EMSRB
Minnesota Emergency Medical Services Regulatory Board

MN STAR
Minnesota State Ambulance Reporting

MNSTAR Test Case 2.2.1 XML Submission Clarification

The purpose of the Test Case NHTSA 2.2.1 XML submission is to ensure that the required Minnesota EMSRB MNSTAR elements are capable of being captured and submitted. By using these reports the data elements and values being entered are known by all parties for each record or test case.

Attached you will note that there are eight (8) patient care reports, of which two are linked to a single incident. For these two reports there is one incident (Incident Number E2.2), one ambulance response / call number (E2.3), yet two distinct patient care reports (E1.1) with unique numbers assigned to them per the EMSRB element definitions. [Please refer to the MNSTAR-Data Dictionary Definitions Supplement – 3-14-2007.]

Test Case # 1 – GSW - MVC Trauma	Test Case # 7 – Standby
Test Case # 2 – Pediatric Trauma	Test Case # 9 – Cardiac Arrest
Test Case # 4 – Stroke / CVA	Test Case #11 – Pregnancy
Test Case # 5 – Cardiac, Chest Pain	Test Case #11.5 – Childbirth – Delivery

The following information can be documented as is appropriate for your particular service:

1. **Incident Date** – You may choose the date, but please indicate in an email to the EMSRB what the dates are for the test cases.
2. **Call Number** – Left blank so that you may enter a number consistent with your service practice.
3. **PCR Number** – Left blank so that you may enter a number consistent with your service practice.
4. **Personnel / Crew** – Please enter your own personnel via your software, using the 6-digit EMSRB certification number.
5. **Destination/Hospital Name** – You may enter hospitals that you typically transport patients to. Do not use the same hospital for every test case.

If you are have questions regarding the proper documentation any of the information as it is outlined please contact the EMSRB for direction. The elements that we believe may cause some concerns are the following:

1. **Times** – If your software does not allow you to enter the times that appear on the form please notify EMSRB staff what you times are entered.
2. **Incident Number** – The EMSRB would like to see the Test Case # identified in the record you submit. If you are unable to enter the test case indicators in the incident number please enter it elsewhere in the report and notify the EMSRB where the alternative location.
3. **Incident City, County, State, and Zip Code** information – If for some reason you are unable to enter the incident cities indicated in the test cases please let the EMSRB know what cities, counties, states, and zip codes you are submitting instead. Please make sure that the incident cities you submit vary throughout your PSA.
4. **Patient city, county, state, and zip code** – This information is not editable. There will be patients that are not from your service area and the EMSRB wants to verify that your software has the capability of capturing all locations statewide and nationally from where people may be visiting.
5. **Procedures** – If there is a question on how a documented procedure should be entered please don't hesitate to ask. For example:
   a. "C-Collar" should be documented as *Spinal Immobilization*.
   b. When an AED is used and "No Shock Advised" is indicated or the defibrillation pads are placed on a patient who may soon be in cardiac arrest, the EMSRB expects to see the procedure: *Defibrillation, Placement for Monitoring and Analysis*.
6. **Not Applicable Usage** – There are occasions for which every field or element in the PCR need not be documented, such as a Cancelled Call or the Medical Calls where the Trauma fields do not apply. The proper value to be submitted is "Not Applicable" as indicated on the attached test cases.

TEST CASE #1 - ALS

Patient Chief Complaint

Description: UNRESPONSIVE

Onset Date / Time:

Primary Organ System Affected

- ☐ Cardiovascular
- ☐ CNS/Neuro
- ☐ Endocrine/Metabolic
- ☐ GI/Abdomen
- ☐ Global/Other Illnesses
- ☐ Musculoskeletal/Injury
- ☐ OB/GYN
- ☐ Psych/ Behavioral
- ☒ Respiratory
- ☐ Renal/GU Problems
- ☐ Skin

Signs & Symptoms (Select All That Apply)

P	S		P	S		P	S		P	S	
☐	☐	Abdominal Pain	☐	☐	Chest Pain	☐	☐	Fever	☐	☐	Palpitations
☐	☐	Back Pain	☐	☐	Choking	☐	☐	Malaise	☐	☐	Rash/Itching
☐	☐	Behavioral/Psych	☐	☐	Death	☐	☐	Mass/Lesion	☐	☐	Swelling
☐	☒	Bleeding	☐	☐	Device/Equipment Problem	☐	☐	Nausea/Vomiting	☐	☐	Weakness
☒	☐	Breathing Problem	☐	☐	Diarrhea	☐	☐	None	☐	☒	Wound
☐	☐	Change in Resp	☐	☐	Drainage/Discharge	☐	☐	Pain			

Cause of Injury (Select One)

Injury Present
- ☒ Yes
- ☐ No

Injury Intent
- ☒ Intentional, Other (Assaulted)
- ☐ Intentional, Self
- ☐ Unintentional

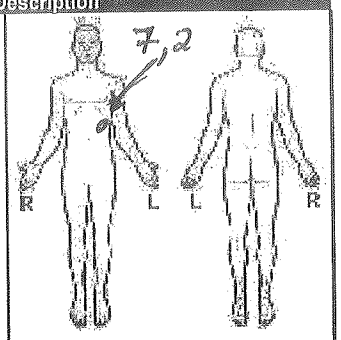
Mechanism
- ☐ Blunt
- ☐ Burn
- ☐ Other
- ☒ Penetrating

- ☐ Aircraft Crash
- ☐ Assault
- ☐ Bicycle Crash
- ☐ Bites
- ☐ Chemical Poisoning
- ☐ Child Battering
- ☐ Drug Poisoning
- ☐ Drowning
- ☐ Electrocution (Non-Lightning)
- ☐ Excessive Cold
- ☐ Excessive Heat
- ☐ Falls
- ☐ Fire and Flames
- ☒ Firearm Assault
- ☐ Firearm Injury (Accidental)
- ☐ Firearm (Self Inflicted)
- ☐ Lightning
- ☐ Machinery Accidents
- ☐ Mechanical Suffocation
- ☐ MV, Non-Traffic Crash
- ☐ MV, Traffic Crash
- ☐ Motorcycle Crash
- ☐ Non-Motorized Vehicle Crash
- ☐ Pedestrian Traffic Crash
- ☐ Radiation Exposure
- ☐ Sexual Assault / Rape
- ☐ Smoke Inhalation
- ☐ Stabbing/Cutting (Assault)
- ☐ Stabbing/Cutting (Accidental)
- ☐ Strike Blunt/Thrown Obj.
- ☐ Unarmed Fight/Brawl
- ☐ Venomous Stings
- ☐ Water Transport Crash

Injury Description

Identify the area of injury with the following numbers

1. Amputation
2. Bleeding-Controlled
3. ~~Bleeding-Uncontrolled~~
4. Burn
5. Crush
6. Dislocation/Fracture
7. Gunshot
8. Laceration
9. Pain without swelling/bruising
10. Puncture/Stab
11. Soft Tissue swelling/bruising



Initial Assessment

Level of Responsiveness
- ☐ Alert
- ☐ Verbal
- ☒ Painful
- ☐ Unresponsive

Airway
- ☐ Patent
- ☒ Non Patent

Action taken: Nasal Airway

Breathing

Rate	Quality	L	Lung Sounds	R
☐ < 10	☐ Normal	☐	Clear	☒
☐ 10-24	☒ Labored	☐	Wet	☐
☒ > 24	☐ Fatigued	☐	Wheezes	☐
☐ Apneic	☐ Absent	☒	Diminished	☐
	☐ Not Assessed	☐	Absent	☐

Circulation

Color	Temp	Condition	Cap Refill
☐ Normal	☒ Normal	☒ Normal	☒ < 2 sec
☐ Cyanotic	☐ Hot	☐ Diaphoretic	☐ 2 - 4 sec
☒ Pale	☐ Cool	☐ Dry	☐ > 4 sec
☐ Flush	☐ Cold		☐ Absent

Alcohol/Drug Use
- ☐ Alcohol/Drugs at Scene
- ☐ Patient Admits Alcohol Use
- ☐ Patient Admits Drug Use
- ☒ Smell of Alcohol
- ☐ None

Glasgow Coma Score

Eye Opening	Verbal	Motor
4 Spontaneous	5 Oriented	6 Obeys Commands
3 To Speech	4 Confused	5 Localized Pain
2 To Pain	3 Inappropriate Words	4 Withdraws to Pain
1 Not at All	2 Inappropriate Sounds	3 Flexion to Pain
	1 None	2 Extension to Pain
		1 None

Time 1559: 9 / 0 Score

Time 1627: 12 / ☐ Score

Pupils

L		R
☒	Reactive	☒
☐	Sluggish	☐
☐	Constricted	☐
☐	Dilated	☐
☐	Nonreactive	☐

Barriers to Patient Care
- ☐ Developmentally Impaired
- ☐ Hearing Impaired
- ☐ Language
- ☐ Physically Impaired
- ☐ Physically Restrained
- ☐ Speech Impaired
- ☐ Unattended or Unsupervised (Including Minors)
- ☒ Unconscious
- ☐ None

Allergies ☐ NKA: UNKNOWN

Patient's Medications: UNKNOWN

Time	BP	Pulse	Resp	Rhythm	SpO2	Procedures	# Attempts	Success	Medication	Dose	Route	Response	Crew #
1602	90/42	142	22		90	Nasal Airway	1	☒ Yes				☒ Improved	LAW
						C-Collar	1	☐ No ☐ N/A				☐ Worse ☐ Unchanged	ENFORCEMEN
1604						Long Spine Board	1	☒ Yes	Oxygen	15L	NRB	☐ Improved ☐ Worse	
								☐ No ☐ N/A				☒ Unchanged	Driver
1610						Stretcher	1	☒ Yes				☐ Improved ☐ Worse	2nd
								☐ No ☐ N/A				☒ Unchanged	Caregiver
1611	96/44	120	26	Sinus Tach	84	Monitor	1	☒ Yes				☒ Improved	Primary
						Occlusive	1	☐ No ☐ N/A				☐ Worse ☐ Unchanged	Caregiver
1616						Chest Decompression	1	☒ Yes				☒ Improved	Primary
								☐ No ☐ N/A				☐ Worse ☐ Unchanged	Caregiver
1627	100/54	108	24		93	IV R AC 18ga	1	☒ Yes	NS 200mL bolus		IV	☒ Improved	2nd
								☐ No ☐ N/A				☐ Worse ☐ Unchanged	Caregiver
1634						IV L hand 20ga	1	☒ Yes	NS	TKO	IV	☐ Improved ☐ Worse	Primary
								☐ No ☐ N/A				☒ Unchanged	Caregiver
1640	108/62	102	20	Sinus Tach	95			☐ Yes				☐ Improved	2nd
								☐ No ☐ N/A				☐ Worse ☐ Unchanged	Caregiver

Ambulance Patient Care Report

TEST CASE #1 - ALS

MN STAR

Agency Name	Date of Incident	Call Number	Incident Number
			1-95W

Response Times			Response Information		Personnel	Driver	
PSAP Call 1545	Arrive Scene 1559	In Service 1710	PCR Number	Starting Mileage	Attendant	☐ To Scene ☐ To Dest.	1
Dispatch Notified 1545	Arrive Patient 1559	Unit Cancelled	# of Patients 1	MCI ☐ Yes ☒ No	At Scene Mileage	Attendant	☐ To Scene ☐ To Dest.	2
Unit Dispatched 1546	Leave Scene 1625	In Quarters 1710	Responding Unit	Dest. Mileage	Attendant	☐ To Scene ☐ To Dest.	3
Enroute 1548	Arrive Dest. 1650		Crew Number	Ending Mileage	Attendant	☐ To Scene ☐ To Dest.	4

Incident Information

Incident Address	Room/Apt
HIGHWAY 50 and IPAVA AVE	

City	County	State	Zip Code
TWO HARBORS	LAKE	MN	55616

Type of Location
☐ Airport ☐ Home/Residence ☐ Mine or Quarry ☐ Residential Institution ☐ Other
☐ Farm ☐ Industrial Place ☐ Place of Sport ☒ Street or Highway
☐ Healthcare Facility ☐ Lake, River ☐ Public Building ☐ Trade or Service

First Responder Agencies

Factors Affecting Care

☐ Amb. Crash ☐ Diversion ☒ Safety
☐ Amb. Failure ☐ Extrication ☐ Traffic
☐ Crowd ☐ HazMat ☐ Weather
☐ Directions ☐ Language Barrier ☐ None
☐ Distance ☐ Staff Delay ☐ Other

Destination/Hospital Name	Facility Diverted From

Response Request / Response Mode / Disposition

Response Request	To	Response Mode	From	Disposition
☒ Response (Scene)	☒	Lights and Siren	☒	Treated: ☒ Transported by EMS
☐ Interfacility Transfer	☐	No Lights or Siren	☐	☐ Transferred Care
☐ Medical Transport (Scheduled)	☐	Initial No Lights and Siren Upgraded to Lights and Siren	☐	☐ Released
☐ Standby	☐	Initial Lights and Siren Downgraded to No Lights and Siren	☐	☐ Cancelled
☐ Intercept				☐ Patient Refused Care
☐ Mutual Aid				☐ Dead at Scene

Destination Determination

☐ Closest Facility ☐ Specialty Resource Ctr.
☐ Protocol Guideline ☐ Law Enforcement Choice
☐ Patient/Family Choice ☒ Diversion

Destination Type

☒ Hospital ☐ Ground Ambulance
☐ Home ☐ Police/Jail
☐ Medical Office/Clinic ☐ Morgue
☐ Nursing Home ☐ Other
☐ Air Ambulance

Primary Role of Unit

☒ ALS Ground ☐ Non-Transport
☐ BLS Ground ☐ Other Transport
☐ Critical Care Ground ☐ Rescue
☐ ERU ☐ Rotor Craft
☐ Fixed Wing ☐ Supervisor

Patient Information

Last Name	First Name	M.I.
BEARER	PAUL	G

Address	Room/Apt
20190 HOLYOAK AVENUE	

City	County	State
TWO HARBORS	LAKE	MN

Zip Code	Phone Number	KG / LB	Gender
	( )		(M) F

Social Security Number	DOB	Age
	01 / 15 / 1983	

Patient Physician	Guardian Name

Race
☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☒ White
☐ Hawaiian or Other Pacific Islander ☐ Other

Ethnicity
☐ Hispanic or Latino
☒ Not Hispanic or Latino

Dispatch Reason

☐ Abdominal Pain ☐ Heart Problem
☐ Allergies ☐ Heat/Cold Exposure
☐ Animal Bite ☐ Hemorrhage/Laceration
☐ Assault ☐ Industrial Accident
☐ Back Pain ☐ Ingestion/Poisoning
☐ Breathing Problem ☐ MCI
☐ Burns ☐ Medical Transport
☐ Cardiac Arrest ☐ Pain
☐ Chest Pain ☐ Pregnancy/Childbirth
☐ Choking ☐ Psychiatric Problem
☐ CO Poisoning/Hazmat ☐ Sick Person
☐ Convulsions/Seizure ☐ Stab/Gunshot Wound
☐ Diabetic Problem ☐ Standby
☐ Drowning ☐ Stroke/CVA
☐ Electrocution ☒ Traffic Accident
☐ Eye Problem ☐ Traumatic Injury
☐ Fall Victim ☐ Unconscious/Fainting
☐ Headache ☐ Unknown Problem/Man Down

Prior Aid (Select All That Apply)

☐ AED - ERU
☐ AED - First Responder
☐ AED - Public Access
☐ CPR
☐ Extrication
☒ Spinal Immobilization
☐ Splinting

Airway:
☐ BVM
☐ Combitube
☐ Nebulizer Treatment
☐ Oxygen
☐ Suction

Performed By
☐ EMS Provider
☒ Law Enforcement
☐ Lay Person
☐ Other Healthcare Provider
☐ Patient

Outcome/Condition
☐ Improved
☐ Worse
☒ Unchanged

Provider Impression - Primary/Secondary (Select One For Each)

P	S		P	S		P	S		P	S		P	S	
☐	☐	AAA	☐	☐	CHF	☐	☐	Hypotension	☐	☐	Other CNS	☐	☐	Seizure
☐	☐	Abdominal Pain/Prob.	☐	☐	Dehydration	☐	☐	Hyperthermia	☐	☐	Other Endocrine/Metabolic	☐	☐	Sexual Assault / Rape
☐	☐	Airway Obstruction	☐	☐	Diabetic hyperglycemia	☐	☐	Hypothermia	☐	☐	Other General Urinary	☐	☐	Smoke Inhalation
☐	☐	Allergic Reaction	☐	☐	Diabetic hypoglycemia	☐	☐	Hypovolemia / Shock	☐	☐	Other Illness/Injury	☐	☐	Stings / venomous bites
☐	☐	Altered LOC	☐	☐	Electrocution	☐	☐	Inhalation Injury (toxic gas)	☐	☐	Other OB/Gyn	☐	☐	Stroke / CVA / TIA
☐	☐	Asthma	☐	☐	ETOH Abuse				☐	☐	Pain	☐	☐	Substance Drug Abuse
☐	☐	Behavioral / Psych	☐	☐	Fever	☐	☐	OB Delivery	☐	☐	Poisoning / drug ingest.	☐	☐	Syncope / fainting
☐	☐	Bowel Obstruction	☐	☐	GI Bleed	☐	☐	OB/Pregnancy/Labor	☐	☐	Respiratory Arrest	☒	☐	Traumatic Injury
☐	☐	Cancer	☐	☐	Headache	☐	☐	Obvious Death	☐	☒	Respiratory Distress	☐	☐	Unconscious Unknown
☐	☐	Cardiac Arrest	☐	☐	Heat Exhaustion/Stroke	☐	☐	Other Abdominal/GI	☐	☐	Rhythm Disturbance	☐	☐	Vaginal Hemorrhage
☐	☐	Chest Pain/Discomfort	☐	☐	Hypertension	☐	☐	Other Cardiovascular						

TEST CASE #1 - ALS

Cardiac Arrest Information

Cardiac Arrest
- [x] No
- Yes:
  - [ ] After EMS Arrival
  - [ ] Prior To EMS Arrival

Etiology
- [ ] Drowning
- [ ] Electrocution
- [ ] Presumed Cardiac
- [ ] Respiratory
- [ ] SIDS
- [ ] Trauma
- [ ] Other

Not Applicable

Resuscitation Attempted
- No:
  - [ ] Circulation Restored by First Responder
  - [ ] DNR Orders
  - [ ] Obvious Death
- Yes: Not Applicable
  - [ ] CPR Only
  - [ ] Defibrillation

Time of Arrest Before EMS
- [ ] 0-2 min.
- [ ] 2-4 min.
- [ ] 4-6 min.
- [ ] 6-8 min.
- [ ] 8-10 min.
- [ ] 10-15 min.
- [ ] 15-20 min.
- [ ] > 20 min.
- [ ] Unknown N/A

Witnessed By Not Applicable
- [ ] Not Witnessed
- [ ] Healthcare Provider
- [ ] Lay Person

Return of Circulation Not Applicable
- [ ] No
- Yes:
  - [ ] Prior to ED Arrival Only
  - [ ] Prior to ED Arrival and at the ED

Resuscitation Discontinued
Time N/A:

Reason Discontinued
- [ ] DNR
- [ ] Medical Control Order
- [ ] Obvious Death
- [ ] Policy Requirements Completed
- [ ] Return of Circulation

Not Applicable

First Cardiac Rhythm Not Applicable
- [ ] Asystole
- [ ] Bradycardia
- [ ] Normal Sinus Rhythm
- [ ] PEA
- [ ] Ventricular Tachycardia
- [ ] Ventricular Fibrillation
- [ ] Unknown AED Non-Shockable Rhythm
- [ ] Unknown AED Shockable Rhythm
- [ ] Other

Cardiac Rhythm At Destination Not Applicable

12 Lead ECG:
- [ ] Anterior Ischemia
- [ ] Inferior Ischemia
- [ ] Lateral Ischemia
- [ ] Septal Ischemia
- [ ] Agonal/Idioventricular
- [ ] Artifact
- [ ] Asystole
- [ ] Atrial Fibrillation/Flutter

AV Block:
- [ ] 1st Degree
- [ ] 2nd Degree-Type 1
- [ ] 2nd Degree-Type 2
- [ ] 3rd Degree
- [ ] Junctional
- [ ] Left Bundle Branch Block
- [ ] Normal Sinus Rhythm
- [ ] Paced Rhythm
- [ ] PEA

Premature:
- [ ] Atrial Contractions
- [ ] Ventricular Contractions
- [ ] Right Bundle Branch Block
- [ ] Sinus Arrhythmia
- [ ] Sinus Bradycardia
- [ ] Sinus Tachycardia
- [ ] ST-Elevation
- [ ] Supraventricular Tachycardia
- [ ] Torsades de Pointes
- [ ] Ventricular Fibrillation
- [ ] Ventricular Tachycardia

Unknown:
- [ ] AED Non-Shockable Rhythm
- [ ] AED Shockable Rhythm
- [ ] Other

Patient Past Medical History

UNKNOWN

Narrative

(S) CALLED FOR MOTOR VEHICLE CRASH (O) RESTRAINED MALE PT FOUND IN DRIVER'S SEAT OF 4-DOOR SEDAN. PT UNRESPONSIVE LAW ENFORCEMENT HOLDING C-SPINE AND PLACED NASAL AIRWAY FOR SNORING RESPIRATIONS. BYSTANDERS STATE VEHICLE SWERVED OFF ROAD AND CAME TO STOP. EXAM SHOWED PT SUFFERED A GUN SHOT WOUND TO (L) SIDE AT 5TH INTERCOSTAL SPACE. (A) [A] PATENT C̄ NASAL AIRWAY [B] LABORED @ 22 C̄ DECREASED LUNG SOUNDS [C] SINUS TACH RAPID, REGULAR 108-142. [D] ↓ LEVEL OF CONSCIOUSNESS C̄ GCS = 9, AVPU = P. (E) HEENT: INTACT, NO TRAUMA NOTED, NECK: SUPPLE, NO JVD, TRACHEA MIDLINE, CHEST: GSW as noted, ↓ LS to LEFT SIDE ABD: SOFT NONTENDER. PELVIS: INTACT. GI: INTACT. EXT: MOVES ALL EXTREMITIES C̄ PURPOSE UPON PAINFUL STIMULATION, NO TRAUMA NOTED. (PLAN): C-COLLAR, NASAL AIRWAY C̄ O_2 @ 15 LPM VIA NRB, LSB, MONITOR: SINUS TACH, Ø ECTOPY, OCCLUSIVE DRESSING. REASSESS: O_2 Sats ↓, LABORED BREATHING. TX: NEEDLE CHEST DECOMPRESSION (L) SIDE. TRANSPORT LIGHTS & SIREN. ENROUTE TWO IVs ESTABLISHED. DIVERTED TO _____ HOSPITAL. BREATHING IMPROVED. CARE & REPORT TO ED STAFF

Medical Control Method
- [x] Standing Orders
- [ ] On-line
- [ ] On Scene
- [ ] Written Orders (Patient Specific)

Airbag Deployment
- [ ] Airbag Deployed Front
- [ ] Airbag Deployed Side
- [ ] Airbag Deployed Other
- [x] Airbag Not Deployed
- [ ] Airbag Not Present

HIPAA
- [ ] Notice of HIPAA Privacy Practices given to patient per agency guidelines

Safety Equipment
- [ ] Child Restraint
- [ ] Eye Protection
- [ ] Helmet Worn
- [x] Lap Belt
- [ ] None
- [ ] Other
- [ ] Personal Floatation Device
- [ ] Protective Clothing Gear
- [ ] Protective Non-Clothing Gear
- [ ] Shoulder Belt

EMD Performed
- [x] No
- [ ] Yes, With Pre-Arrival Instructions
- [ ] Yes, Without Pre-Arrival Instructions

Signatures

Receiving RN/MD	Guardian	I Refuse Treatment/Transport (Also See Back)	Technician

- [ ] Continued On Supplement

Ambulance Patient Care Report

TEST CASE #2 - ALS

MN STAR

Agency Name	Date of Incident	Call Number	Incident Number
			2 - Trauma

Response Times

PSAP Call	Arrive Scene	In Service
1725	1731	1821
Dispatch Notified	**Arrive Patient**	**Unit Cancelled**
1725	1732	
Unit Dispatched	**Leave Scene**	**In Quarters**
1726	1745	1839
Enroute	**Arrive Dest.**	
1726	1807	

Response Information

PCR Number	Starting Mileage
# of Patients: 1	MCI: ☐ Yes ☒ No — At Scene Mileage
Responding Unit	Dest. Mileage
Crew Number	Ending Mileage

Personnel / Driver

Attendant	Driver	
Driver	☒ To Scene ☒ To Dest.	1
Primary Caregiver	☐ To Scene ☐ To Dest.	2
	☐ To Scene ☐ To Dest.	3
	☐ To Scene ☐ To Dest.	4

Incident Information

Incident Address: 17732 CEDAR AVE

Room/Apt:

City: FREMONT | County: WINONA | State: MN | Zip Code: 55979

First Responder Agencies:

Type of Location:
☐ Airport ☒ Home/Residence ☐ Mine or Quarry ☐ Residential Institution ☐ Other
☐ Farm ☐ Industrial Place ☐ Place of Sport ☐ Street or Highway
☐ Healthcare Facility ☐ Lake, River ☐ Public Building ☐ Trade or Service

Factors Affecting Care

☐ Amb. Crash ☐ Diversion ☐ Safety
☐ Amb. Failure ☐ Extrication ☐ Traffic
☐ Crowd ☐ HazMat ☐ Weather
☐ Directions ☐ Language Barrier ☒ None
☐ Distance ☐ Staff Delay ☐ Other

Destination/Hospital Name	Facility Diverted From

Response Request / Response Mode / Disposition

Response Request	To	Response Mode	From	Disposition
☒ Response (Scene)	☒	Lights and Siren	☐	Treated: ☒ Transported by EMS
☐ Interfacility Transfer	☐	No Lights or Siren	☐	☐ Transferred Care
☐ Medical Transport (Scheduled)	☐	Initial No Lights and Siren Upgraded to Lights and Siren	☐	☐ Released
☐ Standby	☐	Initial Lights and Siren Downgraded to No Lights and Siren	☒	☐ Cancelled
☐ Intercept				☐ Patient Refused Care
☐ Mutual Aid				☐ Dead at Scene

Destination Determination

☐ Closest Facility ☐ Specialty Resource Ctr.
☐ Protocol Guideline ☐ Law Enforcement Choice
☒ Patient/Family Choice ☐ Diversion

Destination Type

☒ Hospital ☐ Ground Ambulance
☐ Home ☐ Police/Jail
☐ Medical Office/Clinic ☐ Morgue
☐ Nursing Home ☐ Other
☐ Air Ambulance

Primary Role of Unit

☒ ALS Ground ☐ Non-Transport
☐ BLS Ground ☐ Other Transport
☐ Critical Care Ground ☐ Rescue
☐ ERU ☐ Rotor Craft
☐ Fixed Wing ☐ Supervisor

Patient Information

Last Name: GRAHAM | First Name: SONNY | M.I.:

Address: 17732 CEDAR AVE | Room/Apt:

City: FREMONT | County: WINONA | State: MN

Zip Code: 55979 | Phone Number: ( ) . | KG / LB | Gender: ☒ M ☐ F

Social Security Number: 987 - 65 - 1010 | DOB: 10 / 10 / 2004 | Age:

Patient Physician: | Guardian Name:

Race:
☐ American Indian or Alaska Native ☐ Asian
☒ Black or African American ☐ White
☐ Hawaiian or Other Pacific Islander ☐ Other

Ethnicity:
☐ Hispanic or Latino
☒ Not Hispanic or Latino

Dispatch Reason

☐ Abdominal Pain ☐ Heart Problem
☐ Allergies ☐ Heat/Cold Exposure
☐ Animal Bite ☐ Hemorrhage/Laceration
☐ Assault ☐ Industrial Accident
☐ Back Pain ☐ Ingestion/Poisoning
☐ Breathing Problem ☐ MCI
☐ Burns ☐ Medical Transport
☐ Cardiac Arrest ☐ Pain
☐ Chest Pain ☐ Pregnancy/Childbirth
☐ Choking ☐ Psychiatric Problem
☐ CO Poisoning/Hazmat ☐ Sick Person
☐ Convulsions/Seizure ☐ Stab/Gunshot Wound
☐ Diabetic Problem ☐ Standby
☐ Drowning ☐ Stroke/CVA
☐ Electrocution ☐ Traffic Accident
☐ Eye Problem ☒ Traumatic Injury
☐ Fall Victim ☐ Unconscious/Fainting
☐ Headache ☐ Unknown Problem/Man Down

Prior Aid (Select All That Apply)

☐ AED - ERU
☐ AED - First Responder
☐ AED - Public Access
☐ CPR
☐ Extrication
☐ Spinal Immobilization
☐ Splinting

Airway: Not Applicable
☐ BVM
☐ Combitube
☐ Nebulizer Treatment
☐ Oxygen
☐ Suction

Performed By: Not Applicable
☐ EMS Provider
☐ Law Enforcement
☐ Lay Person
☐ Other Healthcare Provider
☐ Patient

Outcome/Condition:
☐ Improved
☐ Worse
☐ Unchanged
Not Applicable

Provider Impression - Primary/Secondary (Select One For Each)

P	S		P	S		P	S		P	S		P	S	
☐	☐	AAA	☐	☐	CHF	☐	☐	Hypotension	☐	☐	Other CNS	☐	☐	Seizure
☐	☐	Abdominal Pain/Prob.	☐	☐	Dehydration	☐	☐	Hyperthermia	☐	☐	Other Endocrine/Metabolic	☐	☐	Sexual Assault / Rape
☐	☐	Airway Obstruction	☐	☐	Diabetic hyperglycemia	☐	☐	Hypothermia	☐	☐	Other General Urinary	☐	☐	Smoke Inhalation
☐	☐	Allergic Reaction	☐	☐	Diabetic hypoglycemia	☐	☐	Hypovolemia / Shock	☐	☐	Other Illness/Injury	☐	☐	Stings / venomous bites
☐	☒	Altered LOC	☐	☐	Electrocution	☐	☐	Inhalation Injury (toxic gas)	☐	☐	Other OB/Gyn	☐	☐	Stroke / CVA / TIA
☐	☐	Asthma	☐	☐	ETOH Abuse	☐	☐	OB Delivery	☐	☐	Pain	☐	☐	Substance Drug Abuse
☐	☐	Behavioral / Psych	☐	☐	Fever	☐	☐	OB/Pregnancy/Labor	☐	☐	Poisoning / drug ingest.	☐	☐	Syncope / fainting
☐	☐	Bowel Obstruction	☐	☐	GI Bleed	☐	☐	Obvious Death	☐	☐	Respiratory Arrest	☐	☒	Traumatic Injury
☐	☐	Cancer	☐	☐	Headache	☐	☐	Other Abdominal/GI	☐	☐	Respiratory Distress	☐	☐	Unconscious Unknown
☐	☐	Cardiac Arrest	☐	☐	Heat Exhaustion/Stroke	☐	☐	Other Cardiovascular	☐	☐	Rhythm Disturbance	☐	☐	Vaginal Hemorrhage
☐	☐	Chest Pain/Discomfort	☐	☐	Hypertension									

TEST CASE #2 - ALS

Patient Chief Complaint

Description: "MY HEAD HURTS." DAD STATES, "HE WAS RUNNING AND HIT HIS HEAD ON THE KITCHEN TABLE."

Onset Date / Time: 1726

Primary Organ System Affected

- ☐ Cardiovascular
- ☐ CNS/Neuro
- ☐ Endocrine/Metabolic
- ☐ GI/Abdomen
- ☐ Global/Other Illnesses
- ☒ Musculoskeletal/Injury
- ☐ OB/GYN
- ☐ Psych/ Behavioral
- ☐ Respiratory
- ☐ Renal/GU Problems
- ☐ Skin

Signs & Symptoms (Select All That Apply)

P	S		P	S		P	S		P	S	
☐	☐	Abdominal Pain	☐	☐	Chest Pain	☐	☐	Fever	☐	☐	Palpitations
☐	☐	Back Pain	☐	☐	Choking	☐	☐	Malaise	☐	☐	Rash/Itching
☐	☐	Behavioral/Psych	☐	☐	Death	☐	☐	Mass/Lesion	☐	☐	Swelling
☐	☒	Bleeding	☐	☐	Device/Equipment Problem	☐	☐	Nausea/Vomiting	☐	☒	Weakness
☐	☐	Breathing Problem	☐	☐	Diarrhea	☐	☐	None	☒	☐	Wound
☐	☒	Change in Resp	☐	☐	Drainage/Discharge	☐	☒	Pain			

Cause of Injury (Select One)

Injury Present
- ☒ Yes
- ☐ No

Injury Intent
- ☐ Intentional, Other (Assaulted)
- ☐ Intentional, Self
- ☒ Unintentional

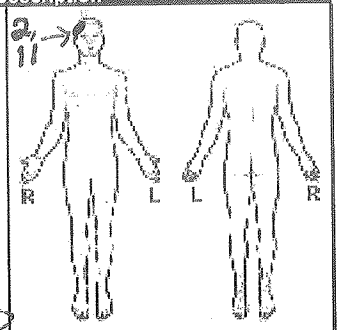
Mechanism
- ☒ Blunt
- ☐ Burn
- ☐ Other
- ☐ Penetrating

- ☐ Aircraft Crash
- ☐ Assault
- ☐ Bicycle Crash
- ☐ Bites
- ☐ Chemical Poisoning
- ☐ Child Battering
- ☐ Drug Poisoning
- ☐ Drowning
- ☐ Electrocution (Non-Lightning)
- ☐ Excessive Cold
- ☐ Excessive Heat
- ☒ Falls
- ☐ Fire and Flames
- ☐ Firearm Assault
- ☐ Firearm Injury (Accidental)
- ☐ Firearm (Self Inflicted)
- ☐ Lightning
- ☐ Machinery Accidents
- ☐ Mechanical Suffocation
- ☐ MV, Non-Traffic Crash
- ☐ MV, Traffic Crash
- ☐ Motorcycle Crash
- ☐ Non-Motorized Vehicle Crash
- ☐ Pedestrian Traffic Crash
- ☐ Radiation Exposure
- ☐ Sexual Assault / Rape
- ☐ Smoke Inhalation
- ☐ Stabbing/Cutting (Assault)
- ☐ Stabbing/Cutting (Accidental)
- ☐ Strike Blunt/Thrown Obj.
- ☐ Unarmed Fight/Brawl
- ☐ Venomous Stings
- ☐ Water Transport Crash

Injury Description

Identify the area of injury with the following numbers

1. Amputation
2. Bleeding-Controlled
3. Bleeding-Uncontrolled
4. Burn
5. Crush
6. Dislocation/Fracture
7. Gunshot
8. Laceration
9. Pain without swelling/bruising
10. Puncture/Stab
11. Soft Tissue swelling/bruising



Initial Assessment

Level of Responsiveness
- ☒ Alert
- ☐ Verbal
- ☐ Painful
- ☐ Unresponsive

Airway
- ☒ Patent
- ☐ Non Patent

Action taken:

Breathing

Rate	Quality	L	Lung Sounds	R
☐ < 10	☒ Normal	☒	Clear	☒
☐ 10-24	☐ Labored	☐	Wet	☐
☒ > 24	☐ Fatigued	☐	Wheezes	☐
☐ Apneic	☐ Absent	☐	Diminished	☐
	☐ Not Assessed	☐	Absent	☐

Circulation

Color	Temp	Condition	Cap Refill
☒ Normal	☒ Normal	☒ Normal	☒ < 2 sec
☐ Cyanotic	☐ Hot	☐ Diaphoretic	☐ 2 - 4 sec
☐ Pale	☐ Cool	☐ Dry	☐ > 4 sec
☐ Flush	☐ Cold		☐ Absent

Alcohol/Drug Use
- ☐ Alcohol/Drugs at Scene
- ☐ Patient Admits Alcohol Use
- ☐ Patient Admits Drug Use
- ☐ Smell of Alcohol
- ☒ None

Glasgow Coma Score

Eye Opening	Verbal	Motor
4 Spontaneous	5 Oriented	6 Obeys Commands
3 To Speech	4 Confused	5 Localized Pain
2 To Pain	3 Inappropriate Words	4 Withdraws to Pain
1 Not at All	2 Inappropriate Sounds	3 Flexion to Pain
	1 None	2 Extension to Pain
		1 None

Time 1732 — 14 / 0 — Score

Time 1800 — 15 — Score

Pupils

L		R
☒	Reactive	☒
☐	Sluggish	☐
☐	Constricted	☐
☐	Dilated	☐
☐	Nonreactive	☐

Barriers to Patient Care
- ☐ Developmentally Impaired
- ☐ Hearing Impaired
- ☐ Language
- ☐ Physically Impaired
- ☐ Physically Restrained
- ☐ Speech Impaired
- ☐ Unattended or Unsupervised (Including Minors)
- ☐ Unconscious
- ☒ None

Allergies ☒ NKA

Patient's Medications: NONE

Time	BP	Pulse	Resp	Rhythm	SpO2	Procedures	# Attempts	Success	Medication	Dose	Route	Response	Crew #
1733	100/68	108	42		97	C-Collar	1	☒ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	Driver
1734						Wound Care Ice Pack	1 1	☒ Yes ☐ No ☐ N/A				☒ Improved ☐ Worse ☐ Unchanged	Driver Primary Caregiver
1740						Long Board	1	☒ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	Driver
1742								☐ Yes ☐ No ☐ N/A	Oxygen NRB	10LPM	Inhal	☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
1744	106/68	114	32		99	Cardiac Monitor	1	☒ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	Primary Caregiver
1756	106/70	108	24		99			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
1804	108/68	100	16		99			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
								☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	

TEST CASE #2 - ALS

Cardiac Arrest Information

Cardiac Arrest
- [x] No
- Yes:
  - ☐ After EMS Arrival
  - ☐ Prior To EMS Arrival

Etiology
- ☐ Drowning
- ☐ Electrocution
- ☐ Presumed Cardiac
- ☐ Respiratory
- ☐ SIDS
- ☐ Trauma
- ☐ Other

Not Applicable

Resuscitation Attempted
- No:
  - ☐ Circulation Restored by First Responder
  - ☐ DNR Orders
  - ☐ Obvious Death
- Yes: Not Applicable
  - ☐ CPR Only
  - ☐ Defibrillation

Time of Arrest Before EMS
- ☐ 0-2 min.
- ☐ 2-4 min.
- ☐ 4-6 min.
- ☐ 6-8 min.
- ☐ 8-10 min.
- ☐ 10-15 min.
- ☐ 15-20 min.
- ☐ >20 min.
- ☐ Unknown

Not Applicable

Witnessed By
- ☐ Not Witnessed
- ☐ Healthcare Provider
- ☐ Lay Person

Not Applicable

Return of Circulation
- ☐ No
- Yes:
  - ☐ Prior to ED Arrival Only
  - ☐ Prior to ED Arrival and at the ED

Not Applicable

Resuscitation Discontinued

Time N/A

Reason Discontinued
- ☐ DNR
- ☐ Medical Control Order
- ☐ Obvious Death
- ☐ Policy Requirements Completed
- ☐ Return of Circulation

Not Applicable

First Cardiac Rhythm

Not Applicable

- ☐ Asystole
- ☐ Bradycardia
- ☐ Normal Sinus Rhythm
- ☐ PEA
- ☐ Ventricular Tachycardia
- ☐ Ventricular Fibrillation
- ☐ Unknown AED Non-Shockable Rhythm
- ☐ Unknown AED Shockable Rhythm
- ☐ Other

Cardiac Rhythm At Destination

Not Applicable

12 Lead ECG:
- ☐ Anterior Ischemia
- ☐ Inferior Ischemia
- ☐ Lateral Ischemia
- ☐ Septal Ischemia
- ☐ Agonal/Idioventricular
- ☐ Artifact
- ☐ Asystole
- ☐ Atrial Fibrillation/Flutter

AV Block:
- ☐ 1st Degree
- ☐ 2nd Degree-Type 1
- ☐ 2nd Degree-Type 2
- ☐ 3rd Degree
- ☐ Junctional
- ☐ Left Bundle Branch Block
- ☐ Normal Sinus Rhythm
- ☐ Paced Rhythm
- ☐ PEA

Premature:
- ☐ Atrial Contractions
- ☐ Ventricular Contractions
- ☐ Right Bundle Branch Block
- ☐ Sinus Arrhythmia
- ☐ Sinus Bradycardia
- ☐ Sinus Tachycardia
- ☐ ST-Elevation
- ☐ Supraventricular Tachycardia
- ☐ Torsades de Pointes
- ☐ Ventricular Fibrillation
- ☐ Ventricular Tachycardia

Unknown:
- ☐ AED Non-Shockable Rhythm
- ☐ AED Shockable Rhythm
- ☐ Other

Patient Past Medical History

NONE

Narrative

YO ♂ PT FOUND SITTING ON DAD'S LAP. A&O to name, place, but ⊖ events. ABC's INTACT. PT CONFUSED, "I WAS SWINGING AND FELL OFF." PT DAD EXPLAINED THAT EARLIER TODAY PT WAS PLAYING ON THE SWINGSET BUT DID NOT FALL OFF. HEMATOMA WITH SLOW BLEED NOTED TO (R) TEMPORAL LOBE. C-COLLAR PLACED. BANDAGE APPLIED WITH ICE PACK. PUPILS EQUAL AND REACTIVE. NO DRAINAGE NOTED FROM EARS, NOSE, OR MOUTH. LUNG SOUNDS CLEAR BILAT WITH EQUAL CHEST RISE. ABD SOFT NON-TENDER. PELVIS STABLE. MOVES ALL EXTREMITIES. PT SECURED TO LONG BOARD. OXYGEN APPLIED. MONITOR: SINUS RHYTHM, TACHY, ⊖ ECTOPY. TRANSPORTED LIGHTS AND SIREN DUE TO HEAD INJURY AND CONFUSION. ENROUTE PT STATES "I DIDN'T FALL OFF THE SWING, I HIT MY HEAD IN THE KITCHEN." DOWNGRADED TO ROUTINE TO HOSPITAL. PT TALKING COHERENTLY. FOR REMAINDER OF TRANSPORT. DAD IN PT COMPARTMENT. PT LIFTED TO ED BED ON LONG BOARD. REPORT AND CARE TRANSFERRED TO RN.

Medical Control Method
- [x] Standing Orders
- ☐ On-line
- ☐ On Scene
- ☐ Written Orders (Patient Specific)

Airbag Deployment

- ☐ Airbag Deployed Front
- ☐ Airbag Deployed Side
- ☐ Airbag Deployed Other
- ☐ Airbag Not Deployed
- ☐ Airbag Not Present

Not Applicable

HIPAA

- ☐ Notice of HIPAA Privacy Practices given to patient per agency guidelines

Safety Equipment

- ☐ Child Restraint
- ☐ Eye Protection
- ☐ Helmet Worn
- ☐ Lap Belt
- ☐ None
- ☐ Other
- ☐ Personal Floatation Device
- ☐ Protective Clothing Gear
- ☐ Protective Non-Clothing Gear
- ☐ Shoulder Belt

N/A

EMD Performed
- [x] No
- ☐ Yes, With Pre-Arrival Instructions
- ☐ Yes, Without Pre-Arrival Instructions

Signatures

Receiving RN/MD	Guardian	I Refuse Treatment/Transport (Also See Back)	Technician

☐ Continued On Supplement

Ambulance Patient Care Report

TEST CASE # 4 - ALS

MN STAR

Agency Name	Date of Incident	Call Number	Incident Number
			4-Stroke

Response Times

PSAP Call	Arrive Scene	In Service
1408	1415	1520
Dispatch Notified	**Arrive Patient**	**Unit Cancelled**
1408	1416	
Unit Dispatched	**Leave Scene**	**In Quarters**
1409	1440	1539
Enroute	**Arrive Dest.**	
1410	1504	

Response Information

PCR Number	Starting Mileage	Attendant	Driver
			☐ To Scene ☐ To Dest. 1
# of Patients: 1	MCI ☐ Yes ☒ No	At Scene Mileage	Attendant ☐ To Scene ☐ To Dest. 2
Responding Unit	Dest. Mileage		Attendant ☐ To Scene ☐ To Dest. 3
Crew Number	Ending Mileage		Attendant ☐ To Scene ☐ To Dest. 4

Incident Information

Incident Address: 574 BAY ROAD SE

Room/Apt:

City: PINE RIVER | County: CASS | State: MN | Zip Code: 56474

Type of Location:
☐ Airport ☒ Home/Residence ☐ Mine or Quarry ☐ Residential Institution ☐ Other
☐ Farm ☐ Industrial Place ☐ Place of Sport ☐ Street or Highway
☐ Healthcare Facility ☐ Lake, River ☐ Public Building ☐ Trade or Service

First Responder Agencies:

Factors Affecting Care

☐ Amb. Crash ☐ Diversion ☐ Safety
☐ Amb. Failure ☐ Extrication ☐ Traffic
☐ Crowd ☐ HazMat ☐ Weather
☐ Directions ☐ Language Barrier ☒ None
☐ Distance ☐ Staff Delay ☐ Other

Destination/Hospital Name	Facility Diverted From

Response Request

☒ Response (Scene)
☐ Interfacility Transfer
☐ Medical Transport (Scheduled)
☐ Standby
☐ Intercept
☐ Mutual Aid

Response Mode

To	Response Mode	From
☒	Lights and Siren	☒
☐	No Lights or Siren	☐
☐	Initial No Lights and Siren Upgraded to Lights and Siren	☐
☐	Initial Lights and Siren Downgraded to No Lights and Siren	☐

Disposition

Treated:
☒ Transported by EMS
☐ Transferred Care
☐ Released
☐ Cancelled
☐ Patient Refused Care
☐ Dead at Scene

Destination Determination

☐ Closest Facility ☐ Specialty Resource Ctr.
☒ Protocol Guideline ☐ Law Enforcement Choice
☐ Patient/Family Choice ☐ Diversion

Destination Type

☒ Hospital ☐ Ground Ambulance
☐ Home ☐ Police/Jail
☐ Medical Office/Clinic ☐ Morgue
☐ Nursing Home ☐ Other
☐ Air Ambulance

Primary Role of Unit

☒ ALS Ground ☐ Non-Transport
☐ BLS Ground ☐ Other Transport
☐ Critical Care Ground ☐ Rescue
☐ ERU ☐ Rotor Craft
☐ Fixed Wing ☐ Supervisor

Patient Information

Last Name: EURYSM | First Name: ANN | M.I.: A

Address: 10101 200TH STREET | Room/Apt:

City: JACOB LAKE | County: COCONINO | State: AZ

Zip Code: 86002 | Phone Number: ( ) . | KG: 140 LB | Gender: M (F)

Social Security Number: . . | DOB: 11 / 11 / 1938 | Age:

Patient Physician: | Guardian Name:

Race:
☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Hawaiian or Other Pacific Islander ☒ Other

Ethnicity:
☒ Hispanic or Latino
☐ Not Hispanic or Latino

Dispatch Reason

☐ Abdominal Pain ☐ Heart Problem
☐ Allergies ☐ Heat/Cold Exposure
☐ Animal Bite ☐ Hemorrhage/Laceration
☐ Assault ☐ Industrial Accident
☐ Back Pain ☐ Ingestion/Poisoning
☐ Breathing Problem ☐ MCI
☐ Burns ☐ Medical Transport
☐ Cardiac Arrest ☐ Pain
☐ Chest Pain ☐ Pregnancy/Childbirth
☐ Choking ☐ Psychiatric Problem
☐ CO Poisoning/Hazmat ☐ Sick Person
☐ Convulsions/Seizure ☐ Stab/Gunshot Wound
☐ Diabetic Problem ☐ Standby
☐ Drowning ☒ Stroke/CVA
☐ Electrocution ☐ Traffic Accident
☐ Eye Problem ☐ Traumatic Injury
☐ Fall Victim ☐ Unconscious/Fainting
☐ Headache ☐ Unknown Problem/Man Down

Prior Aid (Select All That Apply)

☐ AED - ERU
☐ AED - First Responder
☐ AED - Public Access
☐ CPR
☐ Extrication
☐ Spinal Immobilization
☐ Splinting

Airway: Not Applicable
☐ BVM
☐ Combitube
☐ Nebulizer Treatment
☐ Oxygen
☐ Suction

Performed By: Not Applicable
☐ EMS Provider
☐ Law Enforcement
☐ Lay Person
☐ Other Healthcare Provider
☐ Patient

Outcome/Condition: N/A
☐ Improved
☐ Worse
☐ Unchanged

Provider Impression - Primary/Secondary (Select One For Each)

P	S		P	S		P	S		P	S		P	S	
☐	☐	AAA	☐	☐	CHF	☐	☐	Hypotension	☐	☐	Other CNS	☐	☐	Seizure
☐	☐	Abdominal Pain/Prob.	☐	☐	Dehydration	☐	☐	Hyperthermia	☐	☐	Other Endocrine/Metabolic	☐	☐	Sexual Assault / Rape
☐	☐	Airway Obstruction	☐	☐	Diabetic hyperglycemia	☐	☐	Hypothermia	☐	☐	Other General Urinary	☐	☐	Smoke Inhalation
☐	☐	Allergic Reaction	☐	☐	Diabetic hypoglycemia	☐	☐	Hypovolemia / Shock	☐	☐	Other Illness/Injury	☐	☐	Stings / venomous bites
☐	☒	Altered LOC	☐	☐	Electrocution	☐	☐	Inhalation Injury (toxic gas)	☐	☐	Other OB/Gyn	☒	☐	Stroke / CVA / TIA
☐	☐	Asthma	☐	☐	ETOH Abuse	☐	☐	OB Delivery	☐	☐	Pain	☐	☐	Substance Drug Abuse
☐	☐	Behavioral / Psych	☐	☐	Fever	☐	☐	OB/Pregnancy/Labor	☐	☐	Poisoning / drug ingest.	☐	☐	Syncope / fainting
☐	☐	Bowel Obstruction	☐	☐	GI Bleed	☐	☐	Obvious Death	☐	☐	Respiratory Arrest	☐	☐	Traumatic Injury
☐	☐	Cancer	☐	☐	Headache	☐	☐	Other Abdominal/GI	☐	☐	Respiratory Distress	☐	☐	Unconscious Unknown
☐	☐	Cardiac Arrest	☐	☐	Heat Exhaustion/Stroke	☐	☐	Other Cardiovascular	☐	☐	Rhythm Disturbance	☐	☐	Vaginal Hemorrhage
☐	☐	Chest Pain/Discomfort	☐	☐	Hypertension									

TEST CASE #4 - ALS

Patient Chief Complaint

Description: PT UNABLE TO SPEAK, NODS

Onset Date / Time: 1405

Signs & Symptoms (Select All That Apply)

P	S		P	S		P	S		P	S	
☐	☐	Abdominal Pain	☐	☐	Chest Pain	☐	☐	Fever	☐	☐	Palpitations
☐	☐	Back Pain	☐	☐	Choking	☐	☐	Malaise	☐	☐	Rash/Itching
☐	☐	Behavioral/Psych	☐	☐	Death	☐	☐	Mass/Lesion	☐	☐	Swelling
☐	☐	Bleeding	☐	☐	Device/Equipment Problem	☐	☐	Nausea/Vomiting	☐	☒	Weakness
☐	☐	Breathing Problem	☐	☐	Diarrhea	☐	☐	None	☐	☐	Wound
☒	☐	Change in Resp	☐	☐	Drainage/Discharge	☐	☐	Pain			

Primary Organ System Affected

- ☐ Cardiovascular
- ☒ CNS/Neuro
- ☐ Endocrine/Metabolic
- ☐ GI/Abdomen
- ☐ Global/Other Illnesses
- ☐ Musculoskeletal/Injury
- ☐ OB/GYN
- ☐ Psych/ Behavioral
- ☐ Respiratory
- ☐ Renal/GU Problems
- ☐ Skin

Cause of Injury (Select One)

Injury Present
- ☐ Yes
- ☒ No

Injury Intent N/A
- ☐ Intentional, Other (Assaulted)
- ☐ Intentional, Self
- ☐ Unintentional

Mechanism
- ☐ Blunt
- ☐ Burn
- ☐ Other
- ☐ Penetrating

Not Applicable

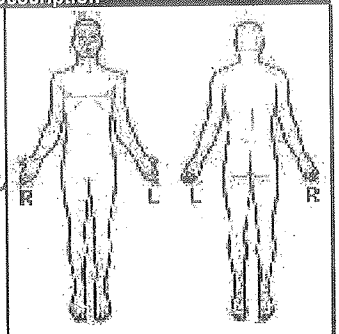
- ☐ Aircraft Crash
- ☐ Assault
- ☐ Bicycle Crash
- ☐ Bites
- ☐ Chemical Poisoning
- ☐ Child Battering
- ☐ Drug Poisoning
- ☐ Drowning
- ☐ Electrocution (Non-Lightning)
- ☐ Excessive Cold
- ☐ Excessive Heat
- ☐ Falls
- ☐ Fire and Flames
- ☐ Firearm Assault
- ☐ Firearm Injury (Accidental)
- ☐ Firearm (Self Inflicted)
- ☐ Lightning
- ☐ Machinery Accidents
- ☐ Mechanical Suffocation
- ☐ MV, Non-Traffic Crash
- ☐ MV, Traffic Crash
- ☐ Motorcycle Crash
- ☐ Non-Motorized Vehicle Crash
- ☐ Pedestrian Traffic Crash
- ☐ Radiation Exposure
- ☐ Sexual Assault / Rape
- ☐ Smoke Inhalation
- ☐ Stabbing/Cutting (Assault)
- ☐ Stabbing/Cutting (Accidental)
- ☐ Strike Blunt/Thrown Obj.
- ☐ Unarmed Fight/Brawl
- ☐ Venomous Stings
- ☐ Water Transport Crash

Not Applicable

Injury Description

Identify the area of injury with the following numbers
1 Amputation
2 Bleeding-Controlled
3 Bleeding-Uncontrolled
4 Burn
5 Crush
6 Dislocation/Fracture
7 Gunshot
8 Laceration
9 Pain without swelling/bruising
10 Puncture/Stab
11 Soft Tissue swelling/bruising

Not Applicable



Initial Assessment

Level of Responsiveness
- ☒ Alert = 1449
- ☒ Verbal = 1416
- ☐ Painful
- ☐ Unresponsive

Airway
- ☒ Patent
- ☐ Non Patent

Action taken:

Breathing

Rate	Quality	L	Lung Sounds	R
☐ < 10	☒ Normal	☒	Clear	☒
☒ 10-24	☐ Labored	☐	Wet	☐
☐ > 24	☐ Fatigued	☐	Wheezes	☐
☐ Apneic	☐ Absent	☐	Diminished	☐
	☐ Not Assessed	☐	Absent	☐

Circulation

Color	Temp	Condition	Cap Refill
☒ Normal	☒ Normal	☒ Normal	☒ < 2 sec
☐ Cyanotic	☐ Hot	☐ Diaphoretic	☐ 2 - 4 sec
☐ Pale	☐ Cool	☐ Dry	☐ > 4 sec
☐ Flush	☐ Cold		☐ Absent

Alcohol/Drug Use
- ☐ Alcohol/Drugs at Scene
- ☐ Patient Admits Alcohol Use
- ☐ Patient Admits Drug Use
- ☐ Smell of Alcohol
- ☒ None

Glasgow Coma Score

Eye Opening	Verbal	Motor
4 Spontaneous	5 Oriented	6 Obeys Commands
3 To Speech	4 Confused	5 Localized Pain
2 To Pain	3 Inappropriate Words	4 Withdraws to Pain
1 Not at All	2 Inappropriate Sounds	3 Flexion to Pain
	1 None	2 Extension to Pain
		1 None

Time 1416 — 10 / 0 Score

Time 1455 — 13 / ☐ Score

Pupils

L		R
☒	Reactive	☐
☐	Sluggish	☐
☐	Constricted	☐
☐	Dilated	☒
☐	Nonreactive	☐

Barriers to Patient Care
- ☐ Developmentally Impaired
- ☒ Hearing Impaired
- ☒ Language
- ☐ Physically Impaired
- ☐ Physically Restrained
- ☐ Speech Impaired
- ☐ Unattended or Unsupervised (Including Minors)
- ☐ Unconscious
- ☐ None

Allergies ☐ NKA PCN

Patient's Medications ALBUTEROL INHALER, BABY ASA ATENOLOL, LIPITOR

Time	BP	Pulse	Resp.	Rhythm	SpO2	Procedures	# Attempts	Success	Medication	Dose	Route	Response	Crew #
1416	242/162	110	16		95			☐ Yes ☐ No ☐ N/A	Oxygen via Nasal Cannula	4 LPM		☒ Improved ☐ Worse ☐ Unchanged	Driver
1418						IV 20 ga Blood Glucose (145)	1	☒ Yes ☐ No ☐ N/A	NS	TKO	IV	☐ Improved ☐ Worse ☒ Unchanged	2nd Caregiver
1419				Sinus Tach		Cardiac Monitor		☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	Primary Caregiver
1424	236/160	104	18		99			☐ Yes ☐ No ☐ N/A	Procardia 10mg		Oral	☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
1435	208/152	110	18		98	12 Lead ECG		☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	Primary Caregiver
1449	186/112	108	18		99			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
1500	148/104	104	18	Sinus Tach	99			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
								☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	

TEST CASE #4 - ALS

Cardiac Arrest Information

Cardiac Arrest
- [x] No
- Yes:
  - [ ] After EMS Arrival
  - [ ] Prior To EMS Arrival

Etiology
- [ ] Drowning
- [ ] Electrocution
- [ ] Presumed Cardiac
- [ ] Respiratory
- [ ] SIDS
- [ ] Trauma
- [ ] Other

Not Applicable

Resuscitation Attempted
- No: Not Applicable
- [ ] Circulation Restored by First Responder
- [ ] DNR Orders
- [ ] Obvious Death
- Yes:
  - [ ] CPR Only
  - [ ] Defibrillation

Time of Arrest Before EMS
- [ ] 0-2 min.
- [ ] 2-4 min.
- [ ] 4-6 min.
- [ ] 6-8 min.
- [ ] 8-10 min.
- [ ] 10-15 min.
- [ ] 15-20 min.
- [ ] 20+ min.
- [ ] Unknown

Not Applicable

Witnessed By
- [ ] Not Witnessed
- [ ] Healthcare Provider
- [ ] Lay Person

Not Applicable

Return of Circulation
- [ ] No
- Yes:
  - [ ] Prior to ED Arrival Only
  - [ ] Prior to ED Arrival and at the ED

Not Applicable

Resuscitation Discontinued
- Time N/A :

Reason Discontinued
- [ ] DNR
- [ ] Medical Control Order
- [ ] Obvious Death
- [ ] Policy Requirements Completed
- [ ] Return of Circulation

Not Applicable

First Cardiac Rhythm

Not Applicable

- [ ] Asystole
- [ ] Bradycardia
- [ ] Normal Sinus Rhythm
- [ ] PEA
- [ ] Ventricular Tachycardia
- [ ] Ventricular Fibrillation
- [ ] Unknown AED Non-Shockable Rhythm
- [ ] Unknown AED Shockable Rhythm
- [ ] Other

Cardiac Rhythm At Destination

Not Applicable

12 Lead ECG:
- [ ] Anterior Ischemia
- [ ] Inferior Ischemia
- [ ] Lateral Ischemia
- [ ] Septal Ischemia
- [ ] Agonal/Idioventricular
- [ ] Artifact
- [ ] Asystole
- [ ] Atrial Fibrillation/Flutter

AV Block:
- [ ] 1st Degree
- [ ] 2nd Degree-Type 1
- [ ] 2nd Degree-Type 2
- [ ] 3rd Degree
- [ ] Junctional
- [ ] Left Bundle Branch Block
- [ ] Normal Sinus Rhythm
- [ ] Paced Rhythm
- [ ] PEA

Premature:
- [ ] Atrial Contractions
- [ ] Ventricular Contractions
- [ ] Right Bundle Branch Block
- [ ] Sinus Arrhythmia
- [ ] Sinus Bradycardia
- [ ] Sinus Tachycardia
- [ ] ST-Elevation
- [ ] Supraventricular Tachycardia
- [ ] Torsades de Pointes
- [ ] Ventricular Fibrillation
- [ ] Ventricular Tachycardia

Unknown:
- [ ] AED Non-Shockable Rhythm
- [ ] AED Shockable Rhythm
- [ ] Other

Patient Past Medical History

Asthma, High Cholesterol, Hypertension

Narrative

♀ patient found sitting in living room chair leaning to the left. Pt lethargic, responding to verbal stimuli. Pt nodding head to questions. Pt aphasic. ABCs intact, mild drooling noted from corner of (L) mouth. Facial droop (L) side. ≠ hand grasps (L) arm drift. Pt unable to lift (L) foot on command. Daughter present, states "Mom was c/o mild headache this a.m. She was just fine and then she started slurring her words." HEENT: (L) facial droop, (L) pupil reactive, (R) pupil fixed and dilated CHEST: LS Clear bilat ♡ S_1S_2 Ø murmer ECG: Sinus Tach, Ø ectopy, ST Depression leads II, III, AVF ABD: SNT EXT: (L) sided weakness Tx: IV 20ga (L) hand NS TKO, Oxygen, Blood Glucose 145, Monitor, 12 Lead, Medical Control contacted for ↑ BP. Order for Procardia 10mg orally. ENROUTE: Pt supine HOB ↑ 45°. BP monitored ∅ improvement noted. Pt able to verbalize but words mumbled and unclear. "My name is Talk." Ø further Δs enroute. Lifted pt to ED. staff received report and patient care.

Medical Control Method
- [ ] Standing Orders
- [x] On-line – Procardia
- [ ] On Scene
- [ ] Written Orders (Patient Specific)

Airbag Deployment

- [ ] Airbag Deployed Front
- [ ] Airbag Deployed Side
- [ ] Airbag Deployed Other
- [ ] Airbag Not Deployed
- [ ] Airbag Not Present

Not Applicable

HIPAA

- [ ] Notice of HIPAA Privacy Practices given to patient per agency guidelines

Safety Equipment

- [ ] Child Restraint
- [ ] Eye Protection
- [ ] Helmet Worn
- [ ] Lap Belt
- [ ] None
- [ ] Other
- [ ] Personal Floatation Device
- [ ] Protective Clothing Gear
- [ ] Protective Non-Clothing Gear
- [ ] Shoulder Belt

N/A

EMD Performed
- [ ] No
- [ ] Yes, With Pre-Arrival Instructions
- [x] Yes, Without Pre-Arrival Instructions

Signatures

Receiving RN/MD	Guardian	I Refuse Treatment/Transport (Also See Back)	Technician

- [ ] Continued On Supplement

Ambulance Patient Care Report

TEST CASE #5 - ALS

MN STAR

Agency Name	Date of Incident	Call Number	Incident Number
			5 - Cardiac

Response Times			Response Information		Personnel	Driver	
PSAP Call 0819	Arrive Scene 0831	In Service 0948	PCR Number	Starting Mileage	Attendant Paramedic #1	☒ To Scene ☒ To Dest.	1
Dispatch Notified 0819	Arrive Patient 0832	Unit Cancelled	# of Patients 1 / MCI ☐ Yes ☒ No	At Scene Mileage	Attendant Paramedic #2	☐ To Scene ☐ To Dest.	2
Unit Dispatched 0821	Leave Scene 0849	In Quarters	Responding Unit	Dest. Mileage	Attendant	☐ To Scene ☐ To Dest.	3
Enroute 0823	Arrive Dest. 0920		Crew Number	Ending Mileage	Attendant	☐ To Scene ☐ To Dest.	4

Incident Information

Incident Address: 5455 19TH STREET
Room/Apt:
City: PIPESTONE
County: PIPESTONE
State: MN
Zip Code: 56164

Type of Location
☐ Airport ☒ Home/Residence ☐ Mine or Quarry ☐ Residential Institution ☐ Other
☐ Farm ☐ Industrial Place ☐ Place of Sport ☐ Street or Highway
☐ Healthcare Facility ☐ Lake, River ☐ Public Building ☐ Trade or Service

First Responder Agencies

Factors Affecting Care

☐ Amb. Crash ☐ Diversion ☐ Safety
☐ Amb. Failure ☐ Extrication ☐ Traffic
☐ Crowd ☐ HazMat ☐ Weather
☐ Directions ☐ Language Barrier ☐ None
☐ Distance ☐ Staff Delay ☒ Other

Response Request	To	Response Mode	From	Disposition
☒ Response (Scene) ☐ Interfacility Transfer ☐ Medical Transport (Scheduled) ☐ Standby ☐ Intercept ☐ Mutual Aid	☒ →	Lights and Siren	4 → ☒	Treated: ☒ Transported by EMS ☐ Transferred Care ☐ Released ☐ Cancelled ☐ Patient Refused Care ☐ Dead at Scene
	☐	No Lights or Siren	☐	
	☐	Initial No Lights and Siren Upgraded to Lights and Siren	☐	
	☐	Initial Lights and Siren Downgraded to No Lights and Siren	☐	

Destination/Hospital Name	Facility Diverted From

Destination Determination

☐ Closest Facility ☐ Specialty Resource Ctr.
☐ Protocol Guideline ☐ Law Enforcement Choice
☒ Patient/Family Choice ☐ Diversion

Destination Type

☒ Hospital ☐ Ground Ambulance
☐ Home ☐ Police/Jail
☐ Medical Office/Clinic ☐ Morgue
☐ Nursing Home ☐ Other
☐ Air Ambulance

Primary Role of Unit

☒ ALS Ground ☐ Non-Transport
☐ BLS Ground ☐ Other Transport
☐ Critical Care Ground ☐ Rescue
☐ ERU ☐ Rotor Craft
☐ Fixed Wing ☐ Supervisor

Patient Information

Last Name: BOSIS
First Name: TOM
M.I.: M
Address: 5455 19TH STREET
Room/Apt:
City: PIPESTONE
County: PIPESTONE
State: MN
Zip Code: 56164
Phone Number: ( ) -
KG: 250 LB
Gender: M / F
Social Security Number: - -
DOB: 04 / 14 / 1954
Age:
Patient Physician:
Guardian Name:

Race
☐ American Indian or Alaska Native ☐ Asian
☒ Black or African American ☐ White
☐ Hawaiian or Other Pacific Islander ☐ Other

Ethnicity
☐ Hispanic or Latino
☒ Not Hispanic or Latino

Dispatch Reason

☐ Abdominal Pain ☐ Heart Problem
☐ Allergies ☐ Heat/Cold Exposure
☐ Animal Bite ☐ Hemorrhage/Laceration
☐ Assault ☐ Industrial Accident
☐ Back Pain ☐ Ingestion/Poisoning
☐ Breathing Problem ☐ MCI
☐ Burns ☐ Medical Transport
☐ Cardiac Arrest ☐ Pain
☒ Chest Pain ☐ Pregnancy/Childbirth
☐ Choking ☐ Psychiatric Problem
☐ CO Poisoning/Hazmat ☐ Sick Person
☐ Convulsions/Seizure ☐ Stab/Gunshot Wound
☐ Diabetic Problem ☐ Standby
☐ Drowning ☐ Stroke/CVA
☐ Electrocution ☐ Traffic Accident
☐ Eye Problem ☐ Traumatic Injury
☐ Fall Victim ☐ Unconscious/Fainting
☐ Headache ☐ Unknown Problem/Man Down

Prior Aid (Select All That Apply)

☐ AED - ERU
☐ AED - First Responder
☐ AED - Public Access
☐ CPR
☐ Extrication
☐ Spinal Immobilization
☐ Splinting

Airway: ASA 325 mg
☐ BVM
☐ Combitube
☐ Nebulizer Treatment
☐ Oxygen
☐ Suction

Performed By
☐ EMS Provider
☐ Law Enforcement
☒ Lay Person
☐ Other Healthcare Provider
☐ Patient

Outcome/Condition
☐ Improved
☐ Worse
☒ Unchanged

Provider Impression - Primary/Secondary (Select One For Each)

P	S		P	S		P	S		P	S		P	S	
☐	☐	AAA	☐	☐	CHF	☐	☐	Hypotension	☐	☐	Other CNS	☐	☐	Seizure
☐	☐	Abdominal Pain/Prob.	☐	☐	Dehydration	☐	☐	Hyperthermia	☐	☐	Other Endocrine/Metabolic	☐	☐	Sexual Assault / Rape
☐	☐	Airway Obstruction	☐	☐	Diabetic hyperglycemia	☐	☐	Hypothermia	☐	☐	Other General Urinary	☐	☐	Smoke Inhalation
☐	☐	Allergic Reaction	☐	☐	Diabetic hypoglycemia	☐	☐	Hypovolemia / Shock	☐	☐	Other Illness/Injury	☐	☐	Stings / venomous bites
☐	☐	Altered LOC	☐	☐	Electrocution	☐	☐	Inhalation Injury (toxic gas)	☐	☐	Other OB/Gyn	☐	☐	Stroke / CVA / TIA
☐	☐	Asthma	☐	☐	ETOH Abuse				☐	☐	Pain	☐	☐	Substance Drug Abuse
☐	☐	Behavioral / Psych	☐	☐	Fever	☐	☐	OB Delivery	☐	☐	Poisoning / drug ingest.	☐	☐	Syncope / fainting
☐	☐	Bowel Obstruction	☐	☐	GI Bleed	☐	☐	OB/Pregnancy/Labor	☐	☐	Respiratory Arrest	☐	☐	Traumatic Injury
☐	☐	Cancer	☐	☐	Headache	☐	☐	Obvious Death	☐	☐	Respiratory Distress	☐	☐	Unconscious Unknown
☐	☐	Cardiac Arrest	☐	☐	Heat Exhaustion/Stroke	☐	☐	Other Abdominal/GI	☐	☒	Rhythm Disturbance	☐	☐	Vaginal Hemorrhage
☒	☐	Chest Pain/Discomfort	☐	☐	Hypertension	☐	☐	Other Cardiovascular						

TEST CASE #5 - ALS

Patient Chief Complaint

Description: "MY CHEST FEELS LIKE AN ELEPHANT IS SITTING ON IT."

Onset Date / Time:

Primary Organ System Affected

- [x] Cardiovascular
- [ ] CNS/Neuro
- [ ] Endocrine/Metabolic
- [ ] GI/Abdomen
- [ ] Global/Other Illnesses
- [ ] Musculoskeletal/Injury
- [ ] OB/GYN
- [ ] Psych/ Behavioral
- [ ] Respiratory
- [ ] Renal/GU Problems
- [ ] Skin

Signs & Symptoms (Select All That Apply)

P	S		P	S		P	S		P	S	
☐	☐	Abdominal Pain	☒	☐	Chest Pain	☐	☐	Fever	☐	☒	Palpitations
☐	☐	Back Pain	☐	☐	Choking	☐	☐	Malaise	☐	☐	Rash/Itching
☐	☐	Behavioral/Psych	☐	☐	Death	☐	☐	Mass/Lesion	☐	☐	Swelling
☐	☐	Bleeding	☐	☐	Device/Equipment Problem	☐	☒	Nausea/Vomiting	☐	☒	Weakness
☐	☒	Breathing Problem	☐	☐	Diarrhea	☐	☐	None	☐	☐	Wound
☐	☐	Change in Resp	☐	☐	Drainage/Discharge	☐	☐	Pain			

Cause of Injury (Select One)

Injury Present
- ☐ Yes
- ☒ No

Injury Intent N/A
- ☐ Intentional, Other (Assaulted)
- ☐ Intentional, Self
- ☐ Unintentional

Mechanism
- ☐ Blunt
- ☐ Burn
- ☐ Other
- ☐ Penetrating

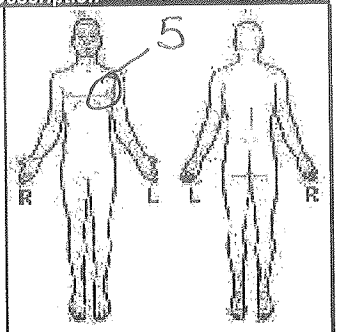
Not Applicable

- ☐ Aircraft Crash
- ☐ Assault
- ☐ Bicycle Crash
- ☐ Bites
- ☐ Chemical Poisoning
- ☐ Child Battering
- ☐ Drug Poisoning
- ☐ Drowning
- ☐ Electrocution (Non-Lightning)
- ☐ Excessive Cold
- ☐ Excessive Heat
- ☐ Falls
- ☐ Fire and Flames
- ☐ Firearm Assault
- ☐ Firearm Injury (Accidental)
- ☐ Firearm (Self Inflicted)
- ☐ Lightning
- ☐ Machinery Accidents
- ☐ Mechanical Suffocation
- ☐ MV, Non-Traffic Crash
- ☐ MV, Traffic Crash
- ☐ Motorcycle Crash
- ☐ Non-Motorized Vehicle Crash
- ☐ Pedestrian Traffic Crash
- ☐ Radiation Exposure
- ☐ Sexual Assault / Rape
- ☐ Smoke Inhalation
- ☐ Stabbing/Cutting (Assault)
- ☐ Stabbing/Cutting (Accidental)
- ☐ Strike Blunt/Thrown Obj.
- ☐ Unarmed Fight/Brawl
- ☐ Venomous Stings
- ☐ Water Transport Crash

Not Applicable

Injury Description

Identify the area of injury with the following numbers
1 Amputation
2 Bleeding-Controlled
3 Bleeding-Uncontrolled
4 Burn
5 Crush
6 Dislocation/Fracture
7 Gunshot
8 Laceration
9 Pain without swelling/bruising
10 Puncture/Stab
11 Soft Tissue swelling/bruising



Initial Assessment

Level of Responsiveness
- [x] Alert
- ☐ Verbal
- ☐ Painful
- ☐ Unresponsive

Airway
- [x] Patent
- ☐ Non Patent

Action taken:

Breathing

Rate	Quality	L	Lung Sounds	R
☐ < 10	☐ Normal	☒	Clear	☒
☒ 10-24	☒ Labored	☐	Wet	☐
☐ > 24	☐ Fatigued	☐	Wheezes	☐
☐ Apneic	☐ Absent	☐	Diminished	☐
	☐ Not Assessed	☐	Absent	☐

Circulation

Color	Temp	Condition	Cap Refill
☐ Normal	☐ Normal	☐ Normal	☒ < 2 sec
☐ Cyanotic	☐ Hot	☒ Diaphoretic	☐ 2 - 4 sec
☒ Pale	☒ Cool	☐ Dry	☐ > 4 sec
☐ Flush	☐ Cold		☐ Absent

Alcohol/Drug Use
- ☐ Alcohol/Drugs at Scene
- ☐ Patient Admits Alcohol Use
- ☐ Patient Admits Drug Use
- ☐ Smell of Alcohol
- [x] None

Glasgow Coma Score

Eye Opening	Verbal	Motor
(4) Spontaneous	(5) Oriented	(6) Obeys Commands
3 To Speech	4 Confused	5 Localized Pain
2 To Pain	3 Inappropriate Words	4 Withdraws to Pain
1 Not at All	2 Inappropriate Sounds	3 Flexion to Pain
	1 None	2 Extension to Pain
		1 None

Time 0833 — 15 Score

Time — Score

Pupils

L		R
☒	Reactive	☒
☐	Sluggish	☐
☐	Constricted	☐
☐	Dilated	☐
☐	Nonreactive	☐

Barriers to Patient Care
- ☐ Developmentally Impaired
- ☐ Hearing Impaired
- ☐ Language
- ☐ Physically Impaired
- ☐ Physically Restrained
- ☐ Speech Impaired
- ☐ Unattended or Unsupervised (Including Minors)
- ☐ Unconscious
- [x] None

Allergies ☒ NKA

Patient's Medications: Lasix, HCTZ, ASA, Metoprolol

Time	BP	Pulse	Resp	Rhythm	SpO2	Procedures	# Attempts	Success	Medication	Dose	Route	Response	Crew #
0832	154/98	114	22	ST PVC ↑ST	91	12 Lead ECG	1	☒ Yes	O_2 by NRB	Inhal 15 LPM		☐ Improved ☐ Worse ☒ Unchanged	Driver
0834						IV L AC 20 ga	1	☒ Yes	NS / Nitro	TKO / 0.4mg SL	IV	☐ Improved ☐ Worse ☒ Unchanged	Primary Caregiver
0835						Blood Glucose = 140	1	☐ Yes	MS	4mg	IV	☒ Improved ☐ Worse ☐ Unchanged	Driver
0839	156/92	88	22		100			☐ Yes	Nitro	0.4mg	SL	☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
0844	152/96	100	22		99			☐ Yes	Lidocaine	100 mg	IV	☒ Improved ☐ Worse ☐ Unchanged	Driver
0851	150/88	108	24	ST ectopy ↑ST ↑ from 3mm to 6mm				☐ Yes	Nitro / MS	0.4mg / 3mg	SL / IV	☐ Improved ☐ Worse ☒ Unchanged	Primary Caregiver
0913	142/84	100	18		96			☐ Yes	MS	3mg	IV	☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
								☐ Yes				☐ Improved ☐ Worse ☐ Unchanged	

TEST CASE #5 - ALS

Cardiac Arrest Information

Cardiac Arrest
- [x] No
- Yes:
  - ☐ After EMS Arrival
  - ☐ Prior To EMS Arrival

Etiology
- ☐ Drowning
- ☐ Electrocution
- ☐ Presumed Cardiac
- ☐ Respiratory
- ☐ SIDS
- ☐ Trauma
- ☐ Other

Not Applicable

Resuscitation Attempted
- No:
  - ☐ Circulation Restored by First Responder
  - ☐ DNR Orders
  - ☐ Obvious Death
- Yes:
  - ☐ CPR Only
  - ☐ Defibrillation

Not Applicable

Time of Arrest Before EMS
- ☐ 0-2 min.
- ☐ 2-4 min.
- ☐ 4-6 min.
- ☐ 6-8 min.
- ☐ 8-10 min.
- ☐ 10-15 min.
- ☐ 15-20 min.
- ☐ > 20 min.
- ☐ Unknown

N/A

Witnessed By
- ☐ Not Witnessed
- ☐ Healthcare Provider
- ☐ Lay Person

Not Applicable

Return of Circulation
- ☐ No
- Yes:
  - ☐ Prior to ED Arrival Only
  - ☐ Prior to ED Arrival and at the ED

Not Applicable

Resuscitation Discontinued
Time N/A:

Reason Discontinued
- ☐ DNR
- ☐ Medical Control Order
- ☐ Obvious Death
- ☐ Policy Requirements Completed
- ☐ Return of Circulation

Not Applicable

First Cardiac Rhythm

Not Applicable

- ☐ Asystole
- ☐ Bradycardia
- ☐ Normal Sinus Rhythm
- ☐ PEA
- ☐ Ventricular Tachycardia
- ☐ Ventricular Fibrillation
- ☐ Unknown AED Non-Shockable Rhythm
- ☐ Unknown AED Shockable Rhythm
- ☐ Other

Cardiac Rhythm At Destination

Not Applicable

12 Lead ECG:
- ☐ Anterior Ischemia
- ☐ Inferior Ischemia
- ☐ Lateral Ischemia
- ☐ Septal Ischemia
- ☐ Agonal/Idioventricular
- ☐ Artifact
- ☐ Asystole
- ☐ Atrial Fibrillation/Flutter

AV Block:
- ☐ 1st Degree
- ☐ 2nd Degree-Type 1
- ☐ 2nd Degree-Type 2
- ☐ 3rd Degree
- ☐ Junctional
- ☐ Left Bundle Branch Block
- ☐ Normal Sinus Rhythm
- ☐ Paced Rhythm
- ☐ PEA

Premature:
- ☐ Atrial Contractions
- ☐ Ventricular Contractions
- ☐ Right Bundle Branch Block
- ☐ Sinus Arrhythmia
- ☐ Sinus Bradycardia
- ☐ Sinus Tachycardia
- ☐ ST-Elevation
- ☐ Supraventricular Tachycardia
- ☐ Torsades de Pointes
- ☐ Ventricular Fibrillation
- ☐ Ventricular Tachycardia

Unknown:
- ☐ AED Non-Shockable Rhythm
- ☐ AED Shockable Rhythm
- ☐ Other

Patient Past Medical History

MI, ANGINA, HTN, CHF

Narrative

CALLED FOR CHEST PAIN. PER DISPATCH PREARRIVAL INSTRUCTIONS BEING GIVEN TO WIFE, ASPIRIN ADMINISTERED. UPON OUR ARRIVAL ♂ PT FOUND SITTING AT KITCHEN TABLE C/O CRUSHING CHEST PAIN 10/10 SCALE. PT STATES "I WAS OUT SHOVELING WHEN THE PAIN AND NAUSEA STARTED. IT FELT LIKE THIS BEFORE WHEN I HAD A HEART ATTACK." O_2 APPLIED C̄ SOME RELIEF OF NAUSEA. 12 LEAD ECG: SINUS TACH C̄ PVCs @ 20/MIN. ST ↑ 3mm V_2 V_3 V_4 and ST ↓ I, II, III, V_6 - ANTERIOR MI; IV ESTABLISHED @ AC. NITRO 0.4 mg SL. Blood Sugar 140. PT STATES: "THE PAIN IS DOWN TO AN 8 NOW." NITRO 0.4 mg SL ADMINISTERED C̄ CP ↓ 7/10 SCALE. PT LIFTED TO STRETCHER AND MOVED TO AMBULANCE. LIGHTS & SIREN TO HOSPITAL. ENROUTE PT SUPINE HOB ↑ 60° PER PT REQUEST. LIDOCAINE ADMINISTERED FOR PVCs. PT STATES "THE PRESSURE IS EASING UP." PT DENIES RADIATION TO ARM, NECK, OR BACK. OBSD PT STATES "THE NAUSEA IS COMING BACK" PAIN REMAINS @ 7/10. 12 Lead ECG REASSESSED: SINUS TACH, Ø ECTOPY, ST ↑ now 6mm V_2 V_3 V_4. MS 3mg IV GIVEN C̄ SOME RELIEF. PAIN 5/10. NITRO 0.4 MG SL. Ø ↓ IN PAIN. MS 3mg IV GIVEN. CP ↓ 2/10 SCALE. "I FEEL MUCH BETTER". 12 LEAD: ST 100, Ø ECTOPY, ST ↑ 2mm V_2 V_3 V_4 @ ED. PT LIFTED TO ED BED. CARE TO CATH LAB

Medical Control Method
- [x] Standing Orders
- ☐ On-line
- ☐ On Scene
- ☐ Written Orders (Patient Specific)

Airbag Deployment

- ☐ Airbag Deployed Front
- ☐ Airbag Deployed Side
- ☐ Airbag Deployed Other
- ☐ Airbag Not Deployed
- ☐ Airbag Not Present

Not Applicable

HIPAA

- ☐ Notice of HIPAA Privacy Practices given to patient per agency guidelines

Safety Equipment

- ☐ Child Restraint
- ☐ Eye Protection
- ☐ Helmet Worn
- ☐ Lap Belt
- ☐ None
- ☐ Other
- ☐ Personal Floatation Device
- ☐ Protective Clothing Gear
- ☐ Protective Non-Clothing Gear
- ☐ Shoulder Belt

N/A

EMD Performed
- ☐ No
- [x] Yes, With Pre-Arrival Instructions
- ☐ Yes, Without Pre-Arrival Instructions

Signatures

Receiving RN/MD	Guardian	I Refuse Treatment/Transport (Also See Back)	Technician

☐ Continued On Supplement

Ambulance Patient Care Report

TEST CASE # 7 - ALS

MN STAR

Agency Name	Date of Incident	Call Number	Incident Number
			7 - Standby

Response Times			Response Information			Personnel	Driver	
PSAP Call 2157	Arrive Scene 2208	In Service 2320	PCR Number	Starting Mileage		Attendant EMT	☐ To Scene ☐ To Dest.	1
Dispatch Notified 2157	Arrive Patient	Unit Cancelled 2320	# of Patients 0	MCI ☐ Yes ☒ No	At Scene Mileage	Attendant PARAMEDIC	☐ To Scene ☐ To Dest.	2
Unit Dispatched 2158	Leave Scene	In Quarters 2326	Responding Unit		Dest. Mileage	Attendant	☐ To Scene ☐ To Dest.	3
Enroute 2200	Arrive Dest.		Crew Number		Ending Mileage	Attendant	☐ To Scene ☐ To Dest.	4

Incident Information

Incident Address: 6400 180TH STREET

Room/Apt:

City: LAKEVILLE | County: DAKOTA | State: MN | Zip Code: 55044

First Responder Agencies:

Type of Location
☐ Airport ☐ Home/Residence ☐ Mine or Quarry ☐ Residential Institution ☐ Other
☐ Farm ☐ Industrial Place ☐ Place of Sport ☐ Street or Highway
☐ Healthcare Facility ☐ Lake, River ☐ Public Building ☒ Trade or Service

Factors Affecting Care

☐ Amb. Crash ☐ Diversion ☐ Safety
☐ Amb. Failure ☐ Extrication ☐ Traffic
☐ Crowd ☐ HazMat ☐ Weather
☐ Directions ☐ Language Barrier ☐ None
☐ Distance ☐ Staff Delay ☐ Other

Not Applicable

Destination/Hospital Name	Facility Diverted From
NO PATIENT	

Response Request

☐ Response (Scene)
☐ Interfacility Transfer
☐ Medical Transport (Scheduled)
☒ Standby
☐ Intercept
☐ Mutual Aid

Response Mode

To	Response Mode	From
☐	Lights and Siren	☐
☒	No Lights or Siren	☐
☐	Initial No Lights and Siren Upgraded to Lights and Siren	☐
☐	Initial Lights and Siren Downgraded to No Lights and Siren	☐

Not Applicable

Disposition

Treated:
☐ Transported by EMS
☐ Transferred Care
☐ Released
☒ Cancelled
☐ Patient Refused Care
☐ Dead at Scene

Destination Determination

☐ Closest Facility ☐ Specialty Resource Ctr.
☐ Protocol Guideline ☐ Law Enforcement Choice
☐ Patient/Family Choice ☐ Diversion

Not Applicable

Destination Type

☐ Hospital ☐ Ground Ambulance
☐ Home ☐ Police/Jail
☐ Medical Office/Clinic ☐ Morgue
☐ Nursing Home ☐ Other
☐ Air Ambulance

Not Applicable

Patient Information

Last Name | First Name | M.I.

Address | Room/Apt

City | County | State

Zip Code | Phone Number ( ) . | KG / LB | Gender M / F

Social Security Number | DOB | Age

Patient Physician | Guardian Name

Not Applicable

Race: Not Applicable
☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Hawaiian or Other Pacific Islander ☐ Other

Ethnicity: Not Applicable
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Primary Role of Unit

☒ ALS Ground ☐ Non-Transport
☐ BLS Ground ☐ Other Transport
☐ Critical Care Ground ☐ Rescue
☐ ERU ☐ Rotor Craft
☐ Fixed Wing ☐ Supervisor

Dispatch Reason

☐ Abdominal Pain ☐ Heart Problem
☐ Allergies ☐ Heat/Cold Exposure
☐ Animal Bite ☐ Hemorrhage/Laceration
☐ Assault ☐ Industrial Accident
☐ Back Pain ☐ Ingestion/Poisoning
☐ Breathing Problem ☐ MCI
☐ Burns ☐ Medical Transport
☐ Cardiac Arrest ☐ Pain
☐ Chest Pain ☐ Pregnancy/Childbirth
☐ Choking ☐ Psychiatric Problem
☐ CO Poisoning/Hazmat ☐ Sick Person
☐ Convulsions/Seizure ☐ Stab/Gunshot Wound
☐ Diabetic Problem ☒ Standby
☐ Drowning ☐ Stroke/CVA
☐ Electrocution ☐ Traffic Accident
☐ Eye Problem ☐ Traumatic Injury
☐ Fall Victim ☐ Unconscious/Fainting
☐ Headache ☐ Unknown Problem/Man Down

Prior Aid (Select All That Apply)

☐ AED - ERU
☐ AED - First Responder
☐ AED - Public Access
☐ CPR
☐ Extrication
☐ Spinal Immobilization
☐ Splinting

Airway: Not Applicable
☐ BVM
☐ Combitube
☐ Nebulizer Treatment
☐ Oxygen
☐ Suction

Performed By: Not Applicable
☐ EMS Provider
☐ Law Enforcement
☐ Lay Person
☐ Other Healthcare Provider
☐ Patient

Outcome/Condition
☐ Improved
☐ Worse
☐ Unchanged

N/A

Provider Impression - Primary/Secondary (Select One For Each)

P	S		P	S		P	S		P	S		P	S	
☐	☐	AAA	☐	☐	CHF	☐	☐	Hypotension	☐	☐	Other CNS	☐	☐	Seizure
☐	☐	Abdominal Pain/Prob.	☐	☐	Dehydration	☐	☐	Hyperthermia	☐	☐	Other Endocrine/Metabolic	☐	☐	Sexual Assault / Rape
☐	☐	Airway Obstruction	☐	☐	Diabetic hyperglycemia	☐	☐	Hypothermia	☐	☐	Other General Urinary	☐	☐	Smoke Inhalation
☐	☐	Allergic Reaction	☐	☐	Diabetic hypoglycemia	☐	☐	Hypovolemia / Shock	☐	☐	Other Illness/Injury	☐	☐	Stings / venomous bites
☐	☐	Altered LOC	☐	☐	Electrocution	☐	☐	Inhalation Injury (toxic gas)	☐	☐	Other OB/Gyn	☐	☐	Stroke / CVA / TIA
☐	☐	Asthma	☐	☐	ETOH Abuse				☐	☐	Pain	☐	☐	Substance Drug Abuse
☐	☐	Behavioral / Psych	☐	☐	Fever	☐	☐	OB Delivery	☐	☐	Poisoning / drug ingest.	☐	☐	Syncope / fainting
☐	☐	Bowel Obstruction	☐	☐	GI Bleed	☐	☐	OB/Pregnancy/Labor	☐	☐	Respiratory Arrest	☐	☐	Traumatic Injury
☐	☐	Cancer	☐	☐	Headache	☐	☐	Obvious Death	☐	☐	Respiratory Distress	☐	☐	Unconscious Unknown
☐	☐	Cardiac Arrest	☐	☐	Heat Exhaustion/Stroke	☐	☐	Other Abdominal/GI	☐	☐	Rhythm Disturbance	☐	☐	Vaginal Hemorrhage
☐	☐	Chest Pain/Discomfort	☐	☐	Hypertension	☐	☐	Other Cardiovascular						

Not Applicable

TEST CASE #7 - ALS

Patient Chief Complaint

Description

Onset Date / Time

Primary Organ System Affected

- ❑ Cardiovascular
- ❑ CNS/Neuro
- ❑ Endocrine/Metabolic
- ❑ GI/Abdomen
- ❑ Global/Other Illnesses
- ❑ Musculoskeletal/Injury
- ❑ OB/GYN
- ❑ Psych/ Behavioral
- ❑ Respiratory
- ❑ Renal/GU Problems
- ❑ Skin

Signs & Symptoms (Select All That Apply)

P	S		P	S		P	S		P	S	
❑	❑	Abdominal Pain	❑	❑	Chest Pain	❑	❑	Fever	❑	❑	Palpitations
❑	❑	Back Pain	❑	❑	Choking	❑	❑	Malaise	❑	❑	Rash/Itching
❑	❑	Behavioral/Psych	❑	❑	Death	❑	❑	Mass/Lesion	❑	❑	Swelling
❑	❑	Bleeding	❑	❑	Device/Equipment Problem	❑	❑	Nausea/Vomiting	❑	❑	Weakness
❑	❑	Breathing Problem	❑	❑	Diarrhea	❑	❑	None	❑	❑	Wound
❑	❑	Change in Resp	❑	❑	Drainage/Discharge	❑	❑	Pain			

Cause of Injury (Select One)

Injury Present
- ❑ Yes
- ❑ No

Injury Intent
- ❑ Intentional, Other (Assaulted)
- ❑ Intentional, Self
- ❑ Unintentional

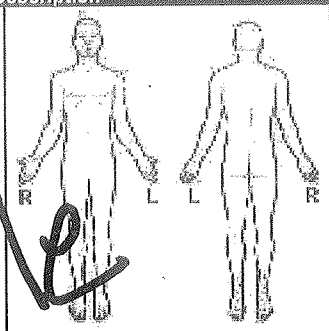
Mechanism
- ❑ Blunt
- ❑ Burn
- ❑ Other
- ❑ Penetrating

- ❑ Aircraft Crash
- ❑ Assault
- ❑ Bicycle Crash
- ❑ Bites
- ❑ Chemical Poisoning
- ❑ Child Battering
- ❑ Drug Poisoning
- ❑ Drowning
- ❑ Electrocution (Non-Lightning)
- ❑ Excessive Cold
- ❑ Excessive Heat
- ❑ Falls
- ❑ Fire and Flames
- ❑ Firearm Assault
- ❑ Firearm Injury (Accidental)
- ❑ Firearm (Self Inflicted)
- ❑ Lightning
- ❑ Machinery Accidents
- ❑ Mechanical Suffocation
- ❑ MV, Non-Traffic Crash
- ❑ MV, Traffic Crash
- ❑ Motorcycle Crash
- ❑ Non-Motorized Vehicle Crash
- ❑ Pedestrian Traffic Crash
- ❑ Radiation Exposure
- ❑ Sexual Assault / Rape
- ❑ Smoke Inhalation
- ❑ Stabbing/Cutting (Assault)
- ❑ Stabbing/Cutting (Accidental)
- ❑ Strike Blunt/Thrown Obj.
- ❑ Unarmed Fight/Brawl
- ❑ Venomous Stings
- ❑ Water Transport Crash

NOT APPLICABLE

Injury Description

Identify the area of injury with the following numbers
1 Amputation
2 Bleeding-Controlled
3 Bleeding-Uncontrolled
4 Burn
5 Crush
6 Dislocation/Fracture
7 Gunshot
8 Laceration
9 Pain without swelling/bruising
10 Puncture/Stab
11 Soft Tissue swelling/bruising



Initial Assessment

Level of Responsiveness
- ❑ Alert
- ❑ Verbal
- ❑ Painful
- ❑ Unresponsive

Airway
- ❑ Patent
- ❑ Non Patent

Action taken:

Breathing

Rate	Quality	L	Lung Sounds	R
❑ < 10	❑ Normal	❑	Clear	❑
❑ 10-24	❑ Labored	❑	Wet	❑
❑ > 24	❑ Fatigued	❑	Wheezes	❑
❑ Apneic	❑ Absent	❑	Diminished	❑
	❑ Not Assessed	❑	Absent	❑

Circulation

Color	Temp	Condition	Cap Refill
❑ Normal	❑ Normal	❑ Normal	❑ < 2 sec
❑ Cyanotic	❑ Hot	❑ Diaphoretic	❑ 2 - 4 sec
❑ Pale	❑ Cool	❑ Dry	❑ > 4 sec
❑ Flush	❑ Cold		❑ Absent

Alcohol/Drug Use
- ❑ Alcohol/Drugs at Scene
- ❑ Patient Admits Alcohol Use
- ❑ Patient Admits Drug Use
- ❑ Smell of Alcohol
- ❑ None

Glasgow Coma Score

Eye Opening	Verbal	Motor
4 Spontaneous	5 Oriented	6 Obeys Commands
3 To Speech	4 Confused	5 Localized Pain
2 To Pain	3 Inappropriate Words	4 Withdraws to Pain
1 Not at All	2 Inappropriate Sounds	3 Flexion to Pain
	1 None	2 Extension to Pain
		1 None

Time / Score

Time / Score

NOT APPLICABLE

Pupils

L		R
❑	Reactive	❑
❑	Sluggish	❑
❑	Constricted	❑
❑	Dilated	❑
❑	Nonreactive	❑

Barriers to Patient Care
- ❑ Developmentally Impaired
- ❑ Hearing Impaired
- ❑ Language
- ❑ Physically Impaired
- ❑ Physically Restrained
- ❑ Speech Impaired
- ❑ Unattended or Unsupervised (Including Minors)
- ❑ Unconscious
- ❑ None

Allergies ❑ NKA

Patient's Medications

Time	BP	Pulse	Resp	Rhythm	SpO2	Procedures	# Attempts	Success	Medication	Dose	Route	Response	Crew #
								❑ Yes ❑ No ❑ N/A				❑ Improved ❑ Worse ❑ Unchanged	
								❑ Yes ❑ No ❑ N/A				❑ Improved ❑ Worse ❑ Unchanged	
								❑ Yes ❑ No ❑ N/A				❑ Improved ❑ Worse ❑ Unchanged	
								❑ Yes ❑ No ❑ N/A				❑ Improved ❑ Worse ❑ Unchanged	
								❑ Yes ❑ No ❑ N/A				❑ Improved ❑ Worse ❑ Unchanged	
								❑ Yes ❑ No ❑ N/A				❑ Improved ❑ Worse ❑ Unchanged	
								❑ Yes ❑ No ❑ N/A				❑ Improved ❑ Worse ❑ Unchanged	
								❑ Yes ❑ No ❑ N/A				❑ Improved ❑ Worse ❑ Unchanged	

NOT APPLICABLE

TEST CASE #7 - ALS

Cardiac Arrest Information

Cardiac Arrest
- ☒ No
- Yes:
  - ☐ After EMS Arrival
  - ☐ Prior To EMS Arrival

Etiology
- ☐ Drowning
- ☐ Electrocution
- ☐ Presumed Cardiac
- ☐ Respiratory
- ☐ SIDS
- ☐ Trauma
- ☐ Other

Resuscitation Attempted
- No:
  - ☐ Circulation Restored by First Responder
  - ☐ DNR Orders
  - ☐ Obvious Death
- Yes:
  - ☐ CPR Only
  - ☐ Defibrillation

Time of Arrest Before EMS
- ☐ 0-2 min.
- ☐ 2-4 min.
- ☐ 4-6 min.
- ☐ 6-8 min.
- ☐ 8-10 min.
- ☐ 10-15 min.
- ☐ 15-20 min.
- ☐ > 20 min.
- ☐ Unknown

Witnessed By
- ☐ Not Witnessed
- ☐ Healthcare Provider
- ☐ Lay Person

Return of Circulation
- ☐ No
- Yes:
  - ☐ Prior to ED Arrival Only
  - ☐ Prior to ED Arrival and at the ED

Resuscitation Discontinued
Time :

Reason Discontinued
- ☐ DNR
- ☐ Medical Control Order
- ☐ Obvious Death
- ☐ Policy Requirements Completed
- ☐ Return of Circulation

Not Applicable

First Cardiac Rhythm
- ☐ Asystole
- ☐ Bradycardia
- ☐ Normal Sinus Rhythm
- ☐ PEA
- ☐ Ventricular Tachycardia
- ☐ Ventricular Fibrillation
- ☐ Unknown AED Non-Shockable Rhythm
- ☐ Unknown AED Shockable Rhythm
- ☐ Other

Cardiac Rhythm At Destination

12 Lead ECG:
- ☐ Anterior Ischemia
- ☐ Inferior Ischemia
- ☐ Lateral Ischemia
- ☐ Septal Ischemia
- ☐ Agonal/Idioventricular
- ☐ Artifact
- ☐ Asystole
- ☐ Atrial Fibrillation/Flutter

AV Block:
- ☐ 1st Degree
- ☐ 2nd Degree-Type 1
- ☐ 2nd Degree-Type 2
- ☐ 3rd Degree
- ☐ Junctional
- ☐ Left Bundle Branch Block
- ☐ Normal Sinus Rhythm
- ☐ Paced Rhythm
- ☐ PEA

Premature:
- ☐ Atrial Contractions
- ☐ Ventricular Contractions
- ☐ Right Bundle Branch Block
- ☐ Sinus Arrhythmia
- ☐ Sinus Bradycardia
- ☐ Sinus Tachycardia
- ☐ ST-Elevation
- ☐ Supraventricular Tachycardia
- ☐ Torsades de Pointes
- ☐ Ventricular Fibrillation
- ☐ Ventricular Tachycardia

Unknown:
- ☐ AED Non-Shockable Rhythm
- ☐ AED Shockable Rhythm
- ☐ Other

Not Applicable

Patient Past Medical History

Narrative

DISPATCHED TO A FIRE STANDBY. NO PATIENTS. RELEASED FROM THE SCENE BY FIRE CHIEF @ 2320

Medical Control Method
- ☐ Standing Orders
- ☐ On-line
- ☐ On Scene
- ☐ Written Orders (Patient Specific)

Not Applicable

Airbag Deployment
- ☐ Airbag Deployed Front
- ☐ Airbag Deployed Side
- ☐ Airbag Deployed Other
- ☐ Airbag Not Deployed
- ☐ Airbag Not Present

Not Applicable

HIPAA
- ☐ Notice of HIPAA Privacy Practices given to patient per agency guidelines

EMD Performed
- ☐ No
- ☐ Yes, With Pre-Arrival Instructions
- ☐ Yes, Without Pre-Arrival Instructions

Not Applicable

Safety Equipment
- ☐ Child Restraint
- ☐ Eye Protection
- ☐ Helmet Worn
- ☐ Lap Belt
- ☐ None
- ☐ Other
- ☐ Personal Floatation Device
- ☐ Protective Clothing Gear
- ☐ Protective Non-Clothing Gear
- ☐ Shoulder Belt

N/A

Signatures

Receiving RN/MD	Guardian	I Refuse Treatment/Transport (Also See Back)	Technician

☐ Continued On Supplement

Ambulance Patient Care Report

TEST CASE #9 - ALS

MN STAR

Agency Name	Date of Incident	Call Number	Incident Number
			4 - Cardiac Arrest

Response Times			Response Information			Personnel	Driver	
PSAP Call 1043	Arrive Scene 1052	In Service 1120	PCR Number		Starting Mileage	Attendant PARAMEDIC #1	☐ To Scene ☐ To Dest.	1
Dispatch Notified 1043	Arrive Patient 1053	Unit Cancelled	# of Patients 1	MCI ☐ Yes ☒ No	At Scene Mileage	Attendant PARAMEDIC #2	☐ To Scene ☐ To Dest.	2
Unit Dispatched 1044	Leave Scene	In Quarters 1126	Responding Unit		Dest. Mileage	Attendant FIRST RESPONDER	☐ To Scene ☐ To Dest.	3
Enroute 1048	Arrive Dest.		Crew Number		Ending Mileage	Attendant	☐ To Scene ☐ To Dest.	4

Incident Information

Incident Address	Room/Apt	City	County	State	Zip Code
3207 TOWNSHIP RD		BARRETT	GRANT	MN	56311

First Responder Agencies: Law Enforcement

Type of Location: ☐ Airport ☐ Farm ☐ Healthcare Facility ☐ Home/Residence ☐ Industrial Place ☐ Lake, River ☐ Mine or Quarry ☐ Place of Sport ☐ Public Building ☐ Residential Institution ☐ Street or Highway ☒ Trade or Service ☐ Other

Factors Affecting Care

☐ Amb. Crash ☐ Amb. Failure ☐ Crowd ☐ Directions ☐ Distance ☐ Diversion ☐ Extrication ☐ HazMat ☐ Language Barrier ☐ Staff Delay ☐ Safety ☐ Traffic ☐ Weather ☒ None ☐ Other

Destination/Hospital Name	Facility Diverted From
NO LOAD	

Response Request

☒ Response (Scene) ☐ Interfacility Transfer ☐ Medical Transport (Scheduled) ☐ Standby ☐ Intercept ☐ Mutual Aid

Response Mode

To	Response Mode	From
☒	Lights and Siren	☐
☐	No Lights or Siren	☐
☐	Initial No Lights and Siren Upgraded to Lights and Siren	☐
☐	Initial Lights and Siren Downgraded to No Lights and Siren	☐

Not Applicable

Disposition

Treated: ☐ Transported by EMS ☐ Transferred Care ☐ Released

☐ Cancelled ☐ Patient Refused Care ☒ Dead at Scene

Destination Determination

☐ Closest Facility ☐ Protocol Guideline ☐ Patient/Family Choice ☐ Specialty Resource Ctr. ☐ Law Enforcement Choice ☐ Diversion

Not Applicable

Destination Type

☐ Hospital ☐ Home ☐ Medical Office/Clinic ☐ Nursing Home ☐ Air Ambulance ☐ Ground Ambulance ☐ Police/Jail ☐ Morgue ☐ Other

Not Applicable

Patient Information

Last Name	First Name	M.I.
MATICITY	OTTO	M

Address	Room/Apt
768 17TH STREET S	

City	County	State
HOFFMAN	GRANT	MN

Zip Code	Phone Number	KG / LB	Gender
56339	( ) .		(M) / F

Social Security Number	DOB	Age
. .	12/23/1960	

Patient Physician	Guardian Name

Race: ☐ American Indian or Alaska Native ☐ Black or African American ☐ Hawaiian or Other Pacific Islander ☐ Asian ☒ White ☐ Other

Ethnicity: ☐ Hispanic or Latino ☒ Not Hispanic or Latino

Primary Role of Unit

☒ ALS Ground ☐ BLS Ground ☐ Critical Care Ground ☐ ERU ☐ Fixed Wing ☐ Non-Transport ☐ Other Transport ☐ Rescue ☐ Rotor Craft ☐ Supervisor

Dispatch Reason

☐ Abdominal Pain ☐ Allergies ☐ Animal Bite ☐ Assault ☐ Back Pain ☐ Breathing Problem ☐ Burns ☒ Cardiac Arrest ☐ Chest Pain ☐ Choking ☐ CO Poisoning/Hazmat ☐ Convulsions/Seizure ☐ Diabetic Problem ☐ Drowning ☐ Electrocution ☐ Eye Problem ☐ Fall Victim ☐ Headache ☐ Heart Problem ☐ Heat/Cold Exposure ☐ Hemorrhage/Laceration ☐ Industrial Accident ☐ Ingestion/Poisoning ☐ MCI ☐ Medical Transport ☐ Pain ☐ Pregnancy/Childbirth ☐ Psychiatric Problem ☐ Sick Person ☐ Stab/Gunshot Wound ☐ Standby ☐ Stroke/CVA ☐ Traffic Accident ☐ Traumatic Injury ☐ Unconscious/Fainting ☐ Unknown Problem/Man Down

Prior Aid (Select All That Apply)

☐ AED - ERU ☒ AED - First Responder ☐ AED - Public Access ☒ CPR ☐ Extrication ☐ Spinal Immobilization ☐ Splinting

Airway: ☒ BVM ☐ Combitube ☐ Nebulizer Treatment ☒ Oxygen ☐ Suction

Performed By: ☐ EMS Provider ☒ Law Enforcement ☐ Lay Person ☐ Other Healthcare Provider ☐ Patient

Outcome/Condition: ☐ Improved ☐ Worse ☒ Unchanged

Provider Impression - Primary/Secondary (Select One For Each)

P	S		P	S		P	S		P	S		P	S	
☐	☐	AAA	☐	☐	CHF	☐	☐	Hypotension	☐	☐	Other CNS	☐	☐	Seizure
☐	☐	Abdominal Pain/Prob.	☐	☐	Dehydration	☐	☐	Hyperthermia	☐	☐	Other Endocrine/Metabolic	☐	☐	Sexual Assault / Rape
☐	☐	Airway Obstruction	☐	☐	Diabetic hyperglycemia	☐	☐	Hypothermia	☐	☐	Other General Urinary	☐	☐	Smoke Inhalation
☐	☐	Allergic Reaction	☐	☐	Diabetic hypoglycemia	☐	☐	Hypovolemia / Shock	☐	☐	Other Illness/Injury	☐	☐	Stings / venomous bites
☐	☐	Altered LOC	☐	☐	Electrocution	☐	☐	Inhalation Injury (toxic gas)	☐	☐	Other OB/Gyn	☐	☐	Stroke / CVA / TIA
☐	☐	Asthma	☐	☐	ETOH Abuse				☐	☐	Pain	☐	☐	Substance Drug Abuse
☐	☐	Behavioral / Psych	☐	☐	Fever	☐	☐	OB Delivery	☐	☐	Poisoning / drug ingest.	☐	☐	Syncope / fainting
☐	☐	Bowel Obstruction	☐	☐	GI Bleed	☐	☐	OB/Pregnancy/Labor	☐	☒	Respiratory Arrest	☐	☐	Traumatic Injury
☐	☐	Cancer	☐	☐	Headache	☐	☐	Obvious Death	☐	☐	Respiratory Distress	☐	☐	Unconscious Unknown
☒	☐	Cardiac Arrest	☐	☐	Heat Exhaustion/Stroke	☐	☐	Other Abdominal/GI	☐	☐	Rhythm Disturbance	☐	☐	Vaginal Hemorrhage
☐	☐	Chest Pain/Discomfort	☐	☐	Hypertension	☐	☐	Other Cardiovascular						

TEST CASE #9 - ALS

Patient Chief Complaint

Description: UNRESPONSIVE — COWORKER STATES: "HE'S NOT BREATHING"

Onset Date / Time: 1040

Primary Organ System Affected
- [x] Cardiovascular
- [ ] CNS/Neuro
- [ ] Endocrine/Metabolic
- [ ] GI/Abdomen
- [ ] Global/Other Illnesses
- [ ] Musculoskeletal/Injury
- [ ] OB/GYN
- [ ] Psych/ Behavioral
- [ ] Respiratory
- [ ] Renal/GU Problems
- [ ] Skin

Signs & Symptoms (Select All That Apply)

P	S		P	S		P	S		P	S	
☐	☐	Abdominal Pain	☐	☐	Chest Pain	☐	☐	Fever	☐	☐	Palpitations
☐	☐	Back Pain	☐	☐	Choking	☐	☐	Malaise	☐	☐	Rash/Itching
☐	☐	Behavioral/Psych	☒	☐	Death	☐	☐	Mass/Lesion	☐	☐	Swelling
☐	☐	Bleeding	☐	☐	Device/Equipment Problem	☐	☐	Nausea/Vomiting	☐	☐	Weakness
☐	☒	Breathing Problem	☐	☐	Diarrhea	☐	☐	None	☐	☐	Wound
☐	☒	Change in Resp	☐	☐	Drainage/Discharge	☐	☐	Pain			

Cause of Injury (Select One)

Injury Present
- ☐ Yes
- ☒ No

Injury Intent
- ☐ Intentional, Other (Assaulted)
- ☐ Intentional, Self
- ☐ Unintentional

N/A

Mechanism
- ☐ Blunt
- ☐ Burn
- ☐ Other
- ☐ Penetrating

Not Applicable

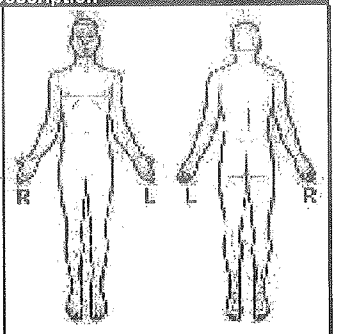
- ☐ Aircraft Crash
- ☐ Assault
- ☐ Bicycle Crash
- ☐ Bites
- ☐ Chemical Poisoning
- ☐ Child Battering
- ☐ Drug Poisoning
- ☐ Drowning
- ☐ Electrocution (Non-Lightning)
- ☐ Excessive Cold
- ☐ Excessive Heat
- ☐ Falls
- ☐ Fire and Flames
- ☐ Firearm Assault
- ☐ Firearm Injury (Accidental)
- ☐ Firearm (Self Inflicted)
- ☐ Lightning
- ☐ Machinery Accidents
- ☐ Mechanical Suffocation
- ☐ MV, Non-Traffic Crash
- ☐ MV, Traffic Crash
- ☐ Motorcycle Crash
- ☐ Non-Motorized Vehicle Crash
- ☐ Pedestrian Traffic Crash
- ☐ Radiation Exposure
- ☐ Sexual Assault / Rape
- ☐ Smoke Inhalation
- ☐ Stabbing/Cutting (Assault)
- ☐ Stabbing/Cutting (Accidental)
- ☐ Strike Blunt/Thrown Obj.
- ☐ Unarmed Fight/Brawl
- ☐ Venomous Stings
- ☐ Water Transport Crash

Not Applicable

Injury Description

Identify the area of injury with the following numbers
1. Amputation
2. Bleeding-Controlled
3. Bleeding-Uncontrolled
4. Burn
5. Crush
6. Dislocation/Fracture
7. Gunshot
8. Laceration
9. Pain without swelling/bruising
10. Puncture/Stab
11. Soft Tissue swelling/bruising

Not Applicable



Initial Assessment

Level of Responsiveness
- ☐ Alert
- ☐ Verbal
- ☐ Painful
- ☒ Unresponsive

Airway
- ☒ Patent
- ☐ Non Patent

Action taken:

Breathing

Rate	Quality	L	Lung Sounds	R
☐ < 10	☐ Normal	☐	Clear	☐
☐ 10-24	☐ Labored	☐	Wet	☐
☐ > 24	☐ Fatigued	☐	Wheezes	☐
☒ Apneic	☒ Absent	☐	Diminished	☐
	☐ Not Assessed	☒	Absent	☒

Circulation

Color	Temp	Condition	Cap Refill
☐ Normal	☒ Normal	☒ Normal	☐ < 2 sec
☐ Cyanotic	☐ Hot	☐ Diaphoretic	☐ 2 - 4 sec
☒ Pale	☐ Cool	☐ Dry	☒ > 4 sec
☒ Flush	☐ Cold		☐ Absent

Alcohol/Drug Use
- ☐ Alcohol/Drugs at Scene
- ☐ Patient Admits Alcohol Use
- ☐ Patient Admits Drug Use
- ☐ Smell of Alcohol
- ☒ None

Glasgow Coma Score

Eye Opening	Verbal	Motor
4 Spontaneous	5 Oriented	6 Obeys Commands
3 To Speech	4 Confused	5 Localized Pain
2 To Pain	3 Inappropriate Words	4 Withdraws to Pain
(1) Not at All	2 Inappropriate Sounds	3 Flexion to Pain
	(1) None	2 Extension to Pain
		(1) None

Time 1053 — 3 — 0 Score

Time 1112 — 3 — ___ Score

Pupils

L		R
☐	Reactive	☐
☐	Sluggish	☐
☐	Constricted	☐
☒	Dilated	☒
☒	Nonreactive	☒

Barriers to Patient Care
- ☐ Developmentally Impaired
- ☐ Hearing Impaired
- ☐ Language
- ☐ Physically Impaired
- ☐ Physically Restrained
- ☐ Speech Impaired
- ☐ Unattended or Unsupervised (Including Minors)
- ☐ Unconscious
- ☒ None

Allergies ☐ NKA

Patient's Medications

Time	BP	Pulse	Resp	Rhythm	SpO2	Procedures	# Attempts	Success	Medication	Dose	Route	Response	Crew #
1049			0 Shock Advised			CPR-BVM AED	1 = Yes 1 = Yes	☒ Yes	Oxygen	15 LPM	Inhal	☐ Improved ☐ Worse ☒ Unchanged	FIRST RESPONDER
1054	0	0	0			Oral Airway Monitor	1 = Yes 1 = Yes	☒ Yes				☐ Improved ☐ Worse ☒ Unchanged	2nd Caregiver
1057						ET = 7.0 Confirm CO_2	1	☒ Yes	Atropine	2mg	ET	☐ Improved ☐ Worse ☒ Unchanged	Primary Caregiver
1058						CPR		☐ Yes				☐ Improved ☐ Worse ☒ Unchanged	FIRST RESPONDER
1100			Asystole			Monitor IV 18ga	1	☒ Yes	1:10,000 Epi	1mg	IV	☐ Improved ☐ Worse ☒ Unchanged	PRIMARY CAREGIVER
1101						CPR		☐ Yes				☐ Improved ☐ Worse ☒ Unchanged	FIRST RESPONDER
1103								☐ Yes	Epi 1:10,000	1mg	IV	☐ Improved ☐ Worse ☒ Unchanged	2nd Caregiver
1104						CPR		☐ Yes				☐ Improved ☐ Worse ☒ Unchanged	FIRST RESPONDER
1108	0	0	0			CPR			Atropine	1mg	IV	0 Δ	Primary Caregiver
1112						Hold CPR - Asystole						0 Δ	Primary Caregiver

TEST CASE #9- ALS

Cardiac Arrest Information

Cardiac Arrest
- ☐ No
- Yes:
  - ☐ After EMS Arrival
  - ☒ Prior To EMS Arrival

Etiology
- ☐ Drowning
- ☐ Electrocution
- ☒ Presumed Cardiac
- ☐ Respiratory
- ☐ SIDS
- ☐ Trauma
- ☐ Other

Resuscitation Attempted
- No:
  - ☐ Circulation Restored by First Responder
  - ☐ DNR Orders
  - ☐ Obvious Death
- Yes:
  - ☒ CPR Only
  - ☐ Defibrillation

Time of Arrest Before EMS
- ☐ 0-2 min.
- ☐ 2-4 min.
- ☐ 4-6 min.
- ☐ 6-8 min.
- ☐ Unknown
- ☐ 8-10 min.
- ☒ 10-15 min.
- ☐ 15-20 min.
- ☐ > 20 min.

Witnessed By
- ☐ Not Witnessed
- ☐ Healthcare Provider
- ☒ Lay Person

Return of Circulation
- ☒ No
- Yes:
  - ☐ Prior to ED Arrival Only
  - ☐ Prior to ED Arrival and at the ED

Resuscitation Discontinued
Time 11 : 12

Reason Discontinued
- ☐ DNR
- ☒ Medical Control Order
- ☐ Obvious Death
- ☐ Policy Requirements Completed
- ☐ Return of Circulation

First Cardiac Rhythm
- ☐ Asystole
- ☐ Bradycardia
- ☐ Normal Sinus Rhythm
- ☐ PEA
- ☐ Ventricular Tachycardia
- ☐ Ventricular Fibrillation
- ☒ Unknown AED Non-Shockable Rhythm
- ☐ Unknown AED Shockable Rhythm
- ☐ Other

Cardiac Rhythm At Destination
- 12 Lead ECG:
  - ☐ Anterior Ischemia
  - ☐ Inferior Ischemia
  - ☐ Lateral Ischemia
  - ☐ Septal Ischemia
- ☐ Agonal/Idioventricular
- ☐ Artifact
- ☐ Asystole
- ☐ Atrial Fibrillation/Flutter
- AV Block:
  - ☐ 1st Degree
  - ☐ 2nd Degree-Type 1
  - ☐ 2nd Degree-Type 2
  - ☐ 3rd Degree
- ☐ Junctional
- ☐ Left Bundle Branch Block
- ☐ Normal Sinus Rhythm
- ☐ Paced Rhythm
- ☐ PEA
- Premature:
  - ☐ Atrial Contractions
  - ☐ Ventricular Contractions
- ☐ Right Bundle Branch Block
- ☐ Sinus Arrhythmia
- ☐ Sinus Bradycardia
- ☐ Sinus Tachycardia
- ☐ ST-Elevation
- ☐ Supraventricular Tachycardia
- ☐ Torsades de Pointes
- ☐ Ventricular Fibrillation
- ☐ Ventricular Tachycardia
- Unknown:
  - ☐ AED Non-Shockable Rhythm
  - ☐ AED Shockable Rhythm
- ☐ Other

Not Applicable

Patient Past Medical History

Diabetic, Lung Cancer

Narrative

Called to local implement repair shop for a cardiac arrest. Upon arrival male patient found supine on floor with CPR in progress with supplemental O_2 via BVM. Local law enforcement first responding. AED applied by first responders, ∅ Shock Advised. Coworker states "We were working on the broken hay mower when he started c/o shortness of breath and chest pain. Then he collapsed." A: Patent B: Apneic C: Pulseless CPR Resumed. Pulse with compressions Oral Airway & monitor, defib pads placed. Pt successfully intubated. Pt in Asystole confirmed in two leads Atropine 2mg administered via ET tube. ET placement confirmed via lung auscultation and electronic CO_2 device. CPR resumed. IV placed (R) AC Epi 1:10,000 administered via IV. CPR x 2 min. 2nd Epi 1:10,000 CPR. Atropine 1mg IV. CPR. Pt pupils fixed and dilated. Pt remains in Asystole. Med Control contacted. Resuscitation halted at 1:12. Coroner contacted. Law enforcement in control of patient body.

Medical Control Method
- ☐ Standing Orders
- ☒ On-line
- ☐ On Scene
- ☐ Written Orders (Patient Specific)

Airbag Deployment

- ☐ Airbag Deployed Front
- ☐ Airbag Deployed Side
- ☐ Airbag Deployed Other
- ☐ Airbag Not Deployed
- ☐ Airbag Not Present

Not Applicable

HIPAA

- ☐ Notice of HIPAA Privacy Practices given to patient per agency guidelines

Safety Equipment

- ☐ Child Restraint
- ☐ Eye Protection
- ☐ Helmet Worn
- ☐ Lap Belt
- ☐ None
- ☐ Other
- ☐ Personal Floatation Device
- ☐ Protective Clothing Gear
- ☐ Protective Non-Clothing Gear
- ☐ Shoulder Belt

N/A

EMD Performed
- ☒ No
- ☐ Yes, With Pre-Arrival Instructions
- ☐ Yes, Without Pre-Arrival Instructions

Signatures

Receiving RN/MD	Guardian	I Refuse Treatment/Transport (Also See Back)	Technician

☐ Continued On Supplement

Ambulance Patient Care Report

TEST CASE #11 - ALS

MN STAR

Agency Name	Date of Incident	Call Number	Incident Number
			11 - OB

Response Times / Response Information / Personnel / Driver

PSAP Call	Arrive Scene	In Service	PCR Number	Starting Mileage	Attendant	Driver
2317	2327	0016			DRIVER	☐ To Scene ☒ To Dest. 1
Dispatch Notified	**Arrive Patient**	**Unit Cancelled**	**# of Patients / MCI**	**At Scene Mileage**	**Attendant**	
2317	2330		2 / ☐ Yes ☒ No		PRIMARY CAREGIVER	☐ To Scene ☐ To Dest. 2
Unit Dispatched	**Leave Scene**	**In Quarters**	**Responding Unit**	**Dest. Mileage**	**Attendant**	
2318	2351	0036				☐ To Scene ☐ To Dest. 3
Enroute	**Arrive Dest.**		**Crew Number**	**Ending Mileage**	**Attendant**	
2321	0002					☐ To Scene ☐ To Dest. 4

Incident Information

Incident Address	Room/Apt	City	County	State	Zip Code
4200 RIVER PLACE	LOBBY	BLOOMINGTON	HENNEPIN	MN	55425

First Responder Agencies

Type of Location
☐ Airport ☐ Home/Residence ☐ Mine or Quarry ☐ Residential Institution ☐ Other
☐ Farm ☐ Industrial Place ☐ Place of Sport ☐ Street or Highway
☒ Healthcare Facility ☐ Lake, River ☐ Public Building ☐ Trade or Service

Factors Affecting Care

☐ Amb. Crash ☐ Diversion ☐ Safety
☐ Amb. Failure ☐ Extrication ☐ Traffic
☐ Crowd ☐ HazMat ☐ Weather
☐ Directions ☐ Language Barrier ☒ None
☐ Distance ☐ Staff Delay ☐ Other

Destination/Hospital Name	Facility Diverted From

Response Request / Response Mode / Disposition

Response Request	To	Response Mode	From	Disposition
☒ Response (Scene)	☒	Lights and Siren	☐	Treated:
☐ Interfacility Transfer	☐	No Lights or Siren	☒	☒ Transported by EMS
☐ Medical Transport (Scheduled)	☐	Initial No Lights and Siren Upgraded to Lights and Siren	☐	☐ Transferred Care
☐ Standby				☐ Released
☐ Intercept	☐	Initial Lights and Siren Downgraded to No Lights and Siren	☐	☐ Cancelled
☐ Mutual Aid				☐ Patient Refused Care
				☐ Dead at Scene

Destination Determination

☐ Closest Facility ☐ Specialty Resource Ctr.
☐ Protocol Guideline ☐ Law Enforcement Choice
☒ Patient/Family Choice ☐ Diversion

Destination Type

☒ Hospital ☐ Ground Ambulance
☐ Home ☐ Police/Jail
☐ Medical Office/Clinic ☐ Morgue
☐ Nursing Home ☐ Other
☐ Air Ambulance

Patient Information

Last Name	First Name	M.I.
SCHWANGER	MUTTI	

Address	Room/Apt
412 MAIN ST	317

City	County	State
MINNEAPOLIS	HENNEPIN	MN

Zip Code	Phone Number	KG	Gender
55414	( )	185 LB	M / F

Social Security Number	DOB	Age
	08 / 18 / 1982	

Patient Physician	Guardian Name

Race
☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Hawaiian or Other Pacific Islander ☒ Other

Ethnicity
☐ Hispanic or Latino
☒ Not Hispanic or Latino

Primary Role of Unit

☒ ALS Ground ☐ Non-Transport
☐ BLS Ground ☐ Other Transport
☐ Critical Care Ground ☐ Rescue
☐ ERU ☐ Rotor Craft
☐ Fixed Wing ☐ Supervisor

Dispatch Reason

☐ Abdominal Pain ☐ Heart Problem
☐ Allergies ☐ Heat/Cold Exposure
☐ Animal Bite ☐ Hemorrhage/Laceration
☐ Assault ☐ Industrial Accident
☐ Back Pain ☐ Ingestion/Poisoning
☐ Breathing Problem ☐ MCI
☐ Burns ☐ Medical Transport
☐ Cardiac Arrest ☐ Pain
☐ Chest Pain ☒ Pregnancy/Childbirth
☐ Choking ☐ Psychiatric Problem
☐ CO Poisoning/Hazmat ☐ Sick Person
☐ Convulsions/Seizure ☐ Stab/Gunshot Wound
☐ Diabetic Problem ☐ Standby
☐ Drowning ☐ Stroke/CVA
☐ Electrocution ☐ Traffic Accident
☐ Eye Problem ☐ Traumatic Injury
☐ Fall Victim ☐ Unconscious/Fainting
☐ Headache ☐ Unknown Problem/Man Down

Prior Aid (Select All That Apply)

☐ AED - ERU
☐ AED - First Responder
☐ AED - Public Access
☐ CPR
☐ Extrication
☐ Spinal Immobilization
☐ Splinting

Airway:
☐ BVM
☐ Combitube
☐ Nebulizer Treatment
☒ Oxygen
☐ Suction

Performed By
☐ EMS Provider
☐ Law Enforcement
☐ Lay Person
☒ Other Healthcare Provider
☐ Patient

Outcome/Condition
☐ Improved
☐ Worse
☒ Unchanged

Provider Impression - Primary/Secondary (Select One For Each)

P	S		P	S		P	S		P	S		P	S	
☐	☐	AAA	☐	☐	CHF	☐	☐	Hypotension	☐	☐	Other CNS	☐	☐	Seizure
☐	☐	Abdominal Pain/Prob.	☐	☐	Dehydration	☐	☐	Hyperthermia	☐	☐	Other Endocrine/Metabolic	☐	☐	Sexual Assault / Rape
☐	☐	Airway Obstruction	☐	☐	Diabetic hyperglycemia	☐	☐	Hypothermia	☐	☐	Other General Urinary	☐	☐	Smoke Inhalation
☐	☐	Allergic Reaction	☐	☐	Diabetic hypoglycemia	☐	☐	Hypovolemia / Shock	☐	☐	Other Illness/Injury	☐	☐	Stings / venomous bites
☐	☐	Altered LOC	☐	☐	Electrocution	☐	☐	Inhalation Injury (toxic gas)	☐	☐	Other OB/Gyn	☐	☐	Stroke / CVA / TIA
☐	☐	Asthma	☐	☐	ETOH Abuse				☐	☐	Pain	☐	☐	Substance Drug Abuse
☐	☐	Behavioral / Psych	☐	☐	Fever	☐	☒	OB Delivery	☐	☐	Poisoning / drug ingest.	☐	☐	Syncope / fainting
☐	☐	Bowel Obstruction	☐	☐	GI Bleed	☒	☐	OB/Pregnancy/Labor	☐	☐	Respiratory Arrest	☐	☐	Traumatic Injury
☐	☐	Cancer	☐	☐	Headache	☐	☐	Obvious Death	☐	☐	Respiratory Distress	☐	☐	Unconscious Unknown
☐	☐	Cardiac Arrest	☐	☐	Heat Exhaustion/Stroke	☐	☐	Other Abdominal/GI	☐	☐	Rhythm Disturbance	☐	☐	Vaginal Hemorrhage
☐	☐	Chest Pain/Discomfort	☐	☐	Hypertension	☐	☐	Other Cardiovascular						

TEST CASE #11 - ALS

Patient Chief Complaint

Description: "THE CRAMPS ARE REALLY BAD, I'M NOT DUE FOR THREE WEEKS"

Onset Date / Time:

Primary Organ System Affected

- ☐ Cardiovascular
- ☐ CNS/Neuro
- ☐ Endocrine/Metabolic
- ☐ GI/Abdomen
- ☐ Global/Other Illnesses
- ☐ Musculoskeletal/Injury
- ☒ OB/GYN
- ☐ Psych/ Behavioral
- ☐ Respiratory
- ☐ Renal/GU Problems
- ☐ Skin

Signs & Symptoms (Select All That Apply)

P	S		P	S		P	S		P	S	
☐	☐	Abdominal Pain	☐	☐	Chest Pain	☐	☐	Fever	☐	☐	Palpitations
☐	☐	Back Pain	☐	☐	Choking	☐	☐	Malaise	☐	☐	Rash/Itching
☐	☐	Behavioral/Psych	☐	☐	Death	☐	☐	Mass/Lesion	☐	☐	Swelling
☐	☐	Bleeding	☐	☐	Device/Equipment Problem	☐	☐	Nausea/Vomiting	☐	☐	Weakness
☐	☒	Breathing Problem	☐	☐	Diarrhea	☐	☐	None	☐	☐	Wound
☐	☐	Change in Resp	☐	☐	Drainage/Discharge	☒	☐	Pain			

Cause of Injury (Select One)

Not Applicable

Injury Present
- ☐ Yes
- ☒ No

Injury Intent N/A
- ☐ Intentional, Other (Assaulted)
- ☐ Intentional, Self
- ☐ Unintentional

Mechanism
- ☐ Blunt
- ☐ Burn
- ☐ Other
- ☐ Penetrating

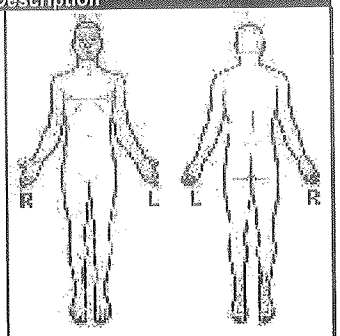
Not Applicable

- ☐ Aircraft Crash
- ☐ Assault
- ☐ Bicycle Crash
- ☐ Bites
- ☐ Chemical Poisoning
- ☐ Child Battering
- ☐ Drug Poisoning
- ☐ Drowning
- ☐ Electrocution (Non-Lightning)
- ☐ Excessive Cold
- ☐ Excessive Heat
- ☐ Falls
- ☐ Fire and Flames
- ☐ Firearm Assault
- ☐ Firearm Injury (Accidental)
- ☐ Firearm (Self Inflicted)
- ☐ Lightning
- ☐ Machinery Accidents
- ☐ Mechanical Suffocation
- ☐ MV, Non-Traffic Crash
- ☐ MV, Traffic Crash
- ☐ Motorcycle Crash
- ☐ Non-Motorized Vehicle Crash
- ☐ Pedestrian Traffic Crash
- ☐ Radiation Exposure
- ☐ Sexual Assault / Rape
- ☐ Smoke Inhalation
- ☐ Stabbing/Cutting (Assault)
- ☐ Stabbing/Cutting (Accidental)
- ☐ Strike Blunt/Thrown Obj.
- ☐ Unarmed Fight/Brawl
- ☐ Venomous Stings
- ☐ Water Transport Crash

Injury Description

Identify the area of injury with the following numbers
1 Amputation
2 Bleeding-Controlled
3 Bleeding-Uncontrolled
4 Burn
5 Crush
6 Dislocation/Fracture
7 Gunshot
8 Laceration
9 Pain without swelling/bruising
10 Puncture/Stab
11 Soft Tissue swelling/bruising

Not Applicable



Initial Assessment

Level of Responsiveness
- ☒ Alert
- ☐ Verbal
- ☐ Painful
- ☐ Unresponsive

Airway
- ☒ Patent
- ☐ Non Patent

Action taken:

Breathing

Rate	Quality	L	Lung Sounds	R
☐ < 10	☐ Normal	☒	Clear	☒
☐ 10-24	☒ Labored	☐	Wet	☐
☒ > 24	☐ Fatigued	☐	Wheezes	☐
☐ Apneic	☐ Absent	☐	Diminished	☐
	☐ Not Assessed	☐	Absent	☐

Circulation

Color	Temp	Condition	Cap Refill
☒ Normal	☒ Normal	☒ Normal	☒ < 2 sec
☐ Cyanotic	☐ Hot	☐ Diaphoretic	☐ 2 - 4 sec
☐ Pale	☐ Cool	☐ Dry	☐ > 4 sec
☐ Flush	☐ Cold		☐ Absent

Alcohol/Drug Use
- ☐ Alcohol/Drugs at Scene
- ☐ Patient Admits Alcohol Use
- ☐ Patient Admits Drug Use
- ☐ Smell of Alcohol
- ☒ None

Glasgow Coma Score

Eye Opening	Verbal	Motor
4 Spontaneous	5 Oriented	6 Obeys Commands
3 To Speech	4 Confused	5 Localized Pain
2 To Pain	3 Inappropriate Words	4 Withdraws to Pain
1 Not at All	2 Inappropriate Sounds	3 Flexion to Pain
	1 None	2 Extension to Pain
		1 None

Time 2330 — 15 Score

Time — Score

Pupils

L		R
☒	Reactive	☒
☐	Sluggish	☐
☐	Constricted	☐
☐	Dilated	☐
☐	Nonreactive	☐

Barriers to Patient Care
- ☐ Developmentally Impaired
- ☐ Hearing Impaired
- ☐ Language
- ☐ Physically Impaired
- ☐ Physically Restrained
- ☐ Speech Impaired
- ☐ Unattended or Unsupervised (Including Minors)
- ☐ Unconscious
- ☒ None

Allergies ☒ NKA

Patient's Medications: Prenatal Vitamins

Time	BP	Pulse	Resp	Rhythm	SpO2	Procedures	# Attempts	Success	Medication	Dose	Route	Response	Crew #
2332	160/78	112	28		96			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Driver
2338						Stretcher	1	☒ Yes ☐ No ☐ N/A	Oxygen	4LPM	Inhal	☐ Improved ☐ Worse ☒ Unchanged	Primary Caregiver
2340	154/80	110	26		96			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Driver
2344						OB Delivery	1	☒ Yes ☐ No ☐ N/A				☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
2351	150/76	90	24		98			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
2358	144/74	76	20		98			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
								☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	
								☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	

TEST CASE #11 - ALS

Cardiac Arrest Information

Cardiac Arrest
- [x] No
- Yes:
  - ☐ After EMS Arrival
  - ☐ Prior To EMS Arrival

Etiology
- ☐ Drowning
- ☐ Electrocution
- ☐ Presumed Cardiac
- ☐ Respiratory
- ☐ SIDS
- ☐ Trauma
- ☐ Other

Not Applicable

Resuscitation Attempted
- No: Not Applicable
  - ☐ Circulation Restored by First Responder
  - ☐ DNR Orders
  - ☐ Obvious Death
- Yes:
  - ☐ CPR Only
  - ☐ Defibrillation

Time of Arrest Before EMS
- ☐ 0-2 min.
- ☐ 2-4 min.
- ☐ 4-6 min.
- ☐ 6-8 min.
- ☐ 8-10 min.
- ☐ 10-15 min.
- ☐ 15-20 min.
- ☐ > 20 min.
- ☐ Unknown N/A

Witnessed By
- ☐ Not Witnessed
- ☐ Healthcare Provider
- ☐ Lay Person

Not Applicable

Return of Circulation
- ☐ No Not Applicable
- Yes:
  - ☐ Prior to ED Arrival Only
  - ☐ Prior to ED Arrival and at the ED

Resuscitation Discontinued
- Time N/A:

Reason Discontinued
- ☐ DNR
- ☐ Medical Control Order
- ☐ Obvious Death
- ☐ Policy Requirements Completed
- ☐ Return of Circulation

Not Applicable

First Cardiac Rhythm Not Applicable
- ☐ Asystole
- ☐ Bradycardia
- ☐ Normal Sinus Rhythm
- ☐ PEA
- ☐ Ventricular Tachycardia
- ☐ Ventricular Fibrillation
- ☐ Unknown AED Non-Shockable Rhythm
- ☐ Unknown AED Shockable Rhythm
- ☐ Other

Cardiac Rhythm At Destination Not Applicable

12 Lead ECG:
- ☐ Anterior Ischemia
- ☐ Inferior Ischemia
- ☐ Lateral Ischemia
- ☐ Septal Ischemia
- ☐ Agonal/Idioventricular
- ☐ Artifact
- ☐ Asystole
- ☐ Atrial Fibrillation/Flutter

AV Block:
- ☐ 1st Degree
- ☐ 2nd Degree-Type 1
- ☐ 2nd Degree-Type 2
- ☐ 3rd Degree
- ☐ Junctional
- ☐ Left Bundle Branch Block
- ☐ Normal Sinus Rhythm
- ☐ Paced Rhythm
- ☐ PEA

Premature:
- ☐ Atrial Contractions
- ☐ Ventricular Contractions
- ☐ Right Bundle Branch Block
- ☐ Sinus Arrhythmia
- ☐ Sinus Bradycardia
- ☐ Sinus Tachycardia
- ☐ ST-Elevation
- ☐ Supraventricular Tachycardia
- ☐ Torsades de Pointes
- ☐ Ventricular Fibrillation
- ☐ Ventricular Tachycardia

Unknown:
- ☐ AED Non-Shockable Rhythm
- ☐ AED Shockable Rhythm
- ☐ Other

Patient Past Medical History

GRAVIDA 2, PARA 1 WITH THIS DELIVERY

Narrative

CALLED TO A NURSING HOME FOR AN EMPLOYEE EXPERIENCING CRAMPS RELATED TO PREGNANCY. PT IS 37 WEEKS GESTATION. PT FOUND SUPINE ON SOFA IN LOBBY WITH NURSING STAFF ADMINISTERING OXYGEN. PT C/O CRAMPS BUT THEY HAVE BEEN INCREASING IN SEVERITY. PT STATES, "I'M NOT DUE FOR ANOTHER 3 WEEKS" "MY BABY IS TOO SMALL YET". PT LIFTED TO STRETCHER, CLAT, AND MOVED TO AMBULANCE. UPON ASSESSMENT CONTRACTIONS @ 2 MIN LASTING 7 MIN. UPON EXAMINATION PT CROWNING WATER NOW BREAKS. ASSISTED PT WITH BREATHING TECHNIQUE. OB KIT READIED. PT STATES UNCOMPLICATED PREGNANCY "I THINK HE'S COMING, YEP IT'S A BOY". BABY HEAD DELIVERED. (SEE BABY BOY SCHWANGER PCR). MINIMAL TEARING OF PT. FOLLOWING DELIVERY BABY BOY GIVEN TO MOTHER (PT). CORD CLAMPED & CUT. PLACENTA DID NOT DELIVER PRIOR TO ARRIVAL AT HOSPITAL. TO OB DEPT AT HOSPITAL. CARE AND REPORT TO STAFF RN.

Medical Control Method
- [x] Standing Orders
- ☐ On-line
- ☐ On Scene
- ☐ Written Orders (Patient Specific)

Airbag Deployment

- ☐ Airbag Deployed Front
- ☐ Airbag Deployed Side
- ☐ Airbag Deployed Other
- ☐ Airbag Not Deployed
- ☐ Airbag Not Present

Not Applicable

HIPAA

- ☐ Notice of HIPAA Privacy Practices given to patient per agency guidelines

Safety Equipment

- ☐ Child Restraint
- ☐ Eye Protection
- ☐ Helmet Worn
- ☐ Lap Belt
- ☐ None
- ☐ Other
- ☐ Personal Floatation Device
- ☐ Protective Clothing Gear
- ☐ Protective Non-Clothing Gear
- ☐ Shoulder Belt

N/A

EMD Performed
- [x] No
- ☐ Yes, With Pre-Arrival Instructions
- ☐ Yes, Without Pre-Arrival Instructions

Signatures

Receiving RN/MD	Guardian	I Refuse Treatment/Transport (Also See Back)	Technician

☐ Continued On Supplement

Ambulance Patient Care Report

TEST CASE # 11.5 - ALS

MN STAR

Agency Name	Date of Incident	Call Number	Incident Number
			11.5 - Childbirth

Response Times			Response Information		Personnel	Driver	
PSAP Call 2317	Arrive Scene 2327	In Service 0016	PCR Number	Starting Mileage	Attendant DRIVER	☑ To Scene ☒ To Dest.	1
Dispatch Notified 2317	Arrive Patient 2341	Unit Cancelled	# of Patients 2	MCI ☐ Yes ☒ No / At Scene Mileage	Attendant PRIMARY CAREGIVER	☐ To Scene ☐ To Dest.	2
Unit Dispatched 2318	Leave Scene 2351	In Quarters 0036	Responding Unit	Dest. Mileage	Attendant	☐ To Scene ☐ To Dest.	3
Enroute 2321	Arrive Dest. 0002		Crew Number	Ending Mileage	Attendant	☐ To Scene ☐ To Dest.	4

Incident Information

Incident Address: 4200 RIVER PLACE

Room/Apt:

First Responder Agencies:

City: BLOOMINGTON | County: HENNEPIN | State: MN | Zip Code: 55425

Type of Location:
☐ Airport ☐ Home/Residence ☐ Mine or Quarry ☐ Residential Institution ☐ Other
☐ Farm ☐ Industrial Place ☐ Place of Sport ☐ Street or Highway
☒ Healthcare Facility ☐ Lake, River ☐ Public Building ☐ Trade or Service

Factors Affecting Care

☐ Amb. Crash ☐ Diversion ☐ Safety
☐ Amb. Failure ☐ Extrication ☐ Traffic
☐ Crowd ☐ HazMat ☐ Weather
☐ Directions ☐ Language Barrier ☒ None
☐ Distance ☐ Staff Delay ☐ Other

Destination/Hospital Name	Facility Diverted From

Response Request / Response Mode / Disposition

Response Request	To	Response Mode	From	Disposition
☒ Response (Scene)	☒	Lights and Siren	☐	Treated: ☒ Transported by EMS
☐ Interfacility Transfer	☐	No Lights or Siren	☒	☐ Transferred Care
☐ Medical Transport (Scheduled)	☐	Initial No Lights and Siren Upgraded to Lights and Siren	☐	☐ Released
☐ Standby	☐	Initial Lights and Siren Downgraded to No Lights and Siren	☐	☐ Cancelled
☐ Intercept				☐ Patient Refused Care
☐ Mutual Aid				☐ Dead at Scene

Destination Determination

☐ Closest Facility ☐ Specialty Resource Ctr.
☐ Protocol Guideline ☐ Law Enforcement Choice
☒ Patient/Family Choice ☐ Diversion

Destination Type

☒ Hospital ☐ Ground Ambulance
☐ Home ☐ Police/Jail
☐ Medical Office/Clinic ☐ Morgue
☐ Nursing Home ☐ Other
☐ Air Ambulance

Patient Information

Last Name: SCHWANGER | First Name: BABY BOY | M.I.:

Address: 412 MAIN ST | Room/Apt: 317

City: MINNEAPOLIS | County: HENNEPIN | State: MN

Zip Code: 55414 | Phone Number: ( ) . | KG: ~5 LB | Gender: (M) F

Social Security Number: . . | DOB: / / | Age:

Patient Physician: | ~~Guardian Name~~ To be Entered

Race:
☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Hawaiian or Other Pacific Islander ☒ Other

Ethnicity:
☐ Hispanic or Latino
☒ Not Hispanic or Latino

Primary Role of Unit

☒ ALS Ground ☐ Non-Transport
☐ BLS Ground ☐ Other Transport
☐ Critical Care Ground ☐ Rescue
☐ ERU ☐ Rotor Craft
☐ Fixed Wing ☐ Supervisor

Dispatch Reason

☐ Abdominal Pain ☐ Heart Problem
☐ Allergies ☐ Heat/Cold Exposure
☐ Animal Bite ☐ Hemorrhage/Laceration
☐ Assault ☐ Industrial Accident
☐ Back Pain ☐ Ingestion/Poisoning
☐ Breathing Problem ☐ MCI
☐ Burns ☐ Medical Transport
☐ Cardiac Arrest ☐ Pain
☐ Chest Pain ☒ Pregnancy/Childbirth
☐ Choking ☐ Psychiatric Problem
☐ CO Poisoning/Hazmat ☐ Sick Person
☐ Convulsions/Seizure ☐ Stab/Gunshot Wound
☐ Diabetic Problem ☐ Standby
☐ Drowning ☐ Stroke/CVA
☐ Electrocution ☐ Traffic Accident
☐ Eye Problem ☐ Traumatic Injury
☐ Fall Victim ☐ Unconscious/Fainting
☐ Headache ☐ Unknown Problem/Man Down

Prior Aid (Select All That Apply)

☐ AED - ERU
☐ AED - First Responder
☐ AED - Public Access
☐ CPR
☐ Extrication
☐ Spinal Immobilization
☐ Splinting

Airway: Not Applicable
☐ BVM
☐ Combitube
☐ Nebulizer Treatment
☐ Oxygen
☐ Suction

Performed By: Not Applicable
☐ EMS Provider
☐ Law Enforcement
☐ Lay Person
☐ Other Healthcare Provider
☐ Patient

Outcome/Condition:
☐ Improved
☐ Worse
☐ Unchanged
N/A

Provider Impression - Primary/Secondary (Select One For Each)

P	S		P	S		P	S		P	S		P	S	
☐	☐	AAA	☐	☐	CHF	☐	☐	Hypotension	☐	☐	Other CNS	☐	☐	Seizure
☐	☐	Abdominal Pain/Prob.	☐	☐	Dehydration	☐	☐	Hyperthermia	☐	☐	Other Endocrine/Metabolic	☐	☐	Sexual Assault / Rape
☐	☐	Airway Obstruction	☐	☐	Diabetic hyperglycemia	☐	☐	Hypothermia	☐	☐	Other General Urinary	☐	☐	Smoke Inhalation
☐	☐	Allergic Reaction	☐	☐	Diabetic hypoglycemia	☐	☐	Hypovolemia / Shock	☐	☐	Other Illness/Injury	☐	☐	Stings / venomous bites
☐	☐	Altered LOC	☐	☐	Electrocution	☐	☐	Inhalation Injury (toxic gas)	☐	☐	Other OB/Gyn	☐	☐	Stroke / CVA / TIA
☐	☐	Asthma	☐	☐	ETOH Abuse				☐	☐	Pain	☐	☐	Substance Drug Abuse
☐	☐	Behavioral / Psych	☐	☐	Fever	☒	☐	OB Delivery	☐	☐	Poisoning / drug ingest.	☐	☐	Syncope / fainting
☐	☐	Bowel Obstruction	☐	☐	GI Bleed	☐	☐	OB/Pregnancy/Labor	☐	☐	Respiratory Arrest	☐	☐	Traumatic Injury
☐	☐	Cancer	☐	☐	Headache	☐	☐	Obvious Death	☐	☐	Respiratory Distress	☐	☐	Unconscious Unknown
☐	☐	Cardiac Arrest	☐	☐	Heat Exhaustion/Stroke	☐	☐	Other Abdominal/GI	☐	☐	Rhythm Disturbance	☐	☐	Vaginal Hemorrhage
☐	☐	Chest Pain/Discomfort	☐	☐	Hypertension	☐	☐	Other Cardiovascular						

TEST CASE # 11.5 - ALS

Patient Chief Complaint

Description: NEWBORN, WEAK CRYING

Onset Date / Time: 23:44

Signs & Symptoms (Select All That Apply)

P	S		P	S		P	S		P	S	
☐	☐	Abdominal Pain	☐	☐	Chest Pain	☐	☐	Fever	☐	☐	Palpitations
☐	☐	Back Pain	☐	☐	Choking	☐	☐	Malaise	☐	☐	Rash/Itching
☐	☐	Behavioral/Psych	☐	☐	Death	☐	☐	Mass/Lesion	☐	☐	Swelling
☐	☐	Bleeding	☐	☐	Device/Equipment Problem	☐	☐	Nausea/Vomiting	☒	☐	Weakness
☐	☐	Breathing Problem	☐	☐	Diarrhea	☐	☐	None	☐	☐	Wound
☐	☐	Change in Resp	☐	☐	Drainage/Discharge	☐	☐	Pain			

Primary Organ System Affected

- ☐ Cardiovascular
- ☐ CNS/Neuro
- ☐ Endocrine/Metabolic
- ☐ GI/Abdomen
- ☒ Global/Other Illnesses
- ☐ Musculoskeletal/Injury
- ☐ OB/GYN
- ☐ Psych/ Behavioral
- ☐ Respiratory
- ☐ Renal/GU Problems
- ☐ Skin

Cause of Injury (Select One)

Injury Present
- ☐ Yes
- ☒ No

Injury Intent N/A
- ☐ Intentional, Other (Assaulted)
- ☐ Intentional, Self
- ☐ Unintentional

Mechanism
- ☐ Blunt
- ☐ Burn
- ☐ Other
- ☐ Penetrating

Not Applicable

- ☐ Aircraft Crash
- ☐ Assault
- ☐ Bicycle Crash
- ☐ Bites
- ☐ Chemical Poisoning
- ☐ Child Battering
- ☐ Drug Poisoning
- ☐ Drowning
- ☐ Electrocution (Non-Lightning)
- ☐ Excessive Cold
- ☐ Excessive Heat
- ☐ Falls
- ☐ Fire and Flames
- ☐ Firearm Assault
- ☐ Firearm Injury (Accidental)
- ☐ Firearm (Self Inflicted)
- ☐ Lightning
- ☐ Machinery Accidents
- ☐ Mechanical Suffocation
- ☐ MV, Non-Traffic Crash
- ☐ MV, Traffic Crash
- ☐ Motorcycle Crash
- ☐ Non-Motorized Vehicle Crash
- ☐ Pedestrian Traffic Crash
- ☐ Radiation Exposure
- ☐ Sexual Assault / Rape
- ☐ Smoke Inhalation
- ☐ Stabbing/Cutting (Assault)
- ☐ Stabbing/Cutting (Accidental)
- ☐ Strike Blunt/Thrown Obj.
- ☐ Unarmed Fight/Brawl
- ☐ Venomous Stings
- ☐ Water Transport Crash

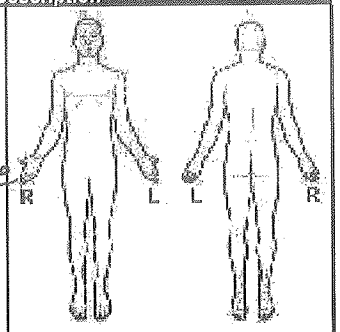
Not Applicable

Injury Description

Identify the area of injury with the following numbers

1 Amputation
2 Bleeding-Controlled
3 Bleeding-Uncontrolled
4 Burn
5 Crush
6 Dislocation/Fracture
7 Gunshot
8 Laceration
9 Pain without swelling/bruising
10 Puncture/Stab
11 Soft Tissue swelling/bruising

Not Applicable



Initial Assessment

Level of Responsiveness
- ☒ Alert
- ☐ Verbal
- ☐ Painful
- ☐ Unresponsive

Airway
- ☒ Patent
- ☐ Non Patent

Action taken:

Breathing

Rate	Quality	L	Lung Sounds	R
☐ < 10	☒ Normal	☐	Clear	☐
☐ 10-24	☐ Labored	☒	Wet	☒
☒ > 24	☐ Fatigued	☐	Wheezes	☐
☐ Apneic	☐ Absent	☐	Diminished	☐
	☐ Not Assessed	☐	Absent	☐

Circulation

Color	Temp	Condition	Cap Refill
☐ Normal	☒ Normal	☒ Normal	☐ < 2 sec
☒ Cyanotic	☐ Hot	☐ Diaphoretic	☒ 2 - 4 sec
☐ Pale	☐ Cool	☐ Dry	☐ > 4 sec
☐ Flush	☐ Cold		☐ Absent

extremities

Alcohol/Drug Use
- ☐ Alcohol/Drugs at Scene
- ☐ Patient Admits Alcohol Use
- ☐ Patient Admits Drug Use
- ☐ Smell of Alcohol
- ☒ None

Glasgow Coma Score

Eye Opening	Verbal	Motor
(4) Spontaneous	5 Oriented	6 Obeys Commands
3 To Speech	(4) Confused	(5) Localized Pain
2 To Pain	3 Inappropriate Words	4 Withdraws to Pain
1 Not at All	2 Inappropriate Sounds	3 Flexion to Pain
	1 None	2 Extension to Pain
		1 None

Time: 2345 — Score: 13

Time: — Score:

Pupils

L		R
☒	Reactive	☒
☐	Sluggish	☐
☐	Constricted	☐
☐	Dilated	☐
☐	Nonreactive	☐

Barriers to Patient Care
- ☐ Developmentally Impaired
- ☐ Hearing Impaired
- ☐ Language
- ☐ Physically Impaired
- ☐ Physically Restrained
- ☐ Speech Impaired
- ☐ Unattended or Unsupervised (Including Minors)
- ☐ Unconscious
- ☒ None

Allergies ☐ NKA UNKNOWN

Patient's Medications NONE

Time	BP	Pulse	Resp	Rhythm	SpO2	Procedures	# Attempts	Success	Medication	Dose	Route	Response	Crew #
2341				(Bulb)		nose & mouth Suction	1	☒ Yes ☐ No ☐ N/A				☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
2344						Childbirth Delivery	1	☒ Yes ☐ No ☐ N/A				☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
2345		148	A P G 1 + 2 + 1 +			A R = 1 + 1	7	☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Driver
2350		150	A P G 2 + 2 + 2 +			A R = 1 + 2	9	☐ Yes ☐ No ☐ N/A				☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
2355		144	44					☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
								☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	
								☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	
								☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	

TEST CASE # 11.5 - ALS

Cardiac Arrest Information

Cardiac Arrest
- ☒ No
- Yes:
  - ☐ After EMS Arrival
  - ☐ Prior To EMS Arrival

Etiology
- ☐ Drowning
- ☐ Electrocution
- ☐ Presumed Cardiac
- ☐ Respiratory
- ☐ SIDS
- ☐ Trauma
- ☐ Other

Not Applicable

Resuscitation Attempted
- No: Not Applicable
  - ☐ Circulation Restored by First Responder
  - ☐ DNR Orders
  - ☐ Obvious Death
- Yes:
  - ☐ CPR Only
  - ☐ Defibrillation

Time of Arrest Before EMS
- ☐ 0-2 min.
- ☐ 2-4 min.
- ☐ 4-6 min.
- ☐ 6-8 min.
- ☐ 8-10 min.
- ☐ 10-15 min.
- ☐ 15-20 min.
- ☐ > 20 min.
- ☐ Unknown

N/A

Witnessed By
- ☐ Not Witnessed
- ☐ Healthcare Provider
- ☐ Lay Person

Not Applicable

Return of Circulation
- ☐ No
- Yes: Not Applicable
  - ☐ Prior to ED Arrival Only
  - ☐ Prior to ED Arrival and at the ED

Resuscitation Discontinued
- Time N/A

Reason Discontinued
- ☐ DNR
- ☐ Medical Control Order
- ☐ Obvious Death
- ☐ Policy Requirements Completed
- ☐ Return of Circulation

Not Applicable

First Cardiac Rhythm NOT APPLICABLE
- ☐ Asystole
- ☐ Bradycardia
- ☐ Normal Sinus Rhythm
- ☐ PEA
- ☐ Ventricular Tachycardia
- ☐ Ventricular Fibrillation
- ☐ Unknown AED Non-Shockable Rhythm
- ☐ Unknown AED Shockable Rhythm
- ☐ Other

Cardiac Rhythm At Destination NOT APPLICABLE

12 Lead ECG:
- ☐ Anterior Ischemia
- ☐ Inferior Ischemia
- ☐ Lateral Ischemia
- ☐ Septal Ischemia
- ☐ Agonal/Idioventricular
- ☐ Artifact
- ☐ Asystole
- ☐ Atrial Fibrillation/Flutter

AV Block:
- ☐ 1st Degree
- ☐ 2nd Degree-Type 1
- ☐ 2nd Degree-Type 2
- ☐ 3rd Degree
- ☐ Junctional
- ☐ Left Bundle Branch Block
- ☐ Normal Sinus Rhythm
- ☐ Paced Rhythm
- ☐ PEA

Premature:
- ☐ Atrial Contractions
- ☐ Ventricular Contractions
- ☐ Right Bundle Branch Block
- ☐ Sinus Arrhythmia
- ☐ Sinus Bradycardia
- ☐ Sinus Tachycardia
- ☐ ST-Elevation
- ☐ Supraventricular Tachycardia
- ☐ Torsades de Pointes
- ☐ Ventricular Fibrillation
- ☐ Ventricular Tachycardia

Unknown:
- ☐ AED Non-Shockable Rhythm
- ☐ AED Shockable Rhythm
- ☐ Other

Patient Past Medical History

NONE

Narrative

37 WEEK GESTATION BABY BOY DELIVERED WITHOUT COMPLICATION, NORMAL PREGNANCY. WHEN HEAD DELIVERED MOUTH SUCTIONED x2, NO MECONIUM NOTED. EACH NARE SUCTIONED. ASSISTED DELIVERY OF BODY BY EASING SHOULDER DOWN. BODY THEN DELIVERED WITH EASE. CORD CLAMPED AT ≈ 8" and 10" INCHES. BODY DRIED. CYANOTIC AT HANDS AND FEET, TORSO PALE AT ONE MINUTE. CRYING WITH GOOD EFFORT, RUBBED BACK AND STIMULATED FEET. BABY BOY PT BECAME MORE RESPONSIVE WITH DRYING. INITIAL APGAR = 7. AT 5 MINUTES APGAR = 9. PT WRAPPED AND PLACED WITH MOTHER ENROUTE TO HOSPITAL. PLACENTA DID NOT DELIVER UNTIL ARRIVAL AT HOSPITAL OB DEPARTMENT. PT CRYING. CARE AND REPORT TO STAFF.

Medical Control Method
- ☒ Standing Orders
- ☐ On-line
- ☐ On Scene
- ☐ Written Orders (Patient Specific)

Airbag Deployment
- ☐ Airbag Deployed Front
- ☐ Airbag Deployed Side
- ☐ Airbag Deployed Other
- ☐ Airbag Not Deployed
- ☐ Airbag Not Present

NOT APPLICABLE

HIPAA
- ☐ Notice of HIPAA Privacy Practices given to patient per agency guidelines

Safety Equipment
- ☐ Child Restraint
- ☐ Eye Protection
- ☐ Helmet Worn
- ☐ Lap Belt
- ☐ None
- ☐ Other
- ☐ Personal Floatation Device
- ☐ Protective Clothing Gear
- ☐ Protective Non-Clothing Gear
- ☐ Shoulder Belt

N/A

EMD Performed
- ☒ No
- ☐ Yes, With Pre-Arrival Instructions
- ☐ Yes, Without Pre-Arrival Instructions

Signatures

Receiving RN/MD	Guardian	I Refuse Treatment/Transport (Also See Back)	Technician

☐ Continued On Supplement