MILWAUKEE COUNTY
EMERGENCY
MEDICAL SERVICES SYSTEM

HANDBOOK
FOR COMPLETING THE SCANNABLE
EMS REPORT FORM

Version 3
03/01/2006

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PREFACE

In an effort to expedite the collection and computerization of pre-hospital patient medical information, Milwaukee County EMS revised the EMS Report form into a scannable format. The form follows the same basic layout that everyone in the system is comfortable with, however some additional data collection fields have been added to comply with the essential data elements required by the National Highway Traffic Safety Administration (NHTSA) and the State of Wisconsin.

In the past, only the Advanced Life Support (ALS) patient reports were hand-keyed into a comprehensive database at the Milwaukee County EMS offices. The scannable form eliminated much of the labor-intensive typing requirements of the old method and keeps data entry up-to-date. Due to the reduction in time required for data entry, the Basic Life Support (BLS) and Paramedic First Response (PFR) components of our system are now being incorporated into the database.

The database is used for multiple system operations, including continuing quality improvement activities, monitoring medication inventory and supplies, monitoring individual performance benchmarks, and tracking patient outcome information.

The scanning process is performed at the Milwaukee County EMS offices on a daily basis along with some remote site scanning from a fire station. Once the form is scanned, the data can be verified and then exported into the database. The image is also exported and stored in the database, eliminating storage of the paper copy. Each participating fire department municipality has authorized Internet access to the electronic database and to the images of their department patient-care records. They also have the ability to perform basic queries and generate various canned reports.

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INTRODUCTION

The written report form provides a permanent record of the circumstances surrounding acute illness or injury and the pre-hospital care provided. It is a legal document, which may be subpoenaed by the court as evidence and is usually included as part of the patient's hospital record. For the preceding reasons, a separate EMS report must be completed for each patient assessed, even if more than one patient is examined or treated on the same call. The patient report should be completed during the run or immediately following the patient contact while the information is still easily recalled. The forms do not need to be used in sequential Case No. order.

1.1 BLS/ALS Shared EMS Report

EMS in Milwaukee County operates on a tiered response system. Both BLS and ALS fire department personnel in Milwaukee County complete the same EMS Report form. Each fire department municipality will have their own department name on the top of the form. Sharing the form consolidates the pre-hospital care patient records and expedites form completion by eliminating duplication of documentation.

The first arriving fire department EMS Unit who assesses the patient initiates the EMS Report form. If the run is an ALS call, typically the BLS Unit will arrive first, document any patient assessment and treatment. When the ALS Unit arrives, the BLS Unit will give the intact four-part form to the ALS Unit for documentation of their assessment and treatment. The *transporting fire department Unit* maintains possession of the intact four-part form. See appendices for algorithms.

NOTE: Some fire departments have chosen not to share the form across their city borders at this time. In this case, each fire department municipality would start and complete their own EMS Report form on the same patient. The transporting unit should receive the Hospital copy from any other unit who assessed the patient.

1.2 Content

The information documented on the form flows in the following order: dispatch information, demographics, present history, initial physical exam, past medical history, treatment, narrative description and miscellaneous information containing the consent and patient signature.

Filling in boxes and coloring in the appropriate circles can quickly complete much of the report form. A few sections will require short entries and a brief narrative at the end. All care provided and appropriate information must be documented.

1.3 Legal Issues

The EMS Report is both a legal and medical document. Medical information on the record is confidential and should not be released without proper (legal) authorization.

The EMS Provider owns the record, but the patient owns the information documented on the record. Persons requesting a copy of or information from the record should be referred to their fire department administration or to Milwaukee County EMS.

1.4 Amended Reports

If additional information needs to be added to the completed and distributed patient run report, an amended report should be filed. Use the Overflow/Transfer of Care form for this purpose. Write in the following information:

- Case No. from the original EMS Report form
- Date
- Fill in Overflow circle
- Incident Number
- Unit Type
- Unit Letter
- Unit Number
- Patient Name

Then use the narrative to explain what information was left out of the original report. The report writer should then sign the report and distribute the copies as labeled. The hospital only needs to be notified if there was a medication error.

1.5 Copy Distribution

When completed, there are four copies of the report form to distribute. **The last (fourth) copy is left with the patient at the hospital**. The second and third copies are forwarded to the appropriate fire department administration, one will be filed, and the other will be used for fire department BLS billing, if applicable. The top copy (original) is sent to Milwaukee County EMS where it will be scanned and linked with the base station physician's medical command form, if any. The top copy also serves as the ALS billing copy. After scanning, all ALS record images are sent to the contracted billing company.

All copies sent to Milwaukee County EMS shall be separated into piles by the type of call, BLS, PFR or ALS calls.

GENERAL INSTRUCTIONS

2.1 About the Form

The EMS Report form is a four part no carbon required (NCR), multi-page paper document containing:

Boxes ☐ to be written in with numbers and/or alphabetic characters.
Circles ○ to be colored in.
Lines ____ that can be written on.

The three-page EMS Report form will be folded in a book format (side to side), print-side out and packaged accordion style in a carton. All pages are connected, so each 3-page form must be separated via the perforation into an individual form. A handling stub will be attached via perforation along the top and bottom of all three pages.

Each page has 4 triangular shapes called corner stones located in each extreme corner. They assist in keeping the document centered during the scanning process and must have at least 3 intact in order to scan properly.

A bar code is located in the bottom right corner of each page, which identifies the page of a specific form. A form revision date appears below the bar code on each page.

2.2 Handling and Completion Tips

- Press firmly.
- Use a blue or black ballpoint pen only.
- Write on a hard surface while completing the report. Use a clipboard in the field.
- Do not write on the report in the folded over position without having a barrier between the pages. Your documentation will bleed onto the other pages and the report will be illegible. Use a piece of heavy card stock or cardboard for a barrier.
- Numbered areas in **bold** letters are to be completed by the **ALS unit only.**
- For optimum accuracy, it is recommended that the characters be written block style in upper case without exception, similar to the ones shown below. Do not allow the characters to touch the sides of the boxes, as this will impair the ability of the scanner to recognize the character. *This rule does not apply to the narrative area.*

Letters

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Numbers

1	2	3	4	5	6	7	8	9	0

Circles - Completely fill in all circles. Do not cross-out, checkmark, circle a circle or partially fill circles.

- Complete all boxes on the report. Use the "N/A" circles to identify if a box does not apply. The assessment area has "U" circles that should be colored in if a type of assessment was unable to be performed. **<u>Do not</u> place a line through the boxes that do not apply or write "N/A", this will cause erroneous data recognition by the scanner.**
- If a written error occurs while completing the report, line out the mistake and place your initials next to the error and write in the corrected information. This can also be done if an incorrect circle has been colored in. If several errors occur or if the form becomes damaged, discard the form and fill out a new one.
- Do not place any extraneous marks in the following areas:
    1. Case No. box at the top of each page
    2. The four triangular corner stones
    3. The lined barcodes in the lower right corners
- <u>Do not fold, staple, tear or crumple</u> the form. If any damage occurs, you must fill out a new form and destroy the old form. EKGs must be mounted on EKG mounting paper instead of stapling it to the back of the report form.
- Each three-page report form is connected via perforation along its vertical sides. <u>Do not</u> separate the three pages, leave intact.
- To separate the report into its individual copies, leave the top stub in place, remove the bottom stub and then remove the appropriate copy(ies) for distribution by tearing along the top perforation of all three pages.

INSTRUCTIONS FOR COMPLETING PAGE ONE

3.1 REPONSE INFORMATION

1. Department Name – The fire department municipality name, along with the form number, will be preprinted in the top left corner.
2. Case No. – Preprinted number unique for each form in the Milwaukee County system. Forms do not have to be used in numerical order.
3. Date – Enter date of initiation of response, include preceding zeros. (MM/DD/YY)
4. Amb. Provider No. – Preprinted number unique for each fire department in the state of Wisconsin.
5. Dispatch Level – Select ALS or BLS for the initial level of dispatch for the call assigned by the dispatch center.
6. **Special Call** – **ALS field only**. Fill in "yes" circle if ALS unit was not dispatched with the first response unit, otherwise fill in "no" circle.
7. Incident Number – Write in fire department call number of response (alarm number) in the appropriate box, BLS/PFR and/or ALS. *Do not precede number with year designation.* If two different departments are involved, write both alarm numbers.
8. Emergency Location – List the complete address of the location indicating house number, direction (N, S, E, or W), street name, and street suffix (AV, ST, PL, etc.). Be sure to identify Apt.# at the end, if applicable. For example: 6546 W Appleton AV. Intersections should also be listed as an address, ex: 7600 W Mill RD I/O. Freeway locations should identify closest cross street name (I94 WB near 84th street). Do not use light pole numbers without an address. Additional abbreviations can be used after the address: R/O-rear of, F/O-front of, A/S-along side, I/O-intersection of.
9. City – Use designated 1 or 2 letter abbreviations for the city of emergency location. See Appendix A. Each clipboard will have a copy.
10. Zip Code – Write in zip code of emergency location.
11. County – Write in first letter of county of emergency location. May leave blank for all calls inside Milwaukee County, database will default to 'M'. See Appendix A.
12. Type of Location – Identify the type of location the incident took place and fill in only one bubble:
    - Airport
    - Clinic/Medical facility - Includes Doctor's office, urgent care clinics and short-term delivery of care medical facilities.
    - Educational Institution - Includes state, public, and private school. *Excludes* playground, gymnasium, and other recreational locations within educational institutions, which should be coded as place for recreation/sport.
    - Farm - Includes farm buildings and land under cultivation. *Excludes* farmhouse and home premises of farm.
    - Home/Residence - Includes home garage, private garden, yard, or private swimming pool.
    - Hospital
    - Industrial premises - Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard,

loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse, and workhouse.

- Nursing home/Skilled nursing facility
- Public Building - Includes any building used by the general public, including bank, casino, church, cinema, clubhouse, courthouse, dance hall, parking garage, hotel, market, movie theater, music hall, office building, opera house, post office, public hall, broadcasting station, commercial shop, bus or railway station, store, or theater.
- Public Outdoors - Includes beaches, desert, dock, forest, hill, mountain, parking lot, parking place, prairie, railway line, lake shore, trailer court, and woods. *Excludes* resorts.
- Recreational/Sport - Includes amusement park, baseball field, basketball court, beach resort, football field, golf course, gymnasium, hockey field, holiday camps, lake resort, playgrounds including school playground, public parks, race courses, resorts of all types, riding school, rifle range, skating rink, ski resorts, sports ground, sports palace, stadium, public swimming pool, tennis court, vacation resort.
- Residential Institution - Children's home, dormitory, jail, home for elderly, orphanage, prison, reform school.
- Restaurant/Bar - Includes nightclub.
- Street/HWY - Includes incidents involving roadway experiences.
- Waterway - Includes canal, lake, pond or natural pool, reservoir, river, stream and swamp.
- Other - Includes any location not included in the above classifications.

13. Work Related Injury – If an *injury* occurred in the line of duty, fill in the "yes" bubble, otherwise fill in "no" bubble.
14. Unit Type, BLS, PFR or ALS – Fill in bubble to identify responding unit(s) as a BLS, PFR or ALS.
15. Unit Letter, BLS or PFR – Write code letter of BLS or PFR vehicle type, ie. E=engine, R=rescue squad, L=ladder, or A=private ambulance if they document on this form.
16. Unit Number, BLS or PFR – Write full code number of vehicle, for example: 2, 28, 802, 1881.
17. BLS/PFR Times – Please use military time-2400 hour clock:
    - Entry Time - Time of first connection with EMS dispatch.
    - Dispatch Time - Time the BLS/PFR unit was dispatched.
    - Time Unit Responding - Time the response unit begins physical motion.
    - At Scene - Time unit arrived on scene, 10-23 time.
    - At Patient - Estimated time patient contact was made.
    - Depart Scene - Time unit left the scene.
    - At Hospital - Time unit arrived at the hospital when transporting a patient. (Leave blank for non-transporting units.)
    - In Service - Time unit went back into service, 10-8 time.
    - In Quarters - Time unit is back in the originating station
18. Called Off – Fill in circle if response unit is cancelled before patient contact or if unit

is used for manpower only.

19. **Unit Letter, ALS** – Write "M" for ALS vehicle type. On rare occasions when a PFR unit is the second responding unit after a BLS unit assessment, and performs an ALS assessment, the PFR unit may document in the ALS sections of the form. The PFR unit should write the letter E or R in this box.
20. **Unit Number, ALS** – Write number of MED unit.
21. **ALS Times** – Please use military time-2400 hour clock:
    - Entry Time – Time of first connection with EMS dispatch. BLS/PFR and ALS entry time will always be the same.
    - Dispatch Time – Time the ALS unit was dispatched. If the ALS unit was special called, this time will be much later than the BLS/PFR unit's.

    Complete remaining times for the ALS unit as described in step 17. Do not use the ALS Unit and time slots for another responding BLS unit. Only the first arriving BLS unit should document their times on this report. A second arriving BLS unit who transports should use the Transfer of Care form for their documentation. See page 26.
22. First EMS Unit Arriving – Identify the first responding EMS unit that arrives on the scene. The unit may be from another department or a private ambulance. Use the vehicle code letter and number as described in steps 15 and 16, ie. E24, R802.
23. Other Units Responding – Fill in the circles of the appropriate units that responded to the scene *excluding the units that were documented in steps 15 and 19*. Write in vehicle number in space provided. If more than one of the same vehicle type responds such as two engines, list the additional one in the 'Other' space.

3.2 DEMOGRAPHICS

24. Patient Name – Enter last name, then the full first name, ie. James instead of Jim. Write middle initial in 'M.I.' box, leave blank if none or unknown. ALWAYS PRINT. Try to obtain the correct spelling. If patient name is unknown, write "unknown" in boxes.
25. Gender – Fill in circle for Male or Female.
26. Weight – Enter patient's weight in pounds. Estimate if unknown.
27. Age and Date of Birth – Write the patient's age in years and birth-date (MM/DD/YYYY). If the patient is less than 2 years old, *write age in months followed by the letter 'M'*. The correct birth date is preferred to the age. If the two don't coincide, it's impossible to tell which is correct. The age will be calculated from the birth date in the database. If both the age and birth date are unknown, estimate the patient's age, don't leave the age blank.
28. Home Address – If home address is the same as emergency location, fill in the circle labeled 'Same as above'. If address is different, write complete address up to number of blocks provided.
    - City – Write in city up to number of blocks provided.
    - State – Write in two-letter state abbreviation.
    - Zip Code – Enter zip code of home address.
29. Primary Insurance Company – If patient has a primary insurance, fill in circle. Then fill in the circle identifying the type of insurance (T19=Medicaid, BCBS=Blue Cross

Blue Shield, UHC=United Health Care). If not listed, write name in boxes below. **Note:** *If a patient has Medicare for their primary insurance, be sure to ask if they have supplemental insurance, most patients have it.* Their Medicare (T18) card won't identify if they have supplemental insurance, however, Medicaid (T19) cards will list other insurance coverage.

30. Policy# - Write in patient's insurance identification number. If it is the same as the patient's own social security number, then fill in the circle next to 'Same as SS#' instead.
31. Group - If patient's insurance is employment based, they will have a group name or number, write this in group section.
32. Secondary Insurance Company – If patient has secondary insurance, fill in circle. Then fill in the circle for type of secondary insurance or write in name if not listed. Complete Policy# and Group name if applicable.
33. FIN Sheet – Obtain copy of hospital admission financial sheet for all transported patients and file with the EMS Report form. The FIN sheet will be forwarded to the appropriate billing agency. Indicate yes or no if FIN sheet was obtained.
34. Phone – Enter patient's home address phone number including area code.
35. Race – Fill in circle identifying patient's race. Ask patient or family whenever possible, otherwise make own determination.
36. Social Security Number – Write in patient's social security number. This number is very important for the billing reimbursement process.

3.3 PRESENT HISTORY

In the next two sections, double columns are provided for separate documentation by the BLS/PFR and ALS units. The BLS/PFR units should document in the shaded columns labeled 'BLS/PFR' and the ALS units should use the columns labeled 'ALS'.

37. Dispatch Code – (Pending implementation) All Milwaukee County EMS dispatches will be assigned a dispatch code by the designated dispatch center and will be communicated to the responding vehicle. Enter this code on the EMS Report.
38. BLS/PFR Chief Complaint – Main reason for the call. Make it brief, in the patient's own words if possible. (Do not include unrelated statements.)
    ALS Chief Complaint – ALS unit to document patient's main complaint upon their arrival.
39. Working Assessment – A code letter with a code number precedes the assessment descriptions. Fill in the circles of all patient complaints that apply to this call. For example, a cardiac patient complaining of chest pain, trouble breathing and has diaphoresis, should have the circles next to A1, B6 and K2 filled in. The circles completed by the PFR/BLS unit may be different than the ALS unit due to changes in the patient condition. (Do not document patient's past medical history in this area).
40. Primary Working Assessment – Both the BLS/PFR and ALS units should select one working assessment code that best describes the patient's primary problem. This code should be the provider's clinical impression, which lead to the management of the patient. For the ALS team, this code should be based on the Standard of Care Protocol followed in treatment of the patient. For example, if the patient is

complaining of respiratory distress and is treated for CHF, use code A4-CHF instead of B6-Respiratory Distress. Also, patients treated for cocaine chest pain should have C2-Substance Abuse for their primary working assessment.

41. C.C. Onset – Patient's estimation of length of time he/she had the chief complaint. Write number of minutes, hours or days. If onset time is unknown fill in circle for unknown onset and leave above area blank.
42. Cardiac Arrest Data – Complete this area if patient was pulseless and non-breathing at any time during the run. If not, fill in 'N/A' circle.
    - Time of Cardiac Arrest – Document clock time patient arrested. Leave blank if unknown.
    - Witnessed – Fill in circle for no or yes. If yes, follow arrow to document who witnessed the arrest. *Fill in only one circle, if more than one provider witnessed the arrest, use the provider with the highest level of medical training.*
    - Time CPR Started – Document clock time CPR was started.
    - By – Fill in circle who *started* CPR.
43. Prior Treatment – Indicate what was done by whom *prior to ALS unit arrival* by filling in circles in the appropriate columns. This includes any treatment prior to BLS arrival and any treatment by BLS personnel if ALS later arrives on the scene. Any prior treatment by a PFR should be listed under Paramedic. If no prior treatment was provided, fill in 'N/A' circle.

3.4 INITIAL PHYSICAL EXAM

44. Mental Status – Using the AVPU scale, fill in circle of patient's highest level of response upon arrival.
45. Behavior – Indicate patient's behavior, more than one may apply.

For the following boxes numbered 40 through 46, if any assessment was unable to be performed, fill in the circle with the 'u' for each applicable box. ***Do not slash the box!***

46. Breath Sounds – Fill in circle 'Y' if breath sounds were assisted. "Assisted" breath sounds refer to bag-mask or mouth-to-mouth only, not oxygen administration or airway maintenance. In addition to "assisted," fill in all circles that apply of the lower six breath sounds for left and right lung, which are identified with 'Lt.' or 'Rt.'
47. Respiratory Effort – Select one circle that best describes patient's respiratory effort.
48. Pupils - Information should be recorded in the following categories upon arrival:
    - PERL – Fill in circle if both pupils are normal, which means pupils are equal and reactive to light and pupil size is mid-range. If not normal, circle reactivity and size below:
    - Reactive – Select Yes, No or Blind for each eye.
    - Size – Select Mid (mid-range), Dil (dilated), or Pin (pinpoint) for each eye.
49. Skin Temp. – Fill in one circle for initial skin temperature.
50. Skin Color – Fill in one circle for initial skin color.
51. Skin Moisture – Fill in one circle for initial skin moisture.
52. Capillary Refill – Select circle for <2 seconds (normal) or >2 seconds (increased).
53. B. Glucose – Enter patient's first and second blood glucose scores and the clock

times they were taken. If this field does not apply, fill in 'N/A' circle.

54. Pain Quality – Fill in bubble to identify quality of pain. May complete more than one if radiate is selected.
55. Pain Severity – Rate patient's *initial* pain severity using a scale between 1 and 10. Rate patient's *final* pain severity using a scale between 0 and 10. If patient never had any pain, fill in the 'N/A' circle.
56. Physical Examination - Fill in applicable grid circles when patient has an abnormal physical exam. Identify the injury location along the left column and then the mechanism type across the top row. The extremities have additional circles to identify upper (U), lower (L), or joint (J). The first column should be used to document *nontraumatic* pain. The last column has space to write in a mechanism or condition not listed. Use the human figure to mark where patient sustained traumatic injuries or has pain. (The physical exam grid circles must also be completed when using the figure.) If patient exam is normal, fill in 'N/A' circle. Do not slash box!
57. Glasgow Coma Scale - Must be completed for all trauma patients. This field may also be used for nontraumatic patients with altered level of consciousness. For each component (eyes, verbal, and motor), fill in the circle of the highest observed patient level. **ALS units**- Report the sum of the three numbers to Paramedic Communications Base when transporting a trauma patient to Froedtert Memorial Lutheran Hospital. If this field does not apply, fill in 'N/A' circle.

3.5 PAST MEDICAL HISTORY

58. If the patient has any past history of allergies, cardiac, surgery, or chronic problems, indicate what they are by filling in appropriate circles:
    - Allergies – Select none, unknown or fill in 'Yes' circle for any allergies to medications and list them below. Also indicate if patient has a latex allergy.
    - Cardiac – Select none, unknown or listed conditions. Write in any conditions not listed.
    - Surgery - Select none, unknown or listed areas of surgery. List any type not documented above.
    - Chronic Problems - Select none, unknown or listed conditions. Write in any conditions not listed.
59. Personal Physician - Write name of patient's personal physician if known.
60. Current Medications - Select yes, no or unknown for current medications and list the names. Please be careful with spelling. Refer to the EMS Pocketbook of medications. If patient has a preprinted list, write "see attached list" on report, make a copy at the hospital, leave one with the patient and file the other with the Milwaukee County EMS copy of the EMS Report form.

INSTRUCTIONS FOR COMPLETING PAGE TWO

4.1 TREATMENT

61. Case No. - Preprinted number identical to Case No. printed on page one.

62. Overflow/Transfer of Care – If an Overflow or Transfer of Care form is used with a run, choose the circle identifying which type of form was used, otherwise leave blank.
63. Routine Equipment/Procedure - Choose the appropriate circles for basic techniques performed by any responder on the scene. Document number of liters per minute of oxygen administered and whether nasal cannula or mask was used.
64. Rx Authorization – Fill in circle of type of authorized treatment used. More than one may be used if an on scene physician is present.
    - On-Line Physician - Any radio contact made with a Base Station Physician.
    - On Scene Physician - Medical orders received from physician present at emergency location. Enter physician's name in narrative section. *A physician ordering medications at the scene MUST sign the run report.*
    - Protocol Only - Any treatment provided without physician contact. Include Patients without treatment in this category.
65. Base Doctor No. – **BLS**- if a physician is called, write in physician name in BLS labeled area. **PFR-** write Base Physician number in BLS area. **ALS**- enter assigned number of Base Physician giving advice or orders. First digit on left identifies physician type: 0 = Staff; 2 = E.D. EM 2 Residents; 3 = E.D. EM 3 Residents.
66. Transported To – Write name of hospital or destination regardless of who transports the patient. If the patient refused transport by an EMS unit, write "refused." **Assign a code number to the written destination**. See code sheet, Appendix A. *Wait to complete this area along with 67 and 68, until ready to transport as these entries often change at the last minute!*
67. Transport Mode – For fire department vehicle transports, choose the bubble corresponding to the level of patient care conveyance. For example, a flexible ALS/BLS unit may transport either a BLS or ALS patient; if this unit transports a BLS patient, select FD BLS. This field identifies whether the BLS or ALS billing agency will be used. Note: Full time dedicated ALS units should only transport ALS patients and must select the FD ALS bubble. Always select Private Ambulance for any private ambulance transport. 'Other' is used for funeral home or medical examiner. If the patient refused transport, fill in 'N/A' circle.
68. Choice - Transport unit should choose the circle identifying the reason why the receiving hospital was selected. Keep the transport policy in mind—transport should be to the closest, most appropriate hospital. If the patient was not transported, fill in 'N/A' circle.

4.2 ADVANCED EQUIPMENT AND PROCEDURES

69. **Fluid** – **ALS field only**. Fill in the clock time IV was started, gauge used, site, and fill in circle to identify whether IV or IO used. If IV or IO were unsuccessful, also fill in appropriate circle in 'UNSUC' column (could be both) . Document rate of fluids, TKO or WO, and total volume given in ccs. If a capped IV was used, write "cap" in the rate box and leave total volume blank. The line below provides an area for documentation of a second IV. Additional IV lines should be documented on an Overflow form. See page 25.
70. **Performed By** – This area represents the benchmark credits for individual advanced

procedure experience. Fill in one letter and one number corresponding to the person who started the IV. Look to the personnel section where the person's name is listed and use the alphanumeric code preceding their name, ie. A1, A3, B2.

71. Airway Tube – Fill in the clock time an airway tube was inserted. Complete the circle identifying the airway type. If an ET tube was inserted document the size in the size box (leave blank if a Combitube was used). If a Combitube or ET tube were unsuccessful, also fill in the appropriate circle in 'UNSUC' column (could be both).
72. Performed By – This area represents the benchmark credits for individual advanced procedure experience. Fill in one letter and one number corresponding to the person who inserted the tube. Look to the personnel section where the person's name is listed and use the alphanumeric code preceding their name, ie. A1, A3, B2.

4.3 FLOWCHART (*BLS/PFR AND ALS UNITS*)

The flowchart captures the sequence of events in the assessment and treatment of the patient.

73. Time - Document the military clock times of any procedures or vital signs in chronological order.
74. Drug/Procedure - Document any advanced procedures such as defibrillation, medication administration, pericardiocentesis, valsalva, or precordial thump.
75. Dose/Joules - List dosage of any medication administered followed by volume type ie. mg, cc, mEq, gtt, or gm. Number of watt seconds or joules for defibrillations or cardioversions should also be documented here.
76. Route - Indicate route of medication administration, ie. IV, IO, ET, Oral, Subl, SubQ.
77. Performed By – This area represents the benchmark credits for individual advanced procedure experience. Fill in one letter and one number corresponding to the person who performed the procedure listed in column number 74, Drug/Procedure. Look to the personnel section where the person's name is listed and use the alphanumeric code preceding their name, ie. A1, A3, B2.
78. EKG Rhythm – Anytime an EKG is monitored, write in the EKG interpretation. Remember to document any changes and the time they occur.
79. Ectopics/blocks - Identify any ectopic beats, heart blocks or any ischemic problems such as ST elevation, ST depression or T wave inversion.
80. Mental Status – Using the AVPU scale, fill in the circle identifying the patient's mental status and any subsequent changes. The line following the "A" may be used for documenting level of alertness, 1, 2, 3 or 4. *Do not document A x 0 for unconscious patients, use U.*
81. Blood Pressure, Systolic – Write in patient's systolic blood pressure.
82. Blood Pressure, Diastolic – Write in patient's diastolic blood pressure. If palpated, write the letter "P" in the last box.
83. Pulse – Write in patient's pulse.
84. Reg. or Irreg. – Determine pulse quality, choose the circle with "R" for regular or "I" for irregular.
85. Resp. – Document patient's respiratory rate.
86. Pulse Ox – Write in the patient's percent value of O2 saturation.

87. **End Tidal CO2** - Write in the numeric value of the patient's End Tidal CO2.
88. Response – Choose correct circle to document if patient's condition improved, worsened or remained the same in response to any procedures or medications administered. Use space to elaborate, ie. chest pain decreased, breath sounds cleared, EKG rhythm change.

BLS UNITS

Remember to document patient vital signs in chronological time order in the appropriate columns. If a patient is defibrillated, document the time patient was shocked, write "defib" in the drug/procedure column and number of watt seconds used in the "DOSE/JOULES" column. If a pulse was re-established, document vital signs.

ALS UNITS

Document your assessment of patient's initial vital signs and initial EKG rhythm in this area following BLS/PFR documentation, if any. Medications, advanced procedures and defibrillations should be listed in chronological time order. All subsequent rhythm changes and updated vital signs should also be listed in this section. For medications, document the time of administration, name of medication (may abbreviate drugs), dosage, route of administration, and resultant EKG rhythm in the appropriate boxes. Any type of response or change observed in the patient should be indicated in the "response" column. Any changes in the patient's mental status or vital signs should be documented in the corresponding columns. **Always write out Plan A.** If more writing space is required, continue on form #1008, Overflow form. See page 25 of instructions.

NOTE:

- The EKG rhythm must be documented after each medication given or defibrillation performed, especially if the rhythm changes. The final blood pressure and pulse for PNBs are important, please record them.
  Mount all rhythm strips, including 12-Leads, on EKG mounting paper, which can be ordered with supplies or obtained from Milwaukee County EMS. Do not staple them to the report. Do not paper clip rolled up strips to the run report. Remember to label the EKG strip with the patient's name, date, report case #, and ALS unit #. Submit the mounted EKG strips with the Milwaukee County EMS copy.
- Anytime radio contact is made with the Communications Base, be sure to give the report Case Number to the Communicator.
- **If a call requires a Base Physician, call the Base back with the patient's name.** This is important for obtaining patient follow-up information from the hospital.

4.4 PERSONNEL

89. **ALS Vehicle Personnel** – Write first initial and full last names of personnel present at the scene staffing the ALS vehicle. The Paramedic writing the report should be on line 1. List non-paramedics (EMTs) riding with the ALS unit on the lines under the

paramedics. Non-fire department personnel such as a physician who rides along or a paramedic instructor should be listed on line 5.

90. **Skill Level** – Fill in one circle following each listed personnel identifying that person's licensed skill level.
91. **Pension/Employee #** - Write in department pension, employee or prober number for all department members riding on the ALS unit. (Not applicable to all fire departments.)
92. **Code #** - Assign individual code numbers for each *paramedic.* Refer to code sheet. Pending implementation, all licensed personnel (BLS and ALS) will document their Individual license numbers here.
93. **HX and Phys. Exam** - Indicate who took the patient history and who performed the physical exam by filling in the circles on the appropriate lines. For example, if the person whose name appears on line A3 did the physical exam, choose the circle on line A3 under "PHYS EXAM". (More than one person may complete the physical exam.) Be sure to fill in the HX bubble for the report writer.
94. BLS/PFR Vehicle Personnel- Write first initial and full last names of all personnel on the BLS/PFR vehicle. The person writing the report should be listed on line 1.
95. Skill Level – Fill in one circle following each listed personnel identifying that person's licensed skill level. (A PFR would have the ALS circle filled in.)
96. Pension/Employee # - Write in department pension, employee or prober number for all department members riding on the BLS/PFR vehicle. (Not applicable to all fire departments.)
97. **Code #** - Assign individual code numbers for each *paramedic* assigned to the BLS/PFR vehicle. Refer to code sheet. Pending implementation, all licensed personnel (BLS and ALS) will document their individual license numbers here.
98. HX and Phys. Exam - Indicate who took the patient history and who performed the physical exam by filling in the circles on the appropriate lines. For example, if the person whose name appears on line B2 did the physical exam, choose the circle on line B2 under "PHYS EXAM". (More than one person may complete the physical exam, usually the report writer completes the patient history.)

4.5 MOTOR VEHICLE CRASH

99. Motor Vehicle Crash diagram – Fill in oval to identify patient location in the vehicle. Also place an "X" or color in the small rectangle outside of the vehicle to identify location of impact to vehicle. This diagram should be used for all motorized vehicle crashes. If this field is not applicable, fill in the "N/A" circle, which also represents boxes labeled 100 through 106.
100. Crash Type – Fill in one circle of vehicle type involved in the crash. (Select patient's vehicle type only.)
101. # of Vehicles - Indicate the number of vehicles involved in the crash, 1 or 2 or more.
102. Crash Report Number – Write in the MV4000# preprinted on the police report, if available.
103. Exterior Damage – Select one circle that best describes damage to vehicle exterior.
104. Interior Damage – Select all circles that describe damage to vehicle interior.

105. Other Crash Info – Fill in all circles that apply.
106. Restraints – Indicate restraints used by patient that were *observed* by EMS personnel and those that were *reported* by the patient or another person on scene.
107. Patient Safety Equipment – Fill in all circles identifying safety equipment in use by the patient at time of an injury. (Does not need to be related to a motor vehicle crash.) If this field is not applicable, fill in "N/A" circle.

4.6 NARRATIVE

108. Complaint Reported By Dispatch – Document the patient's complaint as reported by dispatch.
109. BLS/PFR History/Results of Rx - *The narrative is very important*, it should give the reader a brief, but complete picture of the incident. First document the history of the present illness with a brief statement of circumstances surrounding the illness or injury. Be sure to document the mechanism of any injuries. Summarize your assessment and treatment. Then include a statement of the patient's response to the treatment and any unusual circumstances you wish to note. If an ALS unit is not on this run and more writing space is needed, the ALS narrative area may be used (#110). See sample guidelines for narrative documentation below.
110. **ALS History/Results of Rx** - *The narrative is very important*, it should give the reader a brief, but complete picture of the incident. First document the history of the present illness with a brief statement of circumstances surrounding the illness or injury. Be sure to include the mechanism of injury. Describe signs and symptoms, your assessment and any treatment not already mentioned. Include a statement of the patient's response to the treatment and any unusual circumstances you wish to note. If the ALS unit does not transport the patient, document why. (This is for your own protection.) If additional space is needed for comments, use the Overflow form.

SAMPLE GUIDELINES FOR NARRATIVE DOCUMENTATION:

1. Found (age & sex of pt.) in (position) c/o (complaining of)
2. Since (duration).
3. States c/c (chief complaint) began (time).
4. List interventions by pt./family & results.
5. Describe S/S and assessments not mentioned previously in report.
6. Describe treatments not mentioned previously in report.
7. List responses to treatments if not mentioned in "response" column of report.
8. Document any re-assessments done beside initial assessment.
9. List any problems, which may have occurred as a result of your intervention.
10. Pt. transported in (position).
11. List status of patient during transport.
12. Document status of pt. upon admission to ED. Include comments on any "significant findings" which pt. was treated for, ie. "Upon admission to ED, patient ____."
13. If patient is turned down to a BLS transport unit, document pt. status at time of transfer and specify name and number of BLS unit.

INSTRUCTIONS FOR COMPLETING PAGE THREE

5.1 INJURY MECHANISM

111. Case No. - Preprinted number identical to Case No. printed on pages one and two.
112. Cause of Injury – To be used for injuries only. If not applicable, fill in "N/A" circle, which also applies to box numbers 113 and 114. Select one circle that best describes the primary cause of injury to the patient. See descriptions below:
    - Air Pressure Mishap – refers to pressurized blood gas problems resulting from scuba diving.
    - Aircraft Related
    - Athletic Event – sport injury.
    - Bicycle Crash (excl.MVC) – Includes any pedal cycle accident. Pedal cycle is defined to include any road transport vehicle operated solely by pedals, such as bicycles and tricycles. *Does not include any bicycle injury involving a motor vehicle.*
    - Bicycle vs Motor Vehicle – Includes any bicycle injury involving a motor vehicle.
    - Bite (non-venomous animal only) – Includes animal bites and non-venomous snakes and lizards.
    - Burns-Fire/Flames- Includes burning by fire, asphyxia or poisoning from conflagration, or secondary fires resulting from explosions. *Excludes* injuries related to machinery in operation, and vehicle accident.
    - Burns-Hot Liquids –
    - Burns-Hot Objects –
    - Chemical Exposure – Includes accidental poisoning by solid or liquid substances, gases, and vapors, which are not included under accidental drug poisoning.
    - Child Battering (suspected) – Includes all forms of child battering and non-accidental injury to children. This code should be entered in all instances in which there is sufficient suspicion by the EMS responder that the responder would be required by law to report the case to authorities as a suspected case of child abuse.
    - Crushed between Objects –
    - Diving Injury (strike bottom) – any injuries resulting from striking the bottom of a pool of water.
    - Drowning – Any accidental drowning not related to watercraft use. Includes swimming accidents, bathtubs, etc.
    - Electrocution (non-lightning) – Includes accidents related to electric current from exposed wire, faulty appliance, high voltage cable, live rail or open electric socket.
    - Excessive Cold – Includes cold injury due to weather exposure, or cold produced by man, such as in a freezer.

- Excessive Heat – Includes thermal injuries related to weather or heat produced by man, such as in a boiler room or factory. *Excludes* heat injury from conflagration.
- Explosion – Flash burns and other injuries resulting from explosion of explosive material or ignition of high explosive material with explosion.
- Fall – Excludes falls, which occur in the context of other external causes of injury, such as fires, falling off boats, falling down stairs, falling from height, or falling in accidents involving machinery.
- Fall Down Stairs –
- Fall from Height >9 feet –
- Firearm – injury resulting from a high velocity weapon.
- Legal Intervention Injury – Includes injuries inflicted by the police or other law-enforcing agents, including military on duty, in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, and other legal action.
- Lightning – excludes injury from fall of tree or other object caused by lightning or fire caused by lightning.
- Machine Injury – Includes all machinery accidents except when machinery is not in operation. *Excludes* electrocution.
- Motor Vehicle (Non-Traffic, off road) – This includes any motor vehicle accident occurring entirely off public roadways or highways. For example, an accident involving an all-terrain vehicle (ATV) in an off-road location.
- Motor Vehicle (Traffic) –
- Overexertion/Strenuous Activity – involves muscle strains from excessive physical exercise, overexertion from lifting, pulling or pushing, or strenuous movements in activities.
- Pedestrian vs Motor Vehicle – Motor vehicle accidents in which the patient was a pedestrian struck by a motor vehicle of any type. Includes individuals on skates, in baby carriages, in wheelchairs, on skateboards, skiers, etc.
- Physical Assault – Injuries inflicted by another person with intent to injure or kill, by slapping, punching, kicking, pushing, striking with an object or biting. *Excludes* legal intervention.
- Poison, Drug Ingestion, Alcohol – Includes poisoning by drugs, medicinal substances or biological products.
- Poison, Not Drugs – Ingestion of poison other than drugs.
- Radiation Exposure – *Excludes* complications of radiation therapy.
- Sexual Assault – Includes rape.
- Smoke Inhalation – Includes smoke and fume inhalation from conflagration.
- Stabbing – Includes cuts, punctures, or stabs of any part of the body.
- Striking Against Struck by Object – Includes accidentally bumping into or against, colliding with, kicking against, stepping on, or struck by an object. Sledding accidents would be included in this category.
- Suffocation-Mechanical, Hanging – Includes suffocation in bed or cradle, closed space suffocation, plastic bag, asphyxia, accidental hanging, etc.

- Venomous Stings & Bites (plant/animal/insect) – Includes bites and stings from venomous snakes, lizards, spiders, scorpions, insects, marine life or plants.
- Water Transport Incident – Includes all accidents related to watercraft. *Excludes* drowning and submersion accidents unless they are related to watercraft use.
- Unknown Cause – This circle should be used when the cause of injury cannot be accurately reconstructed from the scene. This should be a rare entry.
- Other – Use this selection when no other category applies.

113. Intent of Injury – Determine the intent of the injury, an accident would be categorized as unintentional.
114. Source of Injury – Determine who inflicted the injury.

5.2 RESPONSE INFORMATION CONTINUED

115. Response Type – Select one, see descriptions below:
    - Response to Scene – Refers to direct response to scene of incident. The majority of Milwaukee County EMS responses will be in this category. Includes Still Alarms.
    - Intercept – Refers to situation in which a second EMS unit receives transfer of patient from the first EMS unit before arrival at a medical facility. Should be used when two units meet to complete the initial scene response or during an unscheduled interfacility transfer.
    - Mutual Aid – Response requested by another ambulance service and/or another service area.
    - Scheduled Interfacility Transfer – Refers to transfers of patients from one facility to another facility. However, this code is chosen *only when the transfer is scheduled in advance*, such as a planned morning transfer of a patient from one hospital to another.
    - Standby – Refers to situation in which EMS response unit is requested to arrive at a scene and be available, such as at a football stadium. If an incident occurs during the standby, the service requested becomes the scene. Thus, this code should only be used when no patient event actually occurs.
    - Unscheduled Interfacility Transfer – Refers to transfers of patients from one facility to another facility. For example, if a patient is stabilized in an emergency department and then transported to a tertiary care facility, this is the correct code. This code should not be use for planned, scheduled transfers, which are coded separately. This code should not be used by the second unit involved in the transfer of a patient from one EMS responder to another EMS responder during an unscheduled interfacility transfer, which is coded as an intercept.
    - Unknown – Use this circle when there is not enough information to determine the correct response for this data element.
116. Lights & Siren To Scene – Choose one circle to reflect the lights and siren status on the way to the scene.
117. Lights & Siren From Scene – Choose one circle to reflect the lights and siren status

during transport of the patient. Fill in "N/A" circle if this unit does not transport.

118. Loaded Mileage – For transported patients only: At scene arrival, fill in the last 2 digits plus tenths from odometer reading in Start Odom. Again at hospital arrival, fill in the last 2 digits plus tenths from odometer reading in End Odom. Calculate transported miles by subtracting Start Odom from End Odom. (End – Start = Transported Miles)

5.3 MISCELLANEOUS

119. Treatment Provided – This box applies to any treatment provided to the patient during this episode of care. Choose one circle:
    - Treated – Applied any basic or advanced techniques to alleviate or correct the chief complaint. Application of EKGs is included in this category.
    - Not Treated – Patient's medical condition did not require treatment and none was provided. This category includes examine only.
    - Pt. Refused Treatment – The patient required treatment, but none was provided due to patient refusal.
120. **Base EKG Activity** – If an EKG was monitored, fill in circles to identify if a 3 Lead rhythm strip was done and whether or not it was sent to the Base. Also indicate if a 12 Lead EKG was done and whether or not it was successfully received at the Base. If a 12 Lead EKG could not be sent due to mechanical problems, document as '12 Lead Done-Not Rec'd or Not Sent'. If no EKG was done, fill in "N/A" circle.
121. Smoke Detector – When checking a residence for a smoke detector, fill in circle for yes or no and whether or not it was operational. Use the "N/A" circle if not done.
122. Study – Fill in yes circle when an approved system study is in progress directly affecting the patient care protocol used. Then fill in the numbered circle designated for the study.
123. # Patients on Scene – Indicate if one or multiple patients were on the scene.
124. Mass Casualty – Indicate if existing EMS resources are overwhelmed on this call.
125. Cardiac Arrest Outcome – If the patient was *pulseless* and non-breathing (PNB) at anytime during the run, this box along with boxes 126 and 127 must be completed, otherwise fill in the "N/A" circle. Determine if the patient had any return of spontaneous pulses during the resuscitation, even if the resuscitation was not successful, fill in yes or no circle.
126. Resuscitation Type – Select one circle to categorize the resuscitation type:
    - Successful – Patient had pulses upon arrival at the emergency department.
    - Unsuccessful – Patient had no pulses upon arrival at the emergency department or the code was terminated in the field.
    - DNR Order – Patient had a do not resuscitate order, which eliminated any resuscitation or the order was found after resuscitation was started which resulted in early termination of the code.
    - None, DOA Trauma – No resuscitation was begun due to patient sustaining trauma not compatible with life.
    - None, DOA Non-Trauma – No resuscitation was begun due to prolonged patient downtime not related to traumatic injury.
127. PNB Outcome – Select one circle to identify the resuscitation outcome:

- Terminated in Field/DNR – Patient expired in the field due to termination of the code prior to transport.
- DOA at ED – Patient was pronounced dead upon arrival at the emergency department. No resuscitation was attempted in the ED.
- Expired in ED – Resuscitation was continued in the emergency department without success and patient was pronounced dead in the ED.
- Admit to ED – Resuscitation was continued in the emergency department with success and later admitted to another unit. Includes patients with unknown ED outcomes.

128. Time of Expiration – If patient expired in the field, enter time the code was called.
129. Patient Condition At End of Call – Choose one circle to identify patient's condition at the end of the run. Applicable for all patients.
130. PPE Used – Fill in all circles identifying the personal protective equipment used by responding personnel.
131. Facility Notified By – For transporting units, indicate means by which the facility was notified. Use "N/A" circle if unit did not transport.
132. Difficulties Encountered – Fill in all circles that identify any difficulties encountered in responding and transporting the patient. If there were none, fill in "N/A" circle.
133. EMS Provider – The fire department name imprinted on the top of the first page of the form will also be imprinted here. This will help the patient identify the EMS Provider when signing the consent authorizing Medicare to pay the Provider.
134. Consent –Authorizes two types of patient consent plus an acknowledgement. Ask patient to write their initials on the line preceding each type that applies:
    1) Refusal of Treatment / Transport – If patient refuses treatment or transport against medical advice, patient should initial this line. Then see box 139.
    2) Billing – Authorizes insurance payment to Milwaukee County EMS or municipal fire department for services provided and for release of patient's medical information to the Centers for Medicare and Medicaid Services who determines payable benefits.
    3) Acknowledgement – A statement documenting patient acknowledgement of receipt of the Notice of Privacy Practices. A ***patient signature*** is required except in the following two situations:
        - Emergency Treatment Situation – Fill in circle for 'Patient unable to sign', and write "emergency treatment situation" in reason area.
        - Patient Refuses to Sign – Must then document your good faith effort to obtain signature and reason why it was not obtained.
135. Patient Signature – Ask patient to sign their full name. Patient may sign with an "X" if unable to write name, then explain why. If patient is unable to sign at all, see #136.
136. Patient Unable to Sign – Fill in circle, then document reason why patient was unable to sign.
137. Witness Signature – Used for billing purposes. If patient is unable to sign, ask a witness to sign on this line and identify the relationship to the patient. If no witnesses are available, an emergency room nurse may be the witness, but a ***full name*** is needed. NOTE: *The witness signature does not substitute for the Notice of Privacy Practices patient signature acknowledgement.*

EVERY PATIENT RECORD MUST HAVE EITHER A PATIENT SIGNATURE OR A WITNESS SIGNATURE.

138. Witness Address – If a witness signs the report, an address for the witness must be obtained. If an ER nurse signs, fill in bubble to the right identifying that the address is the same as the receiving hospital.
139. Refusal – Anytime a patient refuses care or transport, use this box to document that the refusal of care flowchart was followed per the Milwaukee County EMS Standard of Care protocol. The EMS provider who performed this task, must write their initials on the line provided to authenticate.
140. Equipment Failure – Fill in this circle to identify any equipment failures or equipment out of service during the call. List the type on the lines provided. If this category is not applicable, fill in the "N/A" circle.
141. Complication/Significant Exposure – Fill in this circle to identify any complications or significant exposures experienced during the call. List the type on the lines provided. If this category is not applicable, fill in the "N/A" circle.
142. Privacy Notice Delivered – All patients must receive a Notice of Privacy Practices. (See policy and procedure on Delivery of Notice of Privacy Practices in the Standards Manual.) In emergency treatment situations, the Notice may be left with a family member, friend or witness who will accept responsibility for delivering to the patient after the emergency. If there is no one available on the scene, it may be left with the patient's personal belongings at the hospital. Fill in circle for yes or no:
    - Yes – Include patients who received the Notice on a previous visit. If the notice is given to someone other than the patient, document whom the Notice was left with.
    - No – Explain why not. Only patient refusals should result in no delivery.
143. ER Doctor Name – For transported patients, enter the name of any physician working in the emergency department at the receiving hospital. This is required by the Centers of Medicare and Medicaid.
144. Signatures – Person(s) writing the report must sign their name(s) here. There is a separate line provided for BLS/PFR and ALS personnel.
145. Reviewed by – Initials of person performing internal departmental review of form.

5.4. FORM DISTRIBUTION

146. Distribution Label -

Top Copy:	Milwaukee County EMS/Billing Copy
Part Two:	Fire Department Copy
Part Three:	Fire Department Billing Copy (BLS only)
Part Four:	Hospital Copy

INSTRUCTIONS FOR COMPLETING SUPPLEMENT

This form may be used for two purposes. It may be used as an overflow form or it may be used to document the transfer of patient care from one EMS unit to another EMS unit of the same level when the EMS Report form is shared. See below:

6.1 OVERFLOW FORM

The overflow form is used for additional flowchart space for treatment documentation, vital sign updates, additional intravenous therapy documentation or narrative space. Only a few of the areas need to be completed:

1. Original Case No. – Write in the case number as it appears preprinted on pages one, two and three of the corresponding EMS Report form. This is very important for scanning purposes.
2. Date – Enter date of initiation of response.
3. Overflow – Fill in the circle next to "Overflow".
4. Incident Number – Write in the fire department call number of response (alarm number) in appropriate box, BLS or ALS. *Do not precede number with year designation.*
5. Skip
6. Skip
7. Skip
8. Skip
9. Skip
10. Skip
11. Skip
12. Skip
13. Skip
14. Patient Name – Enter last name of patient, then first and middle initial.
15. Skip
16. **Fluid – ALS field only**. This area may be used to document 3rd and 4th intravenous lines. Fill in the clock time IV was started, gauge used, site, and fill in circle to identify whether IV or IO used. If IV or IO were unsuccessful, fill in appropriate circle (could be both) in "unsuc" column. Document rate of fluids, TKO or WO, and total volume given in ccs. If a capped IV was used, write "cap" in the rate box and leave total volume blank.
17. **Performed By** – This area represents the benchmark credits for individual advanced procedure experience. Fill in one letter and one number corresponding to the person who started the IV. Look to the personnel section on page two of the EMS Report form where the person's name is listed and use the alphanumeric code preceding their name, ie. A1, A3, B2. *(Do not list personnel under vehicle 3 (step #35) or use the "C" codes for the overflow form.*
18. Skip
19. Skip
20. Through 34. Flowchart - Complete per instructions for EMS Report form.
35. Skip

36. Skip
37. Skip
38. Skip
39. Skip
40. History/Results of Rx - Use this area for additional narrative space.
41. Distribution – This form also has four copies to be distributed the same as the EMS Report form. File this form with the EMS Report form.
42. Signature – Person writing the report must sign their name here in addition to the signature area on the EMS Report form.
43. Reviewed By – Initials of person performing internal departmental review of form.

6.2 TRANSFER OF CARE FORM

This form may be used to document the transfer of patient care to a second arriving BLS unit or to a second arriving ALS unit when the EMS Report form is shared. **The receiving EMS unit should complete this form.** Only procedures performed by this unit should be documented on this form. (All prior treatments will be documented on the long EMS Report form by the transferring unit.) The following areas should be completed:

1. Original Case No. – Write in the preprinted case number from the EMS Report form completed by the EMS unit who transferred the patient. This is very important for scanning purposes.
2. Date – Enter date of initiation of response.
3. Transfer of Care – Fill in circle next to "Transfer of Care".
4. Incident Number – Write in the fire department call number of response (alarm number) in the appropriate box, BLS or ALS. *Do not precede number with year designation.*
5. Emergency Location – List the complete address of the location responded to.
6. City – Write city of emergency location using correct abbreviation. See Appendix A.
7. Zip Code – Enter zip code of emergency location.
8. County – Write in first letter of county of emergency location if outside of Milwaukee County. Leave blank for all calls inside Milwaukee County. See Appendix A.
9. Unit Type – Fill in bubble to identify responding unit as a BLS or PFR or ALS unit.
10. Unit Letter – Write in vehicle letter type of receiving unit in appropriate box, i.e., R=rescue squad, M=med unit).
11. Unit Number – Document vehicle number in appropriate box.
12. Times –
    - Entry Time - Time of first connection with EMS dispatch. Should be the same as entry time on EMS Report form.
    - Dispatch Time – Time this receiving unit was dispatched.
    - Time Unit Responding – Time this receiving unit begins physical motion for response.
    - At Scene – Time unit arrived on scene, 10-23 time.
    - At Patient – Estimated time patient contact was made.
    - Depart Scene – Time unit left the scene.
    - At Hospital – Time unit arrived at the hospital.

- In Service – Time unit went back into service, 10-8 time.
- In Quarters – Time unit is back in the originating station.
- Loaded Mileage – **For transported patients only**: Upon at scene arrival, fill in the last 2 digits plus tenths from odometer reading in Start Odom on page three of the EMS Report form in box 118. Again at hospital arrival, fill in the last 2 digits plus tenths from odometer reading in End Odom. Calculate transported miles by subtracting Start Odom from End Odom. (End – Start = Transported Miles)

13. Called Off – Fill in circle if response unit is cancelled before patient transfer.
14. Patient Name – Enter last name of patient, first and middle initial.
15. Age & Date of Birth – Patient's age in years, if unknown estimate, don't leave blank. Write in patient's date of birth, month, day, year (MM-DD-YYYY).
16. **Fluid – ALS field only**. Fill in the clock time IV was started, gauge used, site, and fill in circle to identify whether IV or IO used. If IV or IO were unsuccessful, fill in appropriate circle (could be both) in the "unsuc" column. Document rate of fluids, TKO of WO and total volume given in ccs. If a capped IV was used, write "cap" in the rate box and leave total volume blank.
17. **Performed By** – This area represents the benchmark credits for individual advanced procedure experience. Fill in the letter "C" and one number corresponding to the person who started the IV. Look to the personnel section under vehicle 3 (step #35) where the person's name is listed and use the alphanumeric code preceding their name, ie. C1, C2 etc.
18. Airway Tube – Fill in the clock time an airway tube was inserted. Complete the circle identifying the airway type. If an ET tube was inserted document the size in the size box (leave blank if a Combitube was used). If a Combitube or ET tube were unsuccessful, fill in the appropriate circle (could be both) in the "unsuc" column.
19. Performed By – This area represents the benchmark credits for individual advanced procedure experience. Fill in the letter "C" and one number corresponding to the person who inserted the tube. Look to the personnel section under vehicle 3 (step #35) where the person's name is listed and use the alphanumeric code proceeding their name, ie. C1, C2 etc.
20. Through 34. Flowchart - Complete per instructions for EMS Report form. Remember to use the letter "C" in the performed by area #24.
35. Personnel – List first initial and last name of EMS personnel from this third vehicle. The person writing the report should be listed on line 1.
36. Skill Level – Fill in one circle following each listed personnel identifying that person's licensed skill level.
37. Pension/Employee # - Write in department pension, employee or prober number for all department members riding on the vehicle. (Not applicable to all fire departments.)
38. **Code #** - Assign individual code numbers for each *paramedic* assigned to the vehicle. Refer to code sheet.
39. Hx and Phys Exam - Indicate who took the patient history and who performed the physical exam by filling in the circles on the appropriate lines. For example, if the person whose name appears on line C2 did the physical exam, choose the circle on

line C2 under “PHYS EXAM”. (More than one person may complete the physical exam.)

40. History/Results of Rx - Use this area to document patient’s condition upon this unit’s arrival, any treatment provided by this unit, the patient’s response and condition upon arrival to hospital.
41. Distribution – This form also has four copies to be distributed the same as the EMS Report form. File this form with the EMS Report form.
42. Signature – Person writing the report must sign their name here on the appropriate line.
43. Reviewed By – Initials of person performing internal departmental review of form.

APPENDICES

CODES FOR CITY, COUNTY AND HOSPITAL

CITY	CODE
Bayside	BS
Brown Deer	BD
Cudahy	C
Fox Point	FP
Franklin	FR
Glendale	GL
Greendale	GD
Greenfield	GF
Hales Corners	HC
Milwaukee	M
Oak Creek	OC
River Hills	RH
St Francis	SF
Shorewood	SW
South Milwaukee	SM
Wauwatosa	W
West Allis	WA
West Milwaukee	WM
Whitefish Bay	WB

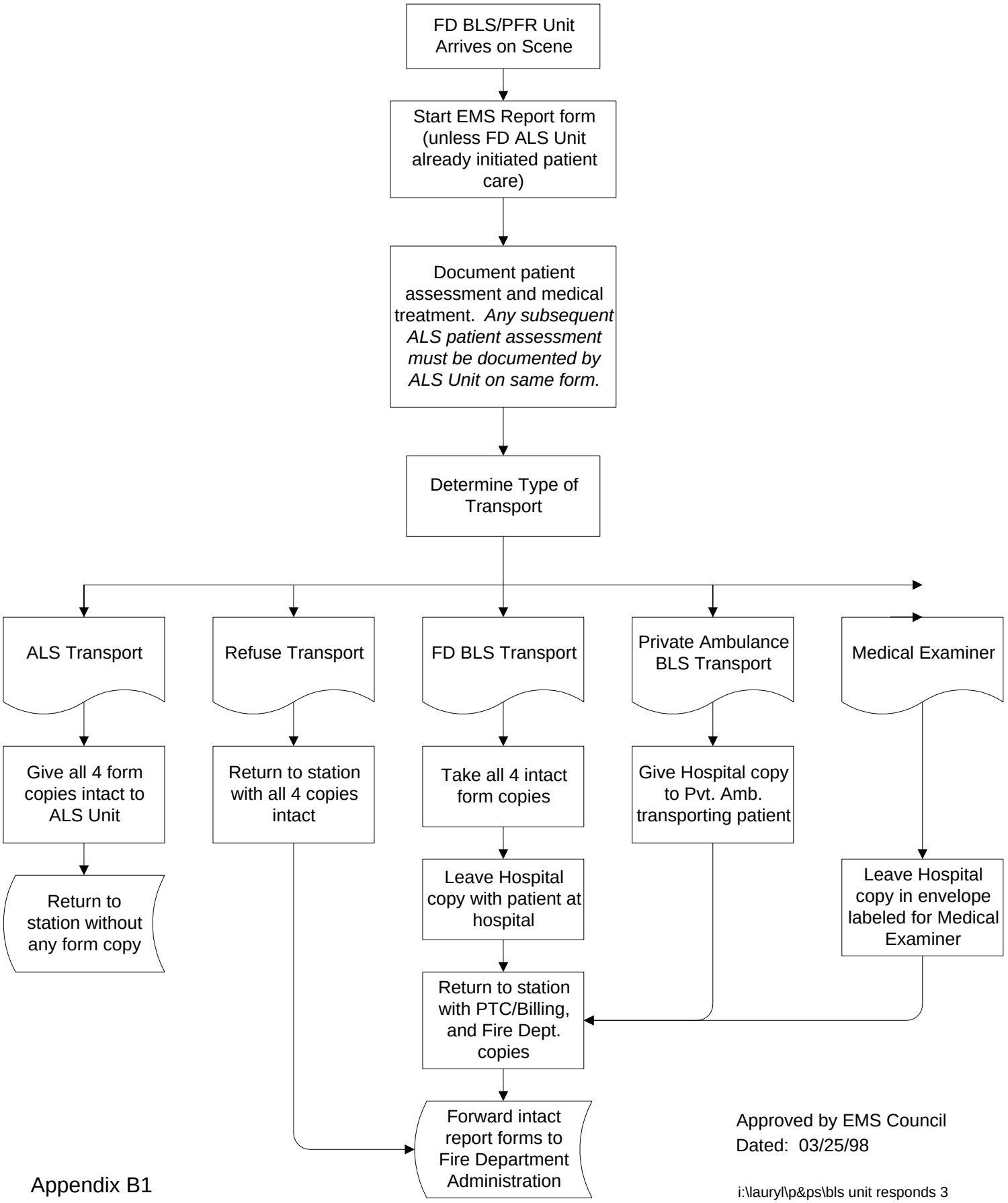
COUNTY	CODE
Milwaukee	M
Ozaukee	O
Racine	R
Waukesha	W

HOSPITAL	CODE
Aurora Sinai Medical Ctr.	10
Aurora Women's Pavilion	36
Children's Hospital of WI	1
Columbia St Mary's - Columbia	2
Columbia St Mary's - Milwaukee	16
Columbia St Mary's - Ozaukee	30
Community Memorial	23
Detox Center	32
Elmbrook Memorial	22
Froedtert (FMLH)	6
Jail	33
Mental Health Complex (PCS)	34
Nursing Home (any)	38
St. Francis	13
St. Joseph Regional Medical Ctr.	14
St. Luke's Medical Ctr.	15
St. Luke's Franklin HC Center	35
St. Luke's - Racine	28
St. Luke's South Shore	18
St. Mary's - Racine	26
St. Michael	17
VA Veterans Hospital	19
West Allis Memorial	20
Waukesha Memorial	27
Wisconsin Heart Hospital	39
Unknown Hospital	31
Funeral Home	21
Medical Examiner	29
Transport Refused	25

Revised: 03/01/2005

Appendix A

BLS/PFR UNIT RESPONDS TO SCENE
SHARED EMS REPORT HANDLING

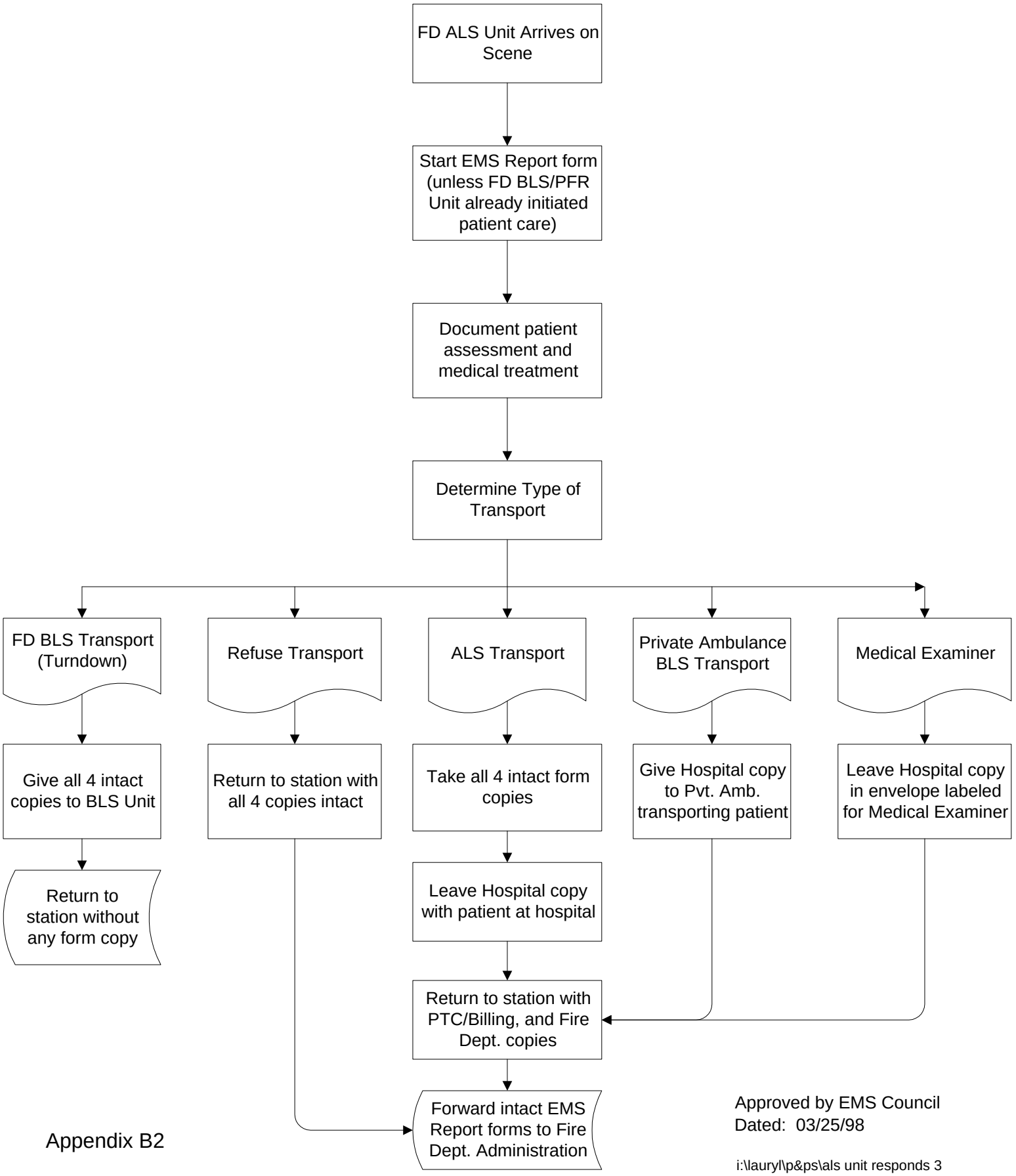


Approved by EMS Council
Dated: 03/25/98

Appendix B1

i:\lauryl\p&ps\bls unit responds 3

ALS UNIT RESPONDS TO SCENE
SHARED EMS REPORT HANDLING

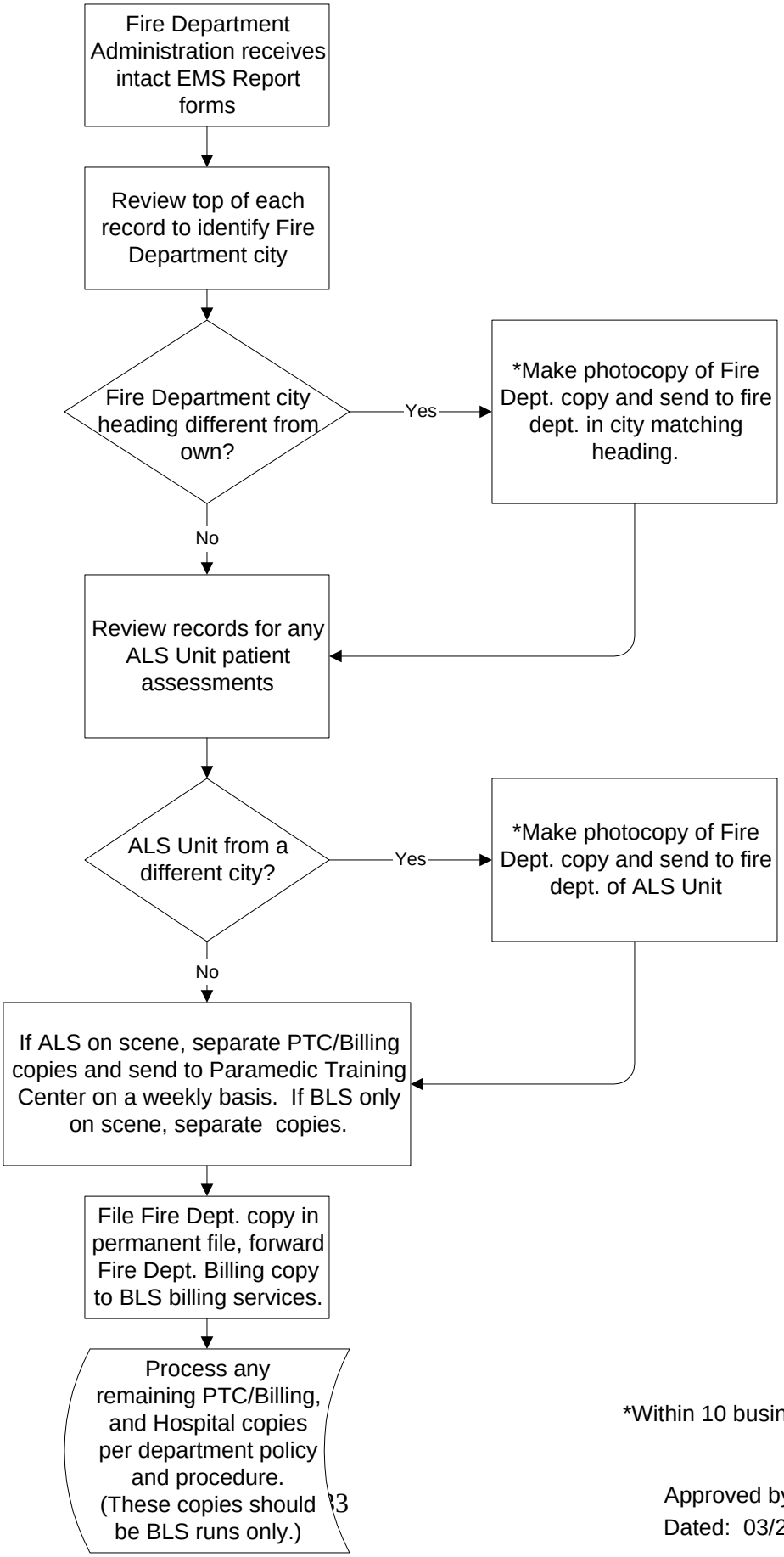


Approved by EMS Council
Dated: 03/25/98

Appendix B2

i:\lauryl\p&ps\als unit responds 3

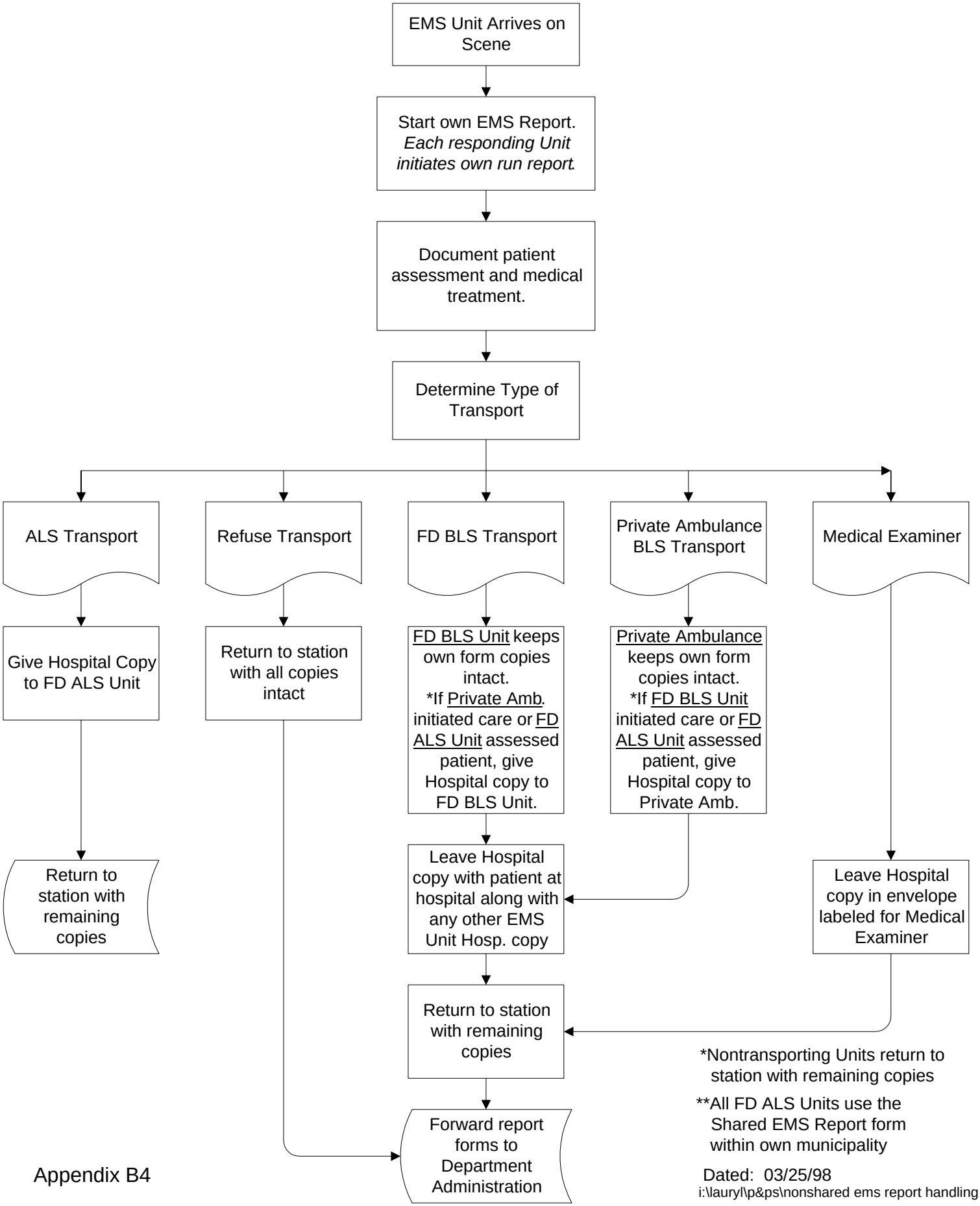
FIRE DEPARTMENT ADMINISTRATION
SHARED EMS REPORT HANDLING



*Within 10 business days of date of run

Approved by EMS Council
Dated: 03/25/98

EMS UNIT RESPONDS TO SCENE
**NON-SHARED BETWEEN MUNICIPALITIES
EMS REPORT HANDLING



*Nontransporting Units return to station with remaining copies

**All FD ALS Units use the Shared EMS Report form within own municipality

Appendix B4

Dated: 03/25/98

i:\lauryl\p&ps\nonshared ems report handling