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.

Ambulance Patient Care Report — TEST CASE #1 - BLS

MN STAR*

Agency Name	Date of Incident	Call Number	Incident Number
			1-GSW

Response Times

PSAP Call	Arrive Scene	In Service
1545	1559	1710
Dispatch Notified	**Arrive Patient**	**Unit Cancelled**
1545	1559	
Unit Dispatched	**Leave Scene**	**In Quarters**
1546	1625	1710
Enroute	**Arrive Dest.**	
1548	1650	

Response Information

PCR Number	Starting Mileage
	805
# of Patients / **MCI**	**At Scene Mileage**
1 / ☐ Yes ☒ No	814
Responding Unit	**Dest. Mileage**
	838
Crew Number	**Ending Mileage**
	857

Personnel

Attendant	Driver
EMT #1	☐ To Scene ☐ To Dest. — 1
EMT #2	☐ To Scene ☐ To Dest. — 2
EMT #3	☒ To Scene ☒ To Dest. — 3
	☐ 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: LAW ENFORCEMENT

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 / To / Response Mode / From / Disposition

Response Request	To	Response Mode	From	Disposition
☒ Response (Scene)	☒	☒ Lights and Siren	☒	☒ 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				☐ Cancelled
☐ Intercept	☐	Initial Lights and Siren Downgraded to No Lights and Siren	☐	☐ 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	Age
55616	( ) -	88	(M) F	

Social Security Number	DOB
- -	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

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

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

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 - BLS

Patient Chief Complaint

Description: UNRESPONSIVE

Onset Date / Time:

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

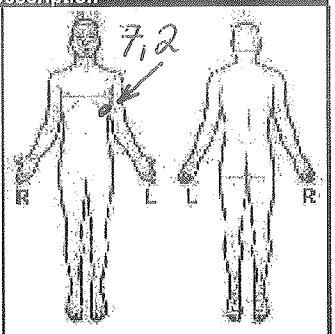
Injury Intent
- ☒ Intentional, Other (Assaulted)
- ☐ Intentional, Self
- ☐ Unintentional

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

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

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 1559 — 9 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 ☐ No ☐ N/A				☒ Improved ☐ Worse ☐ Unchanged	FIRST RESPONDER
1604						C-Collar	1	☒ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	2nd Caregiver
						Back Board	1		Oxygen	15L	NRB		
1610						Stretcher	1	☒ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	Primary Caregiver
1611	96/44	120	26		84	Occlusive Dressing	1	☒ Yes ☐ No ☐ N/A				☒ Improved ☐ Worse ☐ Unchanged	2nd Caregiver
1613						IV @ RAC 18 ga	1	☒ Yes ☐ No ☐ N/A	NS 200mL Bolus		IV	☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
1620	100/54	108	24		93	IV @ hand 20 ga	1	☒ Yes ☐ No ☐ N/A	NS	TKO	IV	☐ Improved ☐ Worse ☒ Unchanged	2nd Caregiver
1637	108/62	102	20		95			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	2nd Caregiver
								☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	

TEST CASE #1 - BLS

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:
☐ BCPR 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 :

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

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

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

UNKNOWN

Narrative

Called for Motor Vehicle Crash. Upon arrival found male patient in drivers seat of 4-door sedan, restrained. Law enforcement holding C-Spine. Bystanders state vehicle swerved off the road and came to a stop without impact. Exam showed patient sufferred a gun shot wound to the (R) chest at the 5th intercostal space. Airway patent, Breathing labored at 22 with ↓ lung sounds to left lung. Pulse rapid and regular 108-142. Decreased level of consciousness with GCS = 9, AVPU = P. HEENT: intact, No trauma noted, NECK: Supple, ⊖ JVD, Trachea midline CHEST: GSW, bleeding minimal, ↓ LS left side. ABD: soft, nontender, PELVIS: INTACT EXT: moves all extremities with purpose upon painful stimuli, No bleeding or trauma noted. TREATMENT: C-Collar, Nasal Airway, O2 @ 15 LPM via NRB, pt moved to back board with C-Spine controlled, VMS before and after. REASSESS: O2 Sats ↓ 84%. Occlusive dressing to GSW, IV x 2 placed. Enroute to hospital. O2 Sats ↑ 93-95%. Lights & Sirens VS improve enroute. Pt GCS ↑ 12. Care to ED Staff.

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

Airbag Deployment

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

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

Safety Equipment

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

Signatures

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

☐ Continued On Supplement

Ambulance Patient Care Report

TEST CASE #2 - BLS

MN STAR*

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

Response Times

PSAP Call	Arrive Scene	In Service
1725	1740	1823
Dispatch Notified	**Arrive Patient**	**Unit Cancelled**
1725	1741	
Unit Dispatched	**Leave Scene**	**In Quarters**
1726	1750	
Enroute	**Arrive Dest.**	
1732	1807	1856

Response Information

PCR Number	Starting Mileage
# of Patients	**MCI** ☐ Yes ☒ No
1	
Responding Unit	**Dest. Mileage**
Crew Number	**Ending Mileage**

Personnel

Attendant	Driver
EMT-Basic	☒ To Scene ☒ To Dest. 1
EMT-Basic	☐ To Scene ☐ To Dest. 2
	☐ To Scene ☐ To Dest. 3
	☐ To Scene ☐ To Dest. 4

Incident Information

Incident Address	Room/Apt
17732 CEDAR AVE	
City	**County** / **State** / **Zip Code**
FREMONT	WINONA / MN / 55979

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

To / Response Mode / From

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	First Name	M.I.
GRAHAM	SONNY	
Address		**Room/Apt**
17732 CEDAR AVE		
City	**County**	**State**
FREMONT	WINONA	MN
Zip Code	**Phone Number**	**KG / LB** / **Gender**
55979	( ) -	M / F
Social Security Number	**DOB**	**Age**
987-68-1010	10/10/2004	
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				☐	☐	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 #2 - BLS

Patient Chief Complaint

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

Onset Date / Time 1720

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

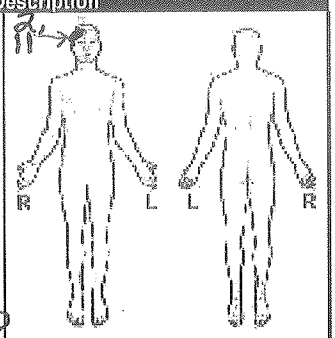
Injury Intent
- ☐ Intentional, Other (Assaulted)
- ☐ Intentional, Self
- ☒ Unintentional

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

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

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 1741 — 14 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 #
1744	100/68	108	42		97	C-Collar	1	☒ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	Driver
1745						Wound Care / Ice Pack	1	☒ Yes ☐ No ☐ N/A				☒ Improved ☐ Worse ☐ Unchanged	Driver / Primary Caregiver
1748						Long Board	1	☒ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	Driver
1750	106/68	114	32		99			☐ Yes ☐ No ☐ N/A	Oxygen NRB	10 LPM	Inhal	☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
1800	106/70	108	24		99			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
1806	108/68	106	16		99			☐ 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 #2- BLS

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:
☐ Circulation Restored by First Responder
☐ DNR Orders
☐ Obvious Death
Not Applicable
Yes:
☐ CPR Only
☐ Defibrillation

Time of Arrest Before EMS
☐ 0-2 min. ☐ 8-10 min.
☐ 2-4 min. ☐ 10-15 min.
☐ 4-6 min. ☐ 15-20 min.
☐ 6-8 min. ☐ > 20 min.
☐ Unknown Not Applicable

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

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

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

PEDIATRIC MALE 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 TO (R) TEMPORAL LOBE. C-COLLAR PLACED. BANDAGE APPLIED WITH ICE PACK TO WOUND. PUPILS EQUAL AND REACTIVE. NO DRAINAGE NOTED FROM EARS, NOSE, OR MOUTH. LUNG SOUNDS CLEAR BILAT WITH EQUAL CHEST RISE. MOVES ALL EXTREMITIES. ABD SOFT NON-TENDER, PELVIS STABLE, PT PLACED ON LONG BOARD. ENROUTE LIGHTS AND SIREN DUE TO HEAD INJURY. OXYGEN APPLIED. ENROUTE PT STATES "I DIDN'T FALL OFF THE SWING, I HIT MY HEAD IN THE KITCHEN". DOWNGRADED TO ROUTINE TO HOSPITAL. PT TALKING CLEARLY AND COHERENTLY FOR REMAINDER OF TRANSPORT. PT LIFTED TO ED BED ON LONG BOARD. REPORT AND CARE TURNED OVER TO RN. PT DAD RODE WITH PT IN REAR COMPARTMENT

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

Airbag Deployment

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

HIPAA

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

Safety Equipment

☐ Child Restraint ☐ Helmet Worn ☐ None ☐ Personal Floatation Device ☐ Protective Non-Clothing Gear
☐ Eye Protection ☐ Lap Belt ☐ Other ☐ Protective 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 #4 - BLS

MN STAR*

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

Response Times			Response Information			Personnel	Driver
PSAP Call: 1408	Arrive Scene: 1418	In Service: 1520	PCR Number	Starting Mileage	Attendant: Driver	☒ To Scene ☒ To Dest.	1
Dispatch Notified: 1408	Arrive Patient: 1419	Unit Cancelled	# of Patients: 1 — MCI: ☐ Yes ☒ No	At Scene Mileage	Attendant: 2nd Caregiver	☐ To Scene ☐ To Dest.	2
Unit Dispatched: 1409	Leave Scene: 1438	In Quarters: 1539	Responding Unit	Dest. Mileage	Attendant: Primary Caregiver	☐ To Scene ☐ To Dest.	3
Enroute: 1413	Arrive Dest.: 1504		Crew Number	Ending Mileage	Attendant	☐ To Scene ☐ To Dest.	4

Incident Information

Incident Address	Room/Apt
574 BAY ROAD SE	

City	County	State	Zip Code
PINE RIVER	CASS	MN	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 / From)

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	First Name	M.I.
EURYSM	ANN	A

Address	Room/Apt
10101 200TH STREET	

City	County	State
JACOB LAKE	COCONINO	AZ

Zip Code	Phone Number	KG	Gender
86002	( ) -	140 LB	M / F

Social Security Number	DOB	Age
- -	11 / 11 / 1938	

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
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 #4- BLS

Patient Chief Complaint

Description: PT UNABLE TO SPEAK, NODS

Onset Date / Time: 1405

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

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

Not Applicable

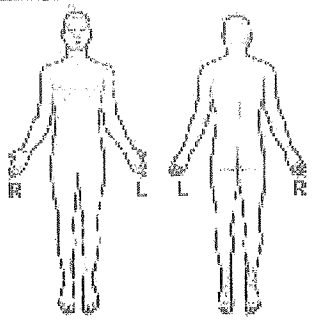
☐ Aircraft Crash	☐ Machinery Accidents
☐ Assault	☐ Mechanical Suffocation
☐ Bicycle Crash	☐ MV, Non-Traffic Crash
☐ Bites	☐ MV, Traffic Crash
☐ Chemical Poisoning	☐ Motorcycle Crash
☐ Child Battering	☐ Non-Motorized Vehicle Crash
☐ Drug Poisoning	☐ Pedestrian Traffic Crash
☐ Drowning	☐ Radiation Exposure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

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 1419
- ☐ 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 1419 — 10 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 #
1420	242/162	110	16		95			☐ Yes ☐ No ☐ N/A	Oxygen via Nasal Cannula	4LPM		☒ Improved ☐ Worse ☐ Unchanged	Driver
1427						IV 20ga (L) hand	1	☒ Yes ☐ No ☐ N/A	NS	TKO	IV	☐ Improved ☐ Worse ☒ Unchanged	2nd Caregiver
1428						Blood Glucose	1	☒ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	Primary Caregiver
1435	236/140	104	18		99			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	2nd Caregiver
1445	208/152	110	18		98			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
1500	186/112	108	18		99			☐ 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 #4- BLS

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:
☐ Circulation Restored by First Responder
☐ DNR Orders
☐ Obvious Death
Not Applicable
Yes:
☐ CPR Only
☐ Defibrillation

Time of Arrest Before EMS
☐ 0-2 min. ☐ 8-10 min.
☐ 2-4 min. ☐ 10-15 min.
☐ 4-6 min. ☐ 15-20 min.
☐ 6-8 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 ☐ Normal Sinus Rhythm ☐ Ventricular Tachycardia ☐ Unknown AED Non-Shockable Rhythm ☐ Other
☐ Bradycardia ☐ PEA ☐ Ventricular Fibrillation ☐ Unknown AED Shockable Rhythm

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 aphasic, nodding head to questions. 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: lung sounds clear bilaterally, pulse weak but regular ABD: soft nontender, denies nausea EXT: (L) sided weakness IV: Oxygen @ 4 LPM NC; IV (L) hand 20ga Normal Saline TKO; Blood Glucose: 145. Pt lifted to stretcher with two. ENROUTE: Pt sitting with head elevated 45° per pt comfort. Lights and siren to hospital. BP monitored with improvement noted. Pt able to verbalize now but words slurred and sentences unclear: "My name is Talk." No further changes enroute. Report called. Lifted pt to ED bed. Care and report turned over to ED staff.

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

Airbag Deployment

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

HIPAA

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

Safety Equipment

☐ Child Restraint ☐ Helmet Worn ☐ None ☐ Personal Floatation Device ☐ Protective Non-Clothing Gear
☐ Eye Protection ☐ Lap Belt ☐ Other ☐ Protective 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 #5 - BLS

MN STAR*

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

Response Times

PSAP Call	Arrive Scene	In Service
0819	0832	0938
Dispatch Notified	**Arrive Patient**	**Unit Cancelled**
0819	0833	
Unit Dispatched	**Leave Scene**	**In Quarters**
0821	0849	
Enroute	**Arrive Dest.**	
0825	0920	

Response Information

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

Personnel

Attendant	Driver
EMT-Basic #1	☒ To Scene ☒ To Dest. — 1
EMT-Basic #2	☐ To Scene ☐ To Dest. — 2
	☐ To Scene ☐ To Dest. — 3
	☐ To Scene ☐ To Dest. — 4

Incident Information

Incident Address: 5455 19TH STREET — Room/Apt:

First Responder Agencies:

City	County	State	Zip Code
PIPESTONE	PIPESTONE	MN	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

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 / To / Response Mode / From / Disposition

Response Request	To	Response Mode	From	Disposition
☒ Response (Scene)	☒	Lights and Siren	☒	☒ 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	First Name	M.I.
BOSIS	TOM	M

Address	Room/Apt
5455 19TH STREET	

City	County	State
PIPESTONE	PIPESTONE	MN

Zip Code	Phone Number	KG	Gender
56164	( ) -	250 LB	M / F

Social Security Number	DOB	Age
- -	04 / 14 / 1954	

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

ASA 325 mg

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 - BLS

Patient Chief Complaint

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

Onset Date / Time:

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

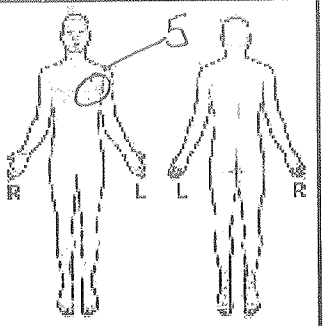
Not Applicable

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

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 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
- ☒ None

Allergies ☒ NKA

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

Time	BP	Pulse	Resp	Rhythm	SpO2	Procedures	# Attempts	Success	Medication	Dose	Route	Response	Crew #
0834	154/98	114	22		91			☐ Yes ☐ No ☐ N/A	O2 via NRB	1 Inhal. 15 LPM		☐ Improved ☐ Worse ☒ Unchanged	Driver
0836						IV & AC 20 ga	1	☒ Yes ☐ No ☐ N/A	Normal Saline	TKO	IV	☐ Improved ☐ Worse ☒ Unchanged	Primary Caregiver
0837						Blood = 140 Glucose	1	☒ Yes ☐ No ☐ N/A	Nitro	0.4mg	SL	☐ Improved ☐ Worse ☒ Unchanged	Driver
0843	156/92	88	22		100	Defib Pads Placed	1	☒ Yes ☐ No ☐ N/A	Nitro	0.4mg	SL	☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
0850	152/96	100	22		99			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
0900	150/88	108	24		97			☐ Yes ☐ No ☐ N/A	Nitro	0.4mg	SL	☒ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
0915	142/84	100	18		99			☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	Primary Caregiver
								☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☐ Unchanged	

TEST CASE #5 - BLS

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:
☐ Circulation Restored by First Responder
☐ DNR Orders
☐ Obvious Death
Not
Yes: Applicable
☐ CPR Only
☐ Defibrillation

Time of Arrest Before EMS
☐ 0-2 min. ☐ 8-10 min.
☐ 2-4 min. ☐ 10-15 min.
☐ 4-6 min. ☐ 15-20 min.
☐ 6-8 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 ☐ Normal Sinus Rhythm ☐ Ventricular Tachycardia ☐ Unknown AED Non-Shockable Rhythm ☐ Other
☐ Bradycardia ☐ PEA ☐ Ventricular Fibrillation ☐ Unknown AED Shockable Rhythm

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 PRE-ARRIVAL INSTRUCTIONS BEING GIVEN TO WIFE, ASPIRIN ADMINISTERED. UPON OUR ARRIVAL Ø 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." O2 APPLIED WITH SOME RELIEF OF NAUSEA. IV PLACED SUCCESSFULLY. NITRO 0.4 mg ADMINISTERED SL WITH CHEST PAIN RELIEF 9/10 SCALE. DEFIB PADS PLACED WITH AED DUE TO SYMPTOMS AND HISTORY. 2nd NITRO 0.4 mg SL GIVEN WITH RELIEF, CP ↓ 5/10 SCALE. PT LIFTED TO STRETCHER DUE TO CP AND NAUSEA. ENROUTE PT SEMI-FOWLERS LIGHTS AND SIREN TO CARDIAC HOSPITAL. PT C/O ↑ NAUSEA AND CHEST PAIN. 3rd NITRO 0.4 mg SL GIVEN WITH RELIEF. CP WAS AT 7/10 SCALE NOW AT 4/10 SCALE. "I FEEL MUCH BETTER" PT INSTRUCTED TO BREATHE SLOWLY TO ALLOW OXYGEN TO HELP. NO FURTHER CHANGES ENROUTE. LIFTED VIA SHEET TO ED BED. CARE AND REPORT GIVEN TO RN AND MD.

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

Airbag Deployment

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

HIPAA

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

Safety Equipment

☐ Child Restraint ☐ Helmet Worn ☐ None ☐ Personal Floatation Device ☐ Protective Non-Clothing Gear
☐ Eye Protection ☐ Lap Belt ☐ Other ☐ Protective 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 #7 - BLS

MN STAR*

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

Response Times

PSAP Call	Arrive Scene	In Service
2157	2208	2320
Dispatch Notified	**Arrive Patient**	**Unit Cancelled**
2157		2320
Unit Dispatched	**Leave Scene**	**In Quarters**
2158		2326
Enroute	**Arrive Dest.**	
2200		

Response Information

PCR Number		Starting Mileage
# of Patients: 0	MCI: ☐ Yes ☒ No	At Scene Mileage
Responding Unit		Dest. Mileage
Crew Number		Ending Mileage

Personnel

Driver	Attendant	
☐ To Scene ☐ To Dest.	EMT	1
☐ To Scene ☐ To Dest.	EMT	2
☐ To Scene ☐ To Dest.		3
☐ To Scene ☐ To Dest.		4

Incident Information

Incident Address	Room/Apt
6400 180TH STREET	

City	County	State	Zip Code
LAKEVILLE	DAKOTA	MN	55044

First Responder Agencies

Factors Affecting Care

☐ Amb. Crash ☐ Diversion ☐ Safety Not
☐ Amb. Failure ☐ Extrication ☐ Traffic Applicable
☐ Crowd ☐ HazMat ☐ Weath
☐ Directions ☐ Language Barrier ☐ None
☐ Distance ☐ Staff Delay ☐ Other

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

Destination/Hospital Name	Facility Diverted From
NO PATIENT	

Response Request

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

To / Response Mode / From

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 Not
☐ Nursing Home ☐ Other Applicable
☐ 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.

Address	Room/Apt
Not	

City	County	State

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

Social Security Number	DOB	Age
Applicable		

Patient Physician	Guardian Name

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

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				☐	☐	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- BLS

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

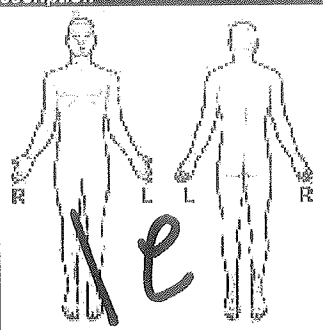
Injury Intent
- ❑ Intentional, Other (Assaulted)
- ❑ Intentional, Self
- ❑ Unintentional

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

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

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 - BLS

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

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

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

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

AV Block:
- ☐ Atrial Fibrillation/Flutter
- ☐ 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 PATIENT CONTACTS. RELEASED FROM THE SCENE BY FIRE CHIEF @ 2320.

Medical Control Method
- ☐ Standing Orders Not
- ☐ On-line Applicable
- ☐ 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

EMD Performed

- ☐ No Not Applicable
- ☐ Yes, With Pre-Arrival Instructions
- ☐ Yes, Without Pre-Arrival Instructions

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 - BLS

MN STAR*

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

Response Times

PSAP Call	Arrive Scene	In Service
1043	1052	1120
Dispatch Notified	**Arrive Patient**	**Unit Cancelled**
1043	1053	
Unit Dispatched	**Leave Scene**	**In Quarters**
1044		1126
Enroute	**Arrive Dest.**	
1048		

Response Information

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

Personnel

Attendant	Driver
EMT - Basic	☒ To Scene ☐ To Dest. 1
EMT - Basic	☐ To Scene ☐ To Dest. 2
First Responder	☐ To Scene ☐ To Dest. 3
	☐ To Scene ☐ To Dest. 4

Incident Information

Incident Address	Room/Apt
3207 TOWNSHIP RD	

City	County	State	Zip Code
BARRETT	GRANT	MN	56311

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

To / Response Mode / From

	Response Mode	
☒	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 Not
☐ Medical Office/Clinic ☐ Morgue
☐ Nursing Home ☐ Other Applicable
☐ 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.
MATICITY	OTTO	M

Address	Room/Apt
768 17TH STREET S	

City	County	State
HOFFMAN	GRANT	MN

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

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

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 #9 - BLS

Patient Chief Complaint

Description: PT 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
- [x] No

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

Mechanism
- [ ] Blunt
- [ ] Burn
- [ ] Other
- [ ] Penetrating

Not Applicable

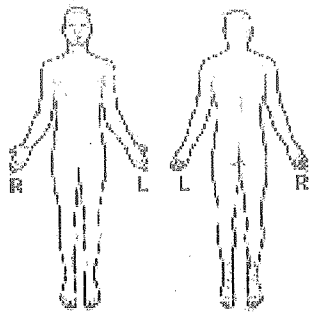
- [ ] Aircraft Crash
- [ ] Assault
- [ ] Bicycle Crash
- [ ] Bites
- [ ] Chemical Poisoning
- [ ] Child Battering
- [ ] Drug Poisoning
- [ ] Drowning
- [ ] Electrocution (Non-Lightning)
- [ ] Excessive Cold
- [ ] Excessive Heat
- [ ] Falls
- [ ] Fire and Flames
- [ ] Firearm Assault
- [ ] Firearm Injury (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
- [x] 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 1053 — 3 Score
Time 1110 — 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
- [x] None

Allergies ☐ NKA

Patient's Medications

Time	BP	Pulse	Resp	Rhythm	SpO2	Procedures	# Attempts	Success	Medication	Dose	Route	Response	Crew #
1049	0	0	0			CPR - BVM AED	1-Yes 1-Yes	☐ Yes ☐ No ☐ N/A	Oxygen	15 LPM	Inhal	☐ Improved ☐ Worse ☒ Unchanged	FIRST RESPONDER
1054	0	0	0			Oral Airway	1	☒ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	2nd Caregiver
1057						CPR Combitube	1	☒ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	FIRST RESP Prim Caregiv
1059					0	AED Assess: Shock Advised		☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	2nd Caregiver
1100						CPR		☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	FIRST RESPONDER
1104					0	AED Assess Shock Advised		☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	2nd Caregiver
1105						CPR		☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	FIRST RESPONDER
1108					0	AED Asses Shock Advised		☐ Yes ☐ No ☐ N/A				☐ Improved ☐ Worse ☒ Unchanged	Primary Caregiver
1110	0	0	0			Medical Control Contact - Hold CPR, Stop Resuscitation Attempt							Primary

TEST CASE #9 - BLS

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 : 10

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 Not Applicable

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

AV Block:
- ☐ Atrial Fibrillation/Flutter
- ☐ 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

DIABETIC, LUNG CANCER

Narrative

CALLED TO LOCAL IMPLEMENT REPAIR SHOP FOR A CARDIAC ARREST. UPON ARRIVAL MALE PT FOUND SUPINE ON FLOOR WITH CPR IN PROGRESS WITH SUPPLEMENTAL O_2 VIA BVM. LOCAL LAW ENFORCEMENT FIRST RESPONDING. AED APPLIED BY FIRST RESPONDERS. Ø SHOCK ADVISED. COWORKER STATES: "WE WERE WORKING ON THE BROKEN HAY MOWER WHEN HE C/O SHORTNESS OF BREATH AND CHEST PAIN, THEN HE COLLAPSED." A: PATENT B: APNEIC C: PULSELESS, CPR RESUMED, PULSE WITH COMPRESSIONS. ORAL AIRWAY INSERTED. VENTILATIONS VIA BVM @ 100% O_2. ABDOMINAL DISTENTION NOTED. COMBITUBE INSERTED. CHEST RISE VIA BLUE TUBE. CPR X 2 MIN. AED REASSESSED PT. Ø SHOCK ADVISED. CPR RESUMED. ~~CPR RESUMED~~ error emt, AED ASSESS = Ø SHOCK ADVISED. CPR RESUMED, AED ASSESS = Ø SHOCK ADVISED. PUPILS FIXED AND DILATED. MEDICAL CONTROL CONTACTED. MD ORDER TO DISCONTINUE CPR. AED STILL INDICATING Ø SHOCK ADVISED. CPR HALTED AT 1110. CORONER CONTACTED. LAW ENFORCEMENT LEFT IN CONTROL OF PT 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

EMD Performed

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

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 #11 - BLS

MN STAR

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

Response Times

PSAP Call	Arrive Scene	In Service
2317	2327	0016
Dispatch Notified	**Arrive Patient**	**Unit Cancelled**
2317	2330	
Unit Dispatched	**Leave Scene**	**In Quarters**
2318	2351	0036
Enroute	**Arrive Dest.**	
2321	0002	

Response Information

PCR Number	Starting Mileage
# of Patients	**MCI** ☐ Yes ☒ No
2	
At Scene Mileage	
Responding Unit	**Dest. Mileage**
Crew Number	**Ending Mileage**

Personnel

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	Room/Apt
4200 RIVER PLACE	LOBBY

City	County	State	Zip Code
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 (Scene)
☐ Interfacility Transfer
☐ Medical Transport (Scheduled)
☐ Standby
☐ Intercept
☐ Mutual Aid

To / From 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	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

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	☐	☒	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 #11 - BLS

Patient Chief Complaint

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

Onset Date / Time:

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

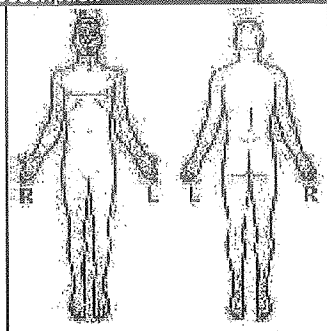
Not Applicable

- ☐ 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 - BLS.

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. ☐ 8-10 min.
☐ 2-4 min. ☐ 10-15 min.
☐ 4-6 min. ☐ 15-20 min.
☐ 6-8 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 ☐ Normal Sinus Rhythm ☐ Ventricular Tachycardia ☐ Unknown AED Non-Shockable Rhythm ☐ Other
☐ Bradycardia ☐ PEA ☐ Ventricular Fibrillation ☐ Unknown AED Shockable Rhythm

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, LIFT, 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
☒ Standing Orders
☐ On-line
☐ On Scene
☐ Written Orders (Patient Specific)

Airbag Deployment

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

Safety Equipment

☐ Child Restraint ☐ Helmet Worn ☐ None ☐ Personal Floatation Device ☐ Protective Non-Clothing Gear
☐ Eye Protection ☐ Lap Belt ☐ Other ☐ Protective 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 # 11.5 - BLS

MN STAR*

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

Response Times

PSAP Call	Arrive Scene	In Service
2317	2327	0016
Dispatch Notified	Arrive Patient	Unit Cancelled
2317	2341	
Unit Dispatched	Leave Scene	In Quarters
2318	2351	0036
Enroute	Arrive Dest.	
2321	0002	

Response Information

PCR Number	Starting Mileage
# of Patients	MCI
2	☐ Yes ☒ No
Responding Unit	Dest. Mileage
Crew Number	Ending Mileage

Personnel

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	Room/Apt
4200 RIVER PLACE	

City	County	State	Zip Code
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 (Scene)
☐ Interfacility Transfer
☐ Medical Transport (Scheduled)
☐ Standby
☐ Intercept
☐ Mutual Aid

To / From 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	First Name	M.I.
SCHWANGER	BABY BOY	

Address	Room/Apt
412 MAIN ST	317

City	County	State
MINNEAPOLIS	HENNEPIN	MN

Zip Code	Phone Number	KG	Gender
55414	( ) -	☒ 5 LB	(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

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 # 11,5 - BLS

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

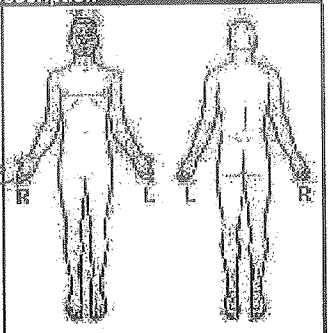
- ☐ Aircraft Crash
- ☐ Assault
- ☐ Bicycle Crash
- ☐ Bites
- ☐ Chemical Poisoning
- ☐ Child Battering
- ☐ Drug Poisoning
- ☐ Drowning
- ☐ Electrocution (Non-Lightning)
- ☐ Excessive Cold
- ☐ Excessive Heat
- ☐ Falls
- ☐ Fire and Flames
- ☐ Firearm Assault
- ☐ Firearm Injury (Accidental)
- ☐ Firearm (Self 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 — 13 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 UNKNOWN

Patient's Medications NONE

Time	BP	Pulse	Resp	Rhythm	SpO2	Procedures	# Attempts	Success	Medication	Dose	Route	Response	Crew #
2341				(Bulb)		Suction nose & mouth		☒ 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 = 7 1 + 1		☐ 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 # 115 - BLS

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. ☐ 8-10 min.
☐ 2-4 min. ☐ 10-15 min.
☐ 4-6 min. ☐ 15-20 min.
☐ 6-8 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 ☐ Normal Sinus Rhythm ☐ Ventricular Tachycardia ☐ Unknown AED Non-Shockable Rhythm ☐ Other
☐ Bradycardia ☐ PEA ☐ Ventricular Fibrillation ☐ Unknown AED Shockable Rhythm

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 CRYING. 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 Other ☐ Airbag Not Present
☐ Airbag Deployed Side ☐ Airbag Not Deployed NOT APPLICABLE

HIPAA

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

Safety Equipment

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