the four-digit military time when the public safety answering point received the 911 call, or a reasonably accurate estimate. May be left blank if unknown, but try to avoid that if the information is available.

UNIT NOTIFIED: The four-digit military time when the EMS unit was notified of the incident by dispatch. Must be completed for all call types.

UNIT ENROUTE: The four-digit military time when the EMS unit started got underway (vehicle started moving). Must be completed for all call types.

UNIT ARRIVED: The four-digit military time when the EMS unit arrived at the scene of the incident (vehicle stopped moving). May be left blank only if not applicable, such as with a call cancelled en route.

AT PT.: The four-digit military time when the EMS unit arrived at the patient's side. May be left blank only if not applicable, such as with a cancelled call or if no patient was found at the scene.

LEFT SCENE: The four-digit military time when the EMS unit left the scene of the incident (vehicle started moving). Required if the responding unit transported the patient.

ARRIVED DEST.: The four-digit military time when the EMS unit arrived with the patient at the destination or transfer point (vehicle stopped moving). Required if the responding unit transported the patient.

BACK IN SRVC: The four-digit military time when the EMS unit was finished with the call, back in service, and available for the next response (but not necessarily back in its home location). Must be completed for all call types.

* If the incident occurs at a nursing home and the patient is a long-term resident there, then select “Residential Institution”; if the incident occurs at a nursing home and the patient is receiving rehabilitation services or other health care and is not a long-term resident, then select “Health Care Facility.”

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BACK AT HOME: The four-digit military time when the EMS unit was back in its service area. Leave blank when the unit does not return to its service area between calls.

PRIMARY METHOD OF PAYMENT: Base selection on how the EMS provider will be reimbursed for the incident rather than on the type of insurance the patient has.

Commercial Insurance - The incident will be billed to a commercial insurance plan such as health insurance or auto insurance that is paid for privately by the patient, the patient's family, or the patient's employer (excluding Worker's Compensation).

Medicaid - The incident will be billed to Medicaid, the state/federal program that pays for medical assistance for individuals and families with low incomes and resources.

Medicare - The incident will be billed to Medicare, the federal health insurance program for people 65 and older, or persons under 65 with certain disabilities.

Other Government (not Medicare, Medicaid, or Worker's Compensation) - The incident will be billed to a government insurance policy besides Medicare, Medicaid, or Worker's Compensation.

Self Pay / Patient Has No Insurance - The incident will be billed to the patient directly, or the patient has no insurance policy that will pay for this incident.

Not Billed (for any reason) - The patient will not be billed at all for this incident.

Unknown - The primary method of payment was not known at the time the prehospital care data sheet was completed.

CMS SERVICE LEVEL: Centers for Medicare & Medicaid Services level of service (air or ground). Base selection on the medically necessary treatment *provided* during transport (note that "ground" refers to both land and water transportation).

Ground

- Basic Life Support (BLS)
- BLS, Emergency
- Advanced Life Support, Level 1 (ALS1)
- ALS, Level 1, Emergency
- Advanced Life Support, Level 2 (ALS2)
- Specialty Care Transport (SCT)
- Paramedic ALS Intercept (PI)

Air

- Fixed Wing Air Ambulance (Airplane)
- Rotary Wing Air Ambulance (Helicopter)

Use "TBD" (To Be Determined) if CMS Service Level is to be determined after the completion of the prehospital data sheet.

For more information about CMS Service Levels, including definitions, see *Medicare Benefit Policy Manual*, Chapter 10—Ambulance Services, Sub-section 30.1—Categories of Ambulance Services (accessed at <http://www.cms.hhs.gov/manuals/Downloads/bp102c10.pdf> on 20 June 2009).

CONDITION CODE: Used by the EMS provider service to communicate the patient's condition, (as observed by the ambulance crew) to a Medicare contractor or other oversight authority. Where applicable, select either BLS or ALS or major (MAJ) or minor (MIN). Select all that apply.

*The following ten **situation-related** data elements (preceded by (S) in this manual) may be left blank only if not applicable, such as with a cancelled call or if no patient was found at the scene.*

(S) PRIOR AID: Type(s) of care provided to the patient before the unit arrived at the scene. Select all that apply. There are two related data elements:

(S) PERFORMED BY: Categories of people who provided prior aid. Select all that apply.

(S) OUTCOME: The **overall** outcome of **all** prior aid received by the patient. Select only one.

(S) CHIEF COMPLAINT ANATOMIC LOCATION: The **primary** anatomic location of the patient's chief complaint, as identified by EMS personnel. **Select only one.**

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(S) CHIEF COMPLAINT ORGAN SYSTEM: The **primary** organ system of the patient's chief complaint, as identified by EMS personnel. **Select only one.**

(S) SYMPTOMS (PRIMARY & OTHER): Symptoms observed by EMS personnel.

- The patient's **primary** symptom is indicated using an oval containing the letter "P." **Select only one.**
- The patient's **other** symptom(s) is/are indicated using one or more ovals containing the letter "O." **Select as many as apply.**

-----↓ **Side two of form** ↓-----

(S) PROVIDER'S IMPRESSION (PRIMARY & SECONDARY): EMS personnel's impression of the primary and secondary problems/conditions leading to the medications, procedures, and/or other treatment provided to the patient.

- EMS personnel's **primary** impression is indicated using one of the ovals containing the letter "P." **Select only one.**
- EMS personnel's **secondary** impression is indicated using one of the ovals containing the letter "S." **Select only one.**

(S) MEDICAL HISTORY OBTAINED FROM: Categorizes the source of the patient's medical history. **Select only one.**

(S) BARRIERS TO PATIENT CARE: **Select all that apply.**

(S) ALCOHOL/DRUG USE INDICATORS: Documents the presence of potential drug or alcohol use **indicators** associated with the patient; not intended to document whether EMS personnel knew with certainty that the patient was affected by drugs and/or alcohol at the time of the incident. **Select all that apply.**

*If the selection for the POSSIBLE INJURY data element is "Yes" then the following two data elements (preceded by (I) in this manual) must always be completed. Also, if the selection for the POSSIBLE INJURY data element is "Yes" and the selection for CAUSE OF INJURY is either **Motor vehicle traffic accident** or **Motor vehicle non-traffic accident**, then the five data elements preceded by (I-MVA) in this manual must be also be completed. **If entries are made in any of the (I) or (I-MVA) elements then POSSIBLE INJURY must be "Yes."***

(I) CAUSE OF INJURY: The category of the reported or suspected cause of injury. **Select only one.** If multiple causes apply, choose the one most closely related to the primary reason for the response and/or the type of care given.

- For a motor vehicle incident occurring on a public road or highway select **Motor vehicle traffic accident**; if the incident occurs entirely off of public roadways or highways select **Motor vehicle non-traffic accident**.
- Select **Bicycle Accident** when a motorized vehicle is not involved; for accidents involving a motor vehicle and a bicycle select either **Motor vehicle traffic accident** or **Motor vehicle non-traffic accident** based on whether or not the incident occurred on a public road/highway.
- For a drowning/near drowning related to watercraft select **Water Transport**; for other drowning/near drowning incidents select **Drowning**.
- **Radiation Exposure** excludes complications of radiation therapy.

(I) USE OF OCCUPANT SAFETY EQUIP.: Safety equipment type(s) in use by the patient at the time of the injury. **Select all that apply.**

(I-MVA) AIRBAG DEPLOYMENT: Whether an airbag was present; if present, whether it deployed; if deployed, what type(s). Multiple selections allowed under the **Deployed** subheading only.

(I-MVA) VEHICULAR INJURY INDICATORS: Physical evidence associated with the vehicle involved in the motor vehicle accident causing the injury. These indicators are related to injury patterns and have a clinical application. **Select all that apply.**

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(I-MVA) POSITION OF PT. IN VEHICLE: Two pieces of information are collected in this field.

- The patient’s seat row location in the vehicle at the time of the crash; the system recognizes up to 50 seat rows (01 through 50) to accommodate vans, buses, etc; the front seat row is 01; to designate a cargo area enter any number greater than 50.
- The patient location within a seat row at the time of the crash: left(non-driver), right, middle, driver).

(I-MVA) LAW ENFORCEMENT/CRASH REPORT NUMBER: The unique number associated with the law enforcement /crash report associated with the incident. Important for crash outcome data linkage.

CARDIAC ARREST: Whether or not the patient experienced a cardiac arrest and, if so, whether it occurred before or after the arrival of an EMS unit. As indicated in the shaded box below, if a “Yes” value is selected for this data element then the five other cardiac elements must be completed.

*If the response for the CARDIAC ARREST data element is one of the two “Yes” values available for that element then the five **cardiac** data elements preceded by (C) in this manual must be completed. If the response for the CARDIAC ARREST data element is “No” then these five elements left blank.*

(C) CARDIAC ARREST ETIOLOGY: The proximate cause of the cardiac arrest.

(C) ANY RETURN OF SPONTANEOUS CIRCULATION: Applies to any time during the EMS event.

(C) RESUSCITATION ATTEMPTED: Whether resuscitation was attempted; if so, what type; if not, why not. Select all that apply.

(C) ARREST WITNESSED BY: Whether arrest was witnessed and, if so, whether by a healthcare provider or lay person.

(C) FIRST MONITORED RHYTHM OF THE PATIENT: Documents the first monitored rhythm after a cardiac arrest. Do not use for non-cardiac arrest situations (use CARDIAC RHYTHM instead).

CARDIAC RHYTHM: The cardiac rhythm interpreted by EMS personnel as part of a routine patient assessment. This element is part of vital signs and is not one of the cardiac arrest elements. Use the FIRST MONITORED RHYTHM OF THE PATIENT data element to record the first cardiac rhythm identified after a cardiac arrest.

Always enter a three-digit number when recording data for the following five vital signs data elements; use a leading zero if necessary (e.g., for a pulse rate of 72, record 072); if a particular vital sign was not taken, leave it blank:

SYSTOLIC (mm Hg)

PULSE OX (percentage)

DIASTOLIC (mm Hg)

RESPIRATION (per minute)

PULSE (per minute)

WEIGHT: A three-digit estimated pediatric body weight must be recorded for patients younger than 18 (use a leading zero if necessary); provide an estimate if the actual weight is unknown. **Select units** (pounds or kilograms).

GLASGOW COMA SCALE: Entries must be recorded for all three component scores (eye, verbal, motor) for the system to calculate a total score.

- For the **verbal** component there are three separate sets of values, one for patients less than 2 years old, one for patients 2-5 years older, and one for patients older than 5. Use **only** the set of values that is appropriate for the patient’s age.
- If selecting a score of 6 for the **motor** component, chose either 6a (patient is older than 5 years) or 6b (patient is five years or younger).

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STROKE SCALE: Performed when a stroke is suspected. Select the type of stroke scale (Cincinnati or LA) and the results of the assessment. If an assessment is not completed because a stroke is not suspected, select N/A.

THROMBOLYTIC SCREEN: Indicate contraindications to thrombolytic use based on patient screening. Select N/A if deemed unnecessary. Select “Unknown” if available information was insufficient for screening.

The three medication data elements preceded by (M) in this manual must be completed when a medication is given to the patient by EMS personnel. If no medication was given all three of these elements should be left blank.

(M) MEDICATION GIVEN & ADMINISTERED ROUTE: The medications given to the patient by EMS. Select all that apply. MEDICATION AUTHORIZATION must also be completed when any medication is selected.

- Select all medications given by filling in the oval to the right of the medication name containing the administration route abbreviation. The routes available for each medication were determined by the State of Illinois’ EMS Medical Director and EMS and Highway Safety Division Chief using generally accepted reference materials.
- Select an administration route for “Other” if a medication given to the patient is not listed among those on the form.
- The following medication route table is also printed on the form next to the ROUTE LEGEND heading:

ET= Endotracheal	IO = Intraosseous	SC = Subcutaneous
IH = Inhalation	IV = Intravenous	SL = Sublingual
IM = Intramuscular	PO = Per os (by mouth)	TOP = Topical
IN = Intranasal	RCT = Rectal	
- If there is a medication complication, fill in the oval containing the letter “C” to the left of name of the medication associated with the complication. ***Indicate, at most, only one medication complication per run report.*** If there are complications associated with more than one medication, fill in the “C” oval only for the medication associated with the most serious complication.

(M) MEDICATION COMPLICATION: If a medication complication was identified by filling in the oval containing the letter “C” to the left of name of a medication, identify the type of complication here. **Select only one.**

(M) MEDICATION AUTHORIZATION: The type of treatment authorization obtained. **Select only one.**

PROCEDURES: The procedure(s) performed on the patient by EMS. Select all that apply. Certain procedures have four ovals **to the left of the procedure name**. Complete these as follows:

- For all procedures performed, fill in the oval to the left of the procedure name containing the number of attempts, “1” for one attempt, and “2+” for more than one attempt.
- If unable to successfully complete a procedure, fill in the oval to the left of the procedure name containing the letter “U.”
- If a complication is associated with a procedure, fill in the oval containing the letter “C” to the left of name of the procedure. ***Indicate, at most, only one procedure complication per run report.*** If there are complications associated with more than one procedure, fill in the “C” oval only for the procedure associated with the most serious complication.

If a procedure has only one oval to the left of the procedure name, simply fill in that oval if the procedure was performed. PROCEDURE AUTHORIZATION must also be completed when any procedure is selected.

PROCEDURE COMPLICATION: If a procedure complication was identified by filling in the oval containing the letter “C” to the left of name of a procedure, identify the type of complication here. **Select only one.**

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PROCEDURE AUTHORIZATION: The type of procedure authorization obtained. **Select only one.**

REASON FOR CHOOSING DESTINATION: Why the patient was transported or transferred to the selected destination. **Select only one.**

Specialty Resource Center – Transported to a specialty facility based upon unique needs of the patient, whether or not this was the closest facility.

Patient Request – Transported to hospital/facility of patient’s choice.

Family Request – Transported to hospital/facility chosen by the patients’ family or a person acting on the patient’s behalf.

Law Enforcement Request – Transported to hospital/facility chosen by Law Enforcement.

Patient’s Physicians Request – Transported to hospital/facility chosen by the patient’s physician.

On-Line Medical Direction – Transported to hospital/facility as directed by medical control either on-line or on-scene.

Diversion – The first choice for hospital/facility was unable to accept the patient.

Protocol – Transported to alternate facility in accordance with Medical Director approved protocols/guidelines.

Insurance Status – The hospital/facility was chosen based on insurance coverage.

Closest Facility – Transported to the closest hospital/facility.

Other – Not one of the other options listed.

Not Applicable – The responding unit did not transport the patient.

DESTINATION TYPE: The type of destination to which the patient was transported or transferred. **Select only one.**

INCIDENT/PATIENT DISPOSITION: The patient’s treatment and/or transport status at the time EMS involvement concluded. This is critical information and must be completed for all call types. **Select only one.**

Transported by EMS - The patient was treated and transported by the reporting EMS unit. Select this choice even if transport destination was another EMS unit (air or ground).

Transported by Law Enforcement - The patient was treated and transported by a law enforcement unit.

Transported by Private Vehicle - The patient was treated and transported by means other than EMS or law enforcement.

Treated, Transferred Care - The patient was treated but care was transferred to another EMS unit. Do not select if your unit transported the patient.

Treated and Released - The patient was treated by EMS but did not require transport to the hospital.

Patient Refused Care – The patient refused to give consent or withdrew consent for care.

No treatment required - Assessment of the patient resulted in no identifiable condition requiring treatment by EMS.

No Patient Found - EMS was unable to find a patient at the scene.

Dead at Scene – The patient was either dead on arrival or dead after arrival with field resuscitation not successful and not transported.

Cancelled – The response was cancelled prior to patient contact.

TRANSPORT MODE FROM SCENE: The unit’s lights and sirens status on the way from the scene to the destination. Complete for patient transports/transfers only.

PERSONAL PROTECTIVE EQUIPMENT USED: Select all that apply. If a type of personal protective equipment was used that is not on the form select **Other**.

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DESTINATION/TRANSFERRED TO, CODE: The four-digit destination hospital code. A complete list of destination hospital names and codes can be accessed at <http://www.emsdata-2.com/ILNEMESIS/>. Use for transports from a scene as well as inter-facility transports. If the patient was not transported or if the transport destination was somewhere other than a hospital this field should be left blank.

DESTINATION ZIP CODE: The five-digit Zip Code in which the patient transport destination is located. Use for transports from a scene as well as inter-facility transports. If the transport destination was a hospital or if the patient was not transported this field should be left blank.

EMS System Number: The four-digit number identifying which the EMS System unit was operating under. A complete list of Resource Hospitals and associated EMS System numbers can be accessed at <http://www.emsdata-2.com/ILNEMESIS/>.

The EMS System number must be completed on all run reports, regardless of patient/incident disposition, including cancellations and refusals.

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Appendix A: Illinois County Codes

The state code for Illinois is 17. Enter the five-digit combined state and county code on the form. For example, the correct entry for DuPage County, Illinois is 17043.

CODE NAME	CODE NAME	CODE NAME
---- ----	---- ----	---- ----
001 Adams	071 Henderson	141 Ogle
003 Alexander	073 Henry	143 Peoria
005 Bond	075 Iroquois	145 Perry
007 Boone	077 Jackson	147 Piatt
009 Brown	079 Jasper	149 Pike
011 Bureau	081 Jefferson	151 Pope
013 Calhoun	083 Jersey	153 Pulaski
015 Carroll	085 Jo Daviess	155 Putnam
017 Cass	087 Johnson	157 Randolph
019 Champaign	089 Kane	159 Richland
021 Christian	091 Kankakee	161 Rock Island
023 Clark	093 Kendall	163 St. Clair
025 Clay	095 Knox	165 Saline
027 Clinton	097 Lake	167 Sangamon
029 Coles	099 La Salle	169 Schuyler
031 Cook	101 Lawrence	171 Scott
033 Crawford	103 Lee	173 Shelby
035 Cumberland	105 Livingston	175 Stark
037 DeKalb	107 Logan	177 Stephenson
039 De Witt	109 McDonough	179 Tazewell
041 Douglas	111 McHenry	181 Union
043 DuPage	113 McLean	183 Vermilion
045 Edgar	115 Macon	185 Wabash
047 Edwards	117 Macoupin	187 Warren
049 Effingham	119 Madison	189 Washington
051 Fayette	121 Marion	191 Wayne
053 Ford	123 Marshall	193 White
055 Franklin	125 Mason	195 Whiteside
057 Fulton	127 Massac	197 Will
059 Gallatin	129 Menard	199 Williamson
061 Greene	131 Mercer	201 Winnebago
063 Grundy	133 Monroe	203 Woodford
065 Hamilton	135 Montgomery	
067 Hancock	137 Morgan	
069 Hardin	139 Moultrie	

Appendix B: Codes for Out-of-state Counties Bordering Illinois

The state code is given in parenthesis after the state name. Enter the five-digit combined state and county code on the form. For example, the correct entry for Lake County, Indiana is 18089.

Indiana (18)

007 Benton
051 Gibson
083 Knox
089 Lake
111 Newton
129 Posey
153 Sullivan
165 Vermillion
167 Vigo
171 Warren

Iowa (19)

005 Allamakee
043 Clayton
045 Clinton
057 Des Moines
061 Dubuque
097 Jackson
111 Lee
115 Louisa
139 Muscatine
163 Scott

Kentucky (21)

007 Ballard
055 Crittenden
139 Livingston
145 McCracken
225 Union

Missouri (29)

031 Cape Girardeau
045 Clark
099 Jefferson
111 Lewis
117 Lincoln
127 Marion
133 Mississippi
157 Perry
163 Pike
173 Ralls
183 Saint Charles
186 Sainte Genevieve
189 Saint Louis
201 Scott

Wisconsin (55)

043 Grant
045 Green
059 Kenosha
065 Lafayette
105 Rock
127 Walworth

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Appendix C: EMS System Numbers and Resource Hospital Names and Cities

0121	St. Anthony Med Ctr, Rockford	0623	St Mary's, Decatur
0134	Katherine Shaw Bethea, Dixon	0633	Sara Bush Lincoln, Mattoon
0139	Rockford Memorial, Rockford	0644	Carle Foundation, Urbana
0165	Kishwaukee Comm, DeKalb	0663	Crawford Mem Hosp, Robinson
0175	Swedish American, Rockford	0671	Provena Covenant Med Ctr Urbana
0215	Trinity Medical Center, Rock Island	0704	Ingalls Memorial Hosp, Harvey
0218	St Francis Medical Ctr, Peoria	0710	Silver Cross Hosp, Joliet
0219	McDonough District, Macomb	0712	St Mary's Kankakee
0237	BroMenn Reg Med Ctr., Normal	0729	Christ Hospital, Oak Lawn
0238	St. Joseph Med. Ctr., Blm	0746	Riverside Medical, Kankakee
0240	Kewanee Hospital, Kewanee	0777	Morris Hospital, Morris
0242	St. Mary's Hosp, Galesburg	0805	Loyola Univ Med Ctr, Maywood
0243	Galesburg Cottage Hosp, Galesburg	0828	Good Samaritan, Downers Grove
0245	St. Mary's Hosp, Streator	0849	Central DuPage Hosp. Winfield
0253	Genesis Hospital, Silvis	0859	Edward Hospital, Naperville
0254	Illinois Valley Comm Hosp, Peru	0906	Centegra NIMC, McHenry
0256	Ottawa Reg Hosp & HC Ctr, Ottawa	0907	Northwest Comm, Arlington Hts
0257	St. James Hosp, Pontiac	0909	Sherman Hospital, Elgin
0316	St. John's Hosp, Springfield	0948	Delnor Community, Geneva
0320	Blessing Hospital, Quincy	0961	St Joseph's, Elgin
0324	Passavant Hosp, Jacksonville	1002	Highland Park Hosp, Highland Park
0327	Memorial Med Ctr, Springfield	1011	St Francis, Evanston
0360	Jersey Community Hosp, Jerseyville	1014	Vista Med Ctr East, Waukegan
0425	Memorial Hospital, Belleville	1072	Condell Medl Ctr, Libertyville
0432	Anderson Hosp, Maryville	1103	Illinois Masonic Med Ctr, Chgo
0451	Alton Memorial Hosp, Alton	1108	Northwestern Memorial, Chgo
0473	St. Anthony's Health Ctr, Alton	1113	Univ of Chicago Hosp, Chicago
0476	Greenville Reg Hosp, Greenville	1178	Stoger Hospital of Cook Co, Chicago
0526	Good Samaritan, Mt. Vernon	1236	Mercy Healthcare, Dubuque
0530	Memorial Hospital, Carbondale	1241	Union Hospital, Terre Haute
0550	Massac Mem Hosp, Metropolis	1255	St. Mary's, Evansville, IN
0562	Heartland Hospital, Marion	1275	Deaconess Hospital, Evansville IN
0564	Fairfield Mem Hosp, Fairfield		

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Appendix D: Destination Hospital IDs, Names, and Cities*

*City not listed for Chicago hospitals. ID numbers for all hospitals located within Chicago's city limits begin with the number six.

ID	Hospital Name and City	ID	Hospital Name and City
0578	Abraham Lincoln Memorial Hosp, Lincoln	0214	Dr. John Warner Hosp, Clinton
1031	Adventist Bolingbrook Hospital	6022	Edgewater Hospital And Medical Ctr
0146	Advocate Christ Med Ctr, Oak Lawn	0237	Edward Hosp, Naperville
0507	Advocate Condell Med Ctr, Libertyville	0238	Elmhurst Memorial Hospital
0508	Advocate Good Shepherd Hosp, Barrington	1067	Eureka Community Hospital
6058	Advocate Trinity Hosp, Chicago	0992	Fairfield Memorial Hospital
0145	Alexian Brothers Med Ctr, Elk Grove Village	0275	Fayette County Hosp, Vandalia
0653	Alton Memorial Hospital	0860	Ferrell Hosp, Eldorado
0655	Anderson Hosp, Maryville	9532	Finley Hosp, Dubuque IA
9628	Barnes-Jewish West Co Hospital, St Louis MO	0299	Franklin Hosp, Benton
9632	Barnes-Jewish Hospital, St Louis MO	0909	Freeport Memorial Hospital
6004	Bethany Hospital	0438	Galena-Stauss Hospital, Galena
0001	Blessing Hospital At 11Th Str, Quincy	0493	Galesburg Cottage Hospital
0003	Blessing Hospital At 14 Street, Quincy	0657	Gateway Regional Med Ctr, Granite City
0615	Bromenn Regional Med Ctr, Normal	0831	Genesis Med Ctr-Illini Campus, Silvis
9630	Cardinal Glennon Children's, St Louis MO	0287	Gibson Community Hosp, Gibson City
0083	Carle Foundation Hospital, Urbana	0239	Glenoaks Med Ctr, Glendale Heights
0641	Carlinville Area Hospital	0240	Good Samaritan Hosp, Downers G.
1003	Carmi Township Hospital	0415	Good Samaritan Reg Hc, Mt Vern
9620	Center Pointe Hosp, St Charles MO	0152	Gottlieb Memorial Hosp, Melrose Park
0236	Central Dupage Hosp, Winfield	0311	Graham Hosp, Canton
1014	Cgh Med Ctr, Sterling	0025	Greenville Regional Hospital
6017	Children's Memorial Hospital	0345	Hamilton Memorial Hosp, Mcleansboro
9612	Christian Hosp Northeast, St Louis MO	0379	Hammond-Henry Hosp, Geneseo
0110	Clay County Hospital, Floria	0368	Hardin County General Hosp, Rosiclare
6026	Columbia Grant Hospital	0861	Harrisburg Medical Center Inc
6019	Columbus Hospital	1041	Heartland Regional Med Ctr, Marion
0642	Community Memorial Hospital, Staunton	1040	Herrin Hospital
0190	Crawford Memorial Hosp, Robinson	0717	Hillsboro Area Hospital
0416	Crossroads Community Hosp, Mt Vernon	0153	Hines Veterans Administration Hosp
9453	Deaconess Hosp, Evansville IN	0241	Hinsdale Hospital
9636	Deaconess Hosp, St Louis MO	6028	Holy Cross Hospital
9457	Deaconess-Gateway&Women's Hosps, Newburgh IN	0154	Holy Family Med Ctr, Des Plain
0629	Decatur Memorial Hospital	0944	Hoopeston Community Memorial
0460	Delnor Community Hosp, Geneva	0920	Hopedale Hospital
9624	Depaul Health Ctr, St Louis MO	0791	Illini Community Hosp, Pinckneyville
9629	Des Peres Hospital, St Louis MO	6032	Illinois Masonic Medical Center
6030	Doctors Hosp Of Hyde Park	0527	Illinois Valley Community Hosp, Peru

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ID	Hospital Name and City	ID	Hospital Name and City
0002	Illinois Veterans Home, Quincy	0603	Memorial Med Ctr, Woodstock
0156	Ingalls Memorial Hosp, Harvey	0528	Mendota Community Hospital
0392	Iroquois Memorial Hosp, Watseka	0705	Mercer County Hosp, Aledo
6034	Jackson Park Hospital & Medic	0602	Mercy Harvard Hosp
9625	Jefferson Memorial Hosp, Festus MO	9531	Mercy Health Ctr, Dubuque IA
0427	Jersey Community Hosp, Jerseyville	6041	Mercy Hosp & Med Ctr, Chicago
9635	Jewish Hospital Of St Louis, MO	9510	Meriter Hospital, Madison WI
0780	John & Mary E. Kirby Hosp, Monticello	6005	Methodist Hospital Of Chicago
6020	John H Stroger Hosp (Cook Co)	0755	Methodist Med Ctr Of Il, Peoria
6021	John H Stroger Hosp-Ped Trauma	0174	Metrosouth Med Ctr, Blue Island
0552	Katherine Shaw Bethea Hosp, Dixon	6042	Michael Reese Hospit
0848	Kenneth Hall Regional Hosp, East St Louis	0506	Midwestern Regional Med Ctr, Zion
0380	Kewanee Hospital	9639	Milwaukee Childrens Hospital, WI
0203	Kindred Hosp, Sycamore	9613	Missouri Baptist, Chesterfield MO
6003	Kindred Hosp, Chicago (Central)	0334	Morris Hospital
6068	Kindred Hospital (North Campus), Chicago	1015	Morrison Community Hospital
0172	Kindred Hospital, Northlake	6043	Mt. Sinai Hospital Medical Center
6056	Kindred Hospital-Lakeshore, Chicago	7061	Non-Spec Illinois
0201	Kishwaukee Community Hosp, Dekalb	7045	Non-Spec Indiana
0147	Lagrange Community Hospital, Lagrange	7053	Non-Spec Iowa
0510	Lake Forest Hospital	7047	Non-Spec Kentucky
6035	Larabida Children's Hosp	7052	Non-Spec Minnesota (Inc. Mayo)
0541	Lawrence Co Memorial Hosp, Lawrenceville	7063	Non-Spec Missouri
0878	Lincoln Prairie Behavioral Health Ctr, Springfield	7051	Non-Spec Wisconsin
0157	Little Company Of Mary Hosp, Evergreen Park	0604	Northern Illinois Med Ctr, McHenry
6036	Loretto Hospital	0148	Northshore Evanston Hospital
6037	Louis A. Weiss Memorial Hospital	0151	Northshore Glenbrook Hosp, Glenview
0150	Loyola University Med Ctr, Maywood	0509	Northshore Highland Park Hosp
0160	Lutheran General Hosp, Park Ridge	0170	Northshore Skokie Hospital
0161	Macneal Memorial Hosp, Berwyn	0162	Northwest Community Hosp, Arlington Heights
0768	Marshall Browning Hosp, Du Quoin	0036	Northwest Suburban Hospital, Belvidere
0683	Mason District Hosp, Havana	6045	Northwestern Memorial Hospital
0694	Massac Memorial Hosp, Metropolis	9470	Norton Hosp, Louisville KY
0085	Mc Kinley Memorial Hosp, Urbana	6046	Norwegian-American Hosp, Inc.
0591	McDonough District Hosp, Macomb	0164	Oak Forest Hospital
0403	Memorial Hospital Of Carbonda	0165	Oak Park Hospital
0846	Memorial Hospital, Belleville	0969	Osf Holy Family Med Ctr, Monmouth
0357	Memorial Hospital, Carthage	0757	Osf St Francis Med Ctr, Peoria
0803	Memorial Hospital, Chester	0495	Osf St. Mary Med Ctr, Galesburg
0875	Memorial Med Ctr, Springfield	0526	Ottawa Reg Hosp & Hc Ctr
		6044	Our Lady Of The Resurrection

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ID	Hospital Name and City	ID	Hospital Name and City
0168	Palos Community Hosp, Palos Heights	0171	South Suburban Hosp, Hazel Crest
0098	Pana Community Hospital, Pana	9638	Southeast Hospital, Cape Girardeau MO
0253	Paris Community Hospital	0806	Sparta Community Hospital
0732	Passavant Area Hosp, Jacksonville	9614	Ssm St Clare, Fenton MO
0921	Pekin Memorial Hospital	0155	St Alexius Med Ctr, Hoffman Estates
0048	Perry Memorial Hospital, Princeton	1055	St Anthony Med Ctr, Rockford
0769	Pinckneyville Community Hospital	9626	St Anthony's Med Ctr, St Louis MO
0756	Proctor Community Hosp, Peoria	0167	St James Med.Ctr.- Olympia Fields
0086	Provena Covenant Med Center, Urbana	9611	St Lukes Hospital, Chesterfield MO
0466	Provena Mercy Med Ctr, Aurora	9455	St Margaret Mercy, Dyer IN
0468	Provena Saint Joseph Hosp. Elgin	9452	St Margaret Mercy, Hammond IN
1028	Provena St Joseph Med Ctr, Joliet	6066	St Mary & Elizabeth Med Ctr
0482	Provena St. Marys Hosp, Kankakee	9451	St Mary's Med Ctr, Evansville IN
0945	Provena United Samaritans Med Ctr, Danville	9622	St. Alexius Hosp, St Louis MO
6047	Provident Hospital Of Cook Co	6061	St. Anthony Hospital, Chicago
6048	Ravenswood Hospital Medical C	0264	St. Anthony's Mem Hosp, Effingham
0807	Red Bud Regional Hospital	6062	St. Bernard's Hosp, Chicago
6050	Resurrection Medical Center	6063	St. Elizabeth's Hospital, Chicago
0818	Richland Memorial Hosp, Olney	0847	St. Elizabeth's Hosp, Belleville
9450	Riley's Children's Hosp, Indianapolis IN	0173	St. Francis Hospital, Evanston
0169	Riveredge Hospital, Forest Park	0718	St. Francis Hospital, Litchfield
0480	Riverside Med Ctr, Kankakee	0175	St. James Hospital, Chgo Hts
0743	Rochelle Community Hospital	0876	St. John's Hosp, Springfield
1054	Rockford Memorial Hospital	9610	St. John's Mercy Mc, St Louis MO
6052	Roseland Community Hospital	9623	St. Joseph Health Ctr, St Charles MO
0461	Rush Copley Memorial Hosp, Aurora	6065	St. Joseph Hospital, Chicago
6053	Rush University Med Ctr, Chica	0617	St. Joseph Med Ctr, Bloomington
6025	Sacred Heart Hospital	0404	St. Joseph Memorial Hosp, Murphysboro
0656	Saint Anthony's Hosp, Alton	0659	St. Joseph's Hosp, Highland
0658	Saint Clare's Hosp, Alton	0122	St. Joseph's Hospital, Breese
0566	Saint James Hosp, Pontiac	9631	St. Louis Children's Hospital, MO
0037	Saint Joseph Hosp, Belvidere	9621	St. Louis University Hospital, MO
0671	Salem Township Hospital	0049	St. Margaret's Hospital, Spring Valley
0134	Sarah Bush Lincoln Health Center, Mattoon	9633	St. Mary's Hlth Ctr, St Louis MO
0887	Sarah D. Culbertson Memorial, Rushville	0672	St. Mary's Hospital, Centralia
0849	Scott Air Force Med Ctr, Belleville	0630	St. Mary's Hospital, Decatur
0898	Shelby Memorial Hosp, Shelbyville	0530	St. Mary's Hospital, Streator
0467	Sherman Hospital Ass'N, Elgin	0176	Suburban Hosp & Sanitarium, Hinsdale
6057	Shriners Hospital For Cripple	1056	Swedish American Hosp, Rockford
1027	Silver Cross Hosp, Joliet	6067	Swedish Covenant Hospital
6059	South Shore Hospital (Luella)	0099	Taylorville Memorial Hosp

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ID	Hospital Name and City	ID	Hospital Name and City
0322	Thomas H Boyd Memorial Hosp, Carrollton	6073	Vet Admin Lakeside Med Center
6069	Thorek Hospital & Medical Center	6074	Vet Admin West Side Med Ctr
0844	Touchette Regional Hosp, Centreville	0947	Veteran's Admin Facility, Danville
0830	Trinity Med Ctr West, Rock Island	0514	Veterans Adm Hosp North Chicago
0833	Trinity Med Ctr-7Th St, Moline	1042	Vets Admin Med Ctr, Marion
0512	U S Army Infirmery, Highland Park	0511	Vista Med Ctr West, Waukegan
0513	U S Navy Hospital, Great Lakes	0515	Vista Med Ctr East, Waukegan
0933	Union County Hospital, Anna	0958	Wabash General Hosp, Mt Carmel
9454	Union Hospital, Terra Haute IN	0981	Washington County Hosp, Nashville
6072	Univ Of Illinois Hospital	9456	Welborn Baptist Hosp, Evansville IN
6071	University Of Chicago Med Ctr	0178	West Suburban Med Ctr, Oak Park
9530	University Of Iowa, Iowa City IA	9471	Western Baptist Hosp, Paducah KY
9634	University Of Missouri Clinics	0179	Westlake Community Hosp, Melrose Park
0202	Valley West Hosp, Sandwich	9999	Unknown Hospital

DATE	AGENCY NO.	VEH. #	INCIDENT NUMBER	INCIDENT COUNTY (6-digit FIPS Code)	INCIDENT ZIP CODE	DISPATCH DELAY	DELAYS	TURN-AROUND DELAY
Jan DAY YR						<input type="radio"/> None <input type="radio"/> No Units Available <input type="radio"/> High Call Volume <input type="radio"/> Language Barrier <input type="radio"/> Location (Inability to Obtain) <input type="radio"/> Technical Failure (Computer, Phone etc.) <input type="radio"/> Scene Safety (Not Secure for EMS) <input type="radio"/> Caller (Uncooperative) <input type="radio"/> Other	Response <input type="radio"/> None <input type="radio"/> Crowd <input type="radio"/> Directions <input type="radio"/> Distance <input type="radio"/> Diversion <input type="radio"/> Extric >20 <input type="radio"/> HazMat <input type="radio"/> Language <input type="radio"/> Safety <input type="radio"/> Staff <input type="radio"/> Traffic <input type="radio"/> Veh. Crash <input type="radio"/> Veh. Failure <input type="radio"/> Weather <input type="radio"/> Other	<input type="radio"/> Clean-up <input type="radio"/> Decantamination <input type="radio"/> Documentation <input type="radio"/> ED Overcrowding <input type="radio"/> Equip. Failure <input type="radio"/> Equip. Replnshmnt. <input type="radio"/> Staff Delay <input type="radio"/> Vehicle Failure <input type="radio"/> None <input type="radio"/> Other RESP MODE <input type="radio"/> Lights and Sirens <input type="radio"/> Downgrade from L/S <input type="radio"/> No Lights & Sirens <input type="radio"/> Upgrade to L/S WORK-RELATED <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UNK PT'S OCCUPATIONAL INDUSTRY <input type="radio"/> Construction <input type="radio"/> Finance, Insurance, & Real Estate <input type="radio"/> Government <input type="radio"/> Manufacturing <input type="radio"/> Mining <input type="radio"/> Retail Trade <input type="radio"/> Services <input type="radio"/> Transportation & Public Utilities <input type="radio"/> Wholesale Trade <input type="radio"/> Unknown <input type="radio"/> N/A

SERVICE REQUESTED	COMPLAINT REPORTED BY DISPATCH (Select one)	EMD PERFORMED	ETHNICITY	PT DATE OF BIRTH
<input type="radio"/> 911 Response (Scene) <input type="radio"/> Intercept <input type="radio"/> Interfacility Transfer <input type="radio"/> Medical Transport <input type="radio"/> Mutual Aid <input type="radio"/> Standby	<input type="radio"/> Transfer/Interfacility/Palliative Care <input type="radio"/> MCI <input type="radio"/> Abdominal Pain <input type="radio"/> Allergies <input type="radio"/> Animal Bite <input type="radio"/> Assault <input type="radio"/> Back Pain <input type="radio"/> Breathing Problem <input type="radio"/> Burns <input type="radio"/> CO Poisoning/Hazmat <input type="radio"/> Cardiac Arrest <input type="radio"/> Chest Pain <input type="radio"/> Choking <input type="radio"/> Convulsions/Seizure <input type="radio"/> Diabetic Problem <input type="radio"/> Drowning <input type="radio"/> Electrocutation <input type="radio"/> Eye Problem <input type="radio"/> Fall Victim <input type="radio"/> Headache <input type="radio"/> Heart Problems <input type="radio"/> Heat/Cold Exposure <input type="radio"/> Hemorrhage/Laceration <input type="radio"/> Industrial Accident/Inaccessible Incident/Other Entrapments/Ingestion/Poisoning <input type="radio"/> Pregnancy/Childbirth <input type="radio"/> Psychiatric Problem <input type="radio"/> Sick Person <input type="radio"/> Stab/Gunshot Wound <input type="radio"/> Stroke/CVA <input type="radio"/> Traffic Accident <input type="radio"/> Traumatic Injury <input type="radio"/> Unconscious/Fainting <input type="radio"/> Unk. Prob. (man down)	<input type="radio"/> No <input type="radio"/> Yes, with Pre-Arrival Instructions <input type="radio"/> Yes, w/o Pre-Arrival Instructions <input type="radio"/> Female <input checked="" type="radio"/> Pregnant? <input type="radio"/> Male <input type="radio"/> Unknown	<input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino <input type="radio"/> Unknown RACE <input type="radio"/> African American/Black <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Other Race <input type="radio"/> Unknown	Jan DAY YEAR Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

AGE	PT. HOME ZIP CODE	CREW MEMBER #1 ID	CREW MEMBER #2 ID	CREW MEMBER #3 ID	INCIDENT LOCATION TYPE
0-9	0-9	0-9	0-9	0-9	<input type="radio"/> Home/Residence <input type="radio"/> Street or Highway <input type="radio"/> Mine or Quarry <input type="radio"/> Industrial Place & Premises <input type="radio"/> Place of Recreation or Sport <input type="radio"/> Public Building (Schools, Gov. Offices) <input type="radio"/> Trade or Service (Business, Bars, Restaurants, etc.) <input type="radio"/> Health Care Facility (Clinic, Hospital) <input type="radio"/> Residential Institution (Nursing Home, Jail/Prison) <input type="radio"/> Farm <input type="radio"/> Lake/River/Ocean <input type="radio"/> Other

# OF PTS AT SCENE	INC. ONSET	PSAP CALL	UNIT NOTIFIED	UNIT ENROUTE	UNIT ARRIVED	AT PT.	LEFT SCENE	ARRIVED DEST.	BACK IN SRVC	BACK AT HOME
<input type="radio"/> None <input type="radio"/> Single <input type="radio"/> Multiple-EMS Not Overwhelmed <input type="radio"/> Multiple-EMS Overwhelmed	0-9	0-9	0-9	0-9	0-9	0-9	0-9	0-9	0-9	0-9

PRIMARY METHOD OF PAYMENT	CONDITION CODE (Select all that apply)
<input type="radio"/> Insurance <input type="radio"/> Medicaid <input type="radio"/> Medicare <input type="radio"/> Other Govt. <input type="radio"/> Self Pay <input type="radio"/> Workers Comp. <input type="radio"/> Not Billed (for any reason) <input type="radio"/> Unknown	<input type="radio"/> Abdominal Pain <input type="radio"/> Skin Signs <input type="radio"/> Vital Signs <input type="radio"/> Allergic Reaction <input type="radio"/> Blood Glucose <input type="radio"/> Chest Pain (Non-trauma) <input type="radio"/> Cold Exposure <input type="radio"/> Altered LOC (non-trauma) <input type="radio"/> Back Pain (no trauma, possible cardio/vasc) <input type="radio"/> Back Pain (no trauma, neuro sympts) <input type="radio"/> Behav/Psych (Alt. mental status) <input type="radio"/> Behav/Psych (Threat to self/others) <input type="radio"/> Eye Symp. (non-trauma) <input type="radio"/> Convulsions/Seizures <input type="radio"/> Non Traumatic Headache <input type="radio"/> Cardiac Symp. (atypical pain) <input type="radio"/> Heat Exposure <input type="radio"/> Hemorrhage <input type="radio"/> Infect. Diseases Requiring Isolation <input type="radio"/> Hazmat Exposure <input type="radio"/> Medical Device Failure <input type="radio"/> Neurologic Distress <input type="radio"/> Pain (Severe) <input type="radio"/> Poisons (all routes) <input type="radio"/> Alcohol Intox./Drug OD <input type="radio"/> Severe Alcohol Intox. <input type="radio"/> Post-Op Proc. Compl. <input type="radio"/> Preg. Compl./Childbirth/Labor <input type="radio"/> Sick Person-Fever <input type="radio"/> Severe Dehydration <input type="radio"/> Unconscious/Syncope/Dizziness <input type="radio"/> Major Trauma <input type="radio"/> Other Trauma <input type="radio"/> Monitor/Airway <input type="radio"/> Major Bleeding <input type="radio"/> Fracture/Dislocation <input type="radio"/> Penetrating Extremity <input type="radio"/> Amputation Digits <input type="radio"/> Amputation Other <input type="radio"/> Suspected Internal Injury <input type="radio"/> Burns <input type="radio"/> Near Drowning <input type="radio"/> Eye Injuries <input type="radio"/> Sexual Assault Injury <input type="radio"/> Chemical Restraint <input type="radio"/> 3rd Party Assistance/Attendant Reqd <input type="radio"/> Patient Safety <input type="radio"/> Restraints Required <input type="radio"/> Monitoring Required <input type="radio"/> Secusion Required <input type="radio"/> Risk of Falling off Stretcher <input type="radio"/> Special Handling <input type="radio"/> Isolation <input type="radio"/> Ortho. Device Reqd <input type="radio"/> Positioning Reqd

CMS SERVICE LEVEL	PRIOR AID	CHIEF COMPLAINT ANATOMIC LOC	SYMPTOMS (PRIMARY & OTHER)
<input type="radio"/> ALS, Level 1 <input type="radio"/> ALS, Level 1 Emergency <input type="radio"/> ALS, Level 2 <input type="radio"/> Paramed Intercept <input type="radio"/> Specialty Care Transport <input type="radio"/> Fixed Wing (Plane) <input type="radio"/> Rotary Wing (Helio) <input type="radio"/> BLS <input type="radio"/> BLS, Emerg.	<input type="radio"/> CPR <input type="radio"/> Extricate/Move <input type="radio"/> Manual Defib. <input type="radio"/> AED Defibrillation <input type="radio"/> Hemorrhage Control/Wnd Mgmt <input type="radio"/> Airway <input type="radio"/> Abdnl/Chest Thrust <input type="radio"/> O ² <input type="radio"/> Assessment	<input type="radio"/> Abdomen <input type="radio"/> Back <input type="radio"/> Chest <input type="radio"/> Extremity-Lower <input type="radio"/> Extremity-Upper <input type="radio"/> General <input type="radio"/> Genitalia <input type="radio"/> Head <input type="radio"/> Neck <input type="radio"/> Cardiovascular <input type="radio"/> CNS/Neuro <input type="radio"/> Endocrine/Metabolic <input type="radio"/> GI <input type="radio"/> Global <input type="radio"/> Musculoskeletal	<input type="radio"/> None <input type="radio"/> Bleeding <input type="radio"/> Breathing Problem <input type="radio"/> Change in Responsiveness <input type="radio"/> Choking <input type="radio"/> Death <input type="radio"/> Device/Equipment Problem <input type="radio"/> Diarrhea <input type="radio"/> Drainage/Discharge <input type="radio"/> Fever <input type="radio"/> Malaise <input type="radio"/> Mass/Lesion <input type="radio"/> Mental/Psych <input type="radio"/> Nausea/Vomiting <input type="radio"/> Pain <input type="radio"/> Palpitations <input type="radio"/> Rash/Itching <input type="radio"/> Swelling <input type="radio"/> Transport Only <input type="radio"/> Weakness <input type="radio"/> Wound

