



PATIENT CARE REPORT

HLTH 2592 Rev. 2008/08/26

1. Patient Information - Patient's Surname

Given Name _____ Initial _____

Postal Address Same as Responded To

City _____ Province _____ Postal Code _____

Phone Number _____ Date Of Birth dd | mm | yy _____ Age _____

PHN _____ Province _____ Gender M F

Other Number _____ Involuntary Section

Bill To - Name (if not already indicated) _____

Address Same as Patient

City _____ Province _____ Postal Code _____

Trauma Triage Criteria Autolaunch Criteria STEMI Criteria Advance Directive

2. TIMES En Route to Scene	3. Region _____ Station _____ Shift _____	Date Of Service dd mm yy _____	Dispatch Number _____
	Attending Paramedic Employee # _____	1 st Paramedic Functioning Level <input type="checkbox"/> DRIVER <input type="checkbox"/> PCP <input type="checkbox"/> ACP <input type="checkbox"/> ACP-R <input type="checkbox"/> CCP <input type="checkbox"/> EMR <input type="checkbox"/> PCP-S <input type="checkbox"/> ACP-S <input type="checkbox"/> ITT <input type="checkbox"/> RN	
At Scene	Second Paramedic Employee # _____	2 nd Paramedic Functioning Level <input type="checkbox"/> DRIVER <input type="checkbox"/> PCP <input type="checkbox"/> ACP <input type="checkbox"/> ACP-R <input type="checkbox"/> CCP <input type="checkbox"/> EMR <input type="checkbox"/> PCP-S <input type="checkbox"/> ACP-S <input type="checkbox"/> ITT <input type="checkbox"/> RN	
At Patient's Side	Escort Name _____	Escort Qualification _____	
To Destination ② ③ _____	Ambulance Responded to / Originating Point _____		
At Destination	Destination / End Point _____		Transported by <input type="checkbox"/> Ground <input type="checkbox"/> Air
CTAS Score at Destination _____	Referring / Family Physician _____	Phone Number _____	
Assessed at Destination _____	Ordering Physician / Transport Advisor _____	Time Contacted hh : mm _____	
Care Transferred _____	Receiving Physician / Staff _____	Phone Number _____	
	BCAS to BCAS Transfer of Care _____	From Dispatch Number _____	To Dispatch Number _____

4. Vital Signs	Blood Pressure		Pulse		Respiratory			Glasgow Coma Score					
	Time	Systolic	Diastolic	Rate	Rhythm	Rate	SpO ₂	EtCO ₂	Cap bG	E	V	M	Total
Initial	hh : mm												
Final	hh : mm												

10. Examination	Pupils
Mental Status	Left
<input type="checkbox"/> Normal	Size _____
<input type="checkbox"/> Combative	<input type="checkbox"/> Reactive
<input type="checkbox"/> Confused	Right
<input type="checkbox"/> Hallucinations	Size _____
<input type="checkbox"/> Oriented - Person	<input type="checkbox"/> Reactive
<input type="checkbox"/> Oriented - Place	Respiratory Effort
<input type="checkbox"/> Oriented - Time	<input type="checkbox"/> Normal
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Laboured
	<input type="checkbox"/> Fatigued
	<input type="checkbox"/> Absent
	Temperature
	Oral _____
	Axilla _____
	Rectal _____
	Tymp. _____
	Skin
	<input type="checkbox"/> Normal
	<input type="checkbox"/> Clammy
	<input type="checkbox"/> Diaph.
	<input type="checkbox"/> Cold
	<input type="checkbox"/> Cyanotic
	<input type="checkbox"/> Jaundiced
	<input type="checkbox"/> Lividity
	<input type="checkbox"/> Mottled
	<input type="checkbox"/> Pale
	<input type="checkbox"/> Hot / Red

5. History - Patient's Chief Complaint / Primary Transfer Diagnosis

History of Chief Complaint / Primary Transfer Diagnosis _____ Onset of Symptoms hh : mm _____

Patient Pregnant Patient NPO Since hh : mm _____

Medical / Surgical History

6. Patient's Medications (Include Dose) See Chart

7. Notes / Comments

8. Provider's Impression

Impression Code _____

9. Oxygen lpm / % Mask Cann. BCAS Medical Programs Review Requested

Neuro Assessment	<input type="checkbox"/> Facial Droop	<input type="checkbox"/> Tremors
<input type="checkbox"/> Normal	<input type="checkbox"/> Seizures	<input type="checkbox"/> L. Weakness
<input type="checkbox"/> Abnormal Gait	<input type="checkbox"/> Slurred Speech	<input type="checkbox"/> R. Weakness

Pain Scale 0 1 2 3 4 5 6 7 8 9 10

11. Allergies See Chart NKDA

12. Other Services on Scene

<input type="checkbox"/> Fire	<input type="checkbox"/> Utilities	1 st Responder Service Name _____
<input type="checkbox"/> Hazmat	<input type="checkbox"/> Rescue	1 st Responder ID Number _____
<input type="checkbox"/> Law	<input type="checkbox"/> Other	
<input type="checkbox"/> Other Hlth. Care		

PATIENT CARE REPORT - SUPPLEMENTAL INFORMATION



Region	Station	Shift	Patient's Name

Total Number of Patients on Scene	Time This Patient Triage at Scene	hh : mm

Incident Location

<input type="checkbox"/> Home/Residence	<input type="checkbox"/> Public Building (schools, gov. offices)
<input type="checkbox"/> Farm	<input type="checkbox"/> Trade or Service (business, bars, restaurants, etc.)
<input type="checkbox"/> Mine or Quarry	<input type="checkbox"/> Health Care Facility (clinic, hospital)
<input type="checkbox"/> Industrial Place and Premises	<input type="checkbox"/> Residential Institution (nursing home, jail/prison)
<input type="checkbox"/> Place of Recreation or Sport	<input type="checkbox"/> Lake, River, Ocean
<input type="checkbox"/> Street or Highway	<input type="checkbox"/> Other Location
<input type="checkbox"/> Work Related	

Barriers to Patient Care

<input type="checkbox"/> Developmentally Impaired	<input type="checkbox"/> Other	<input type="checkbox"/> Unattended or Unsupervised
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> Unconscious
<input type="checkbox"/> Intoxicated	<input type="checkbox"/> Physically Restrained	<input type="checkbox"/> None
<input type="checkbox"/> Language	<input type="checkbox"/> Speech Impaired	

Patient Moved	To Ambulance	To Destination	Patient Position During Transport
Assisted / Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Car Seat
Carry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Semi-Fowlers
Stairchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fowlers
Stretcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sitting
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lateral
			<input type="checkbox"/> Supine
			<input type="checkbox"/> Prone
			<input type="checkbox"/> Other

Reason for Choosing Destination

<input type="checkbox"/> Closest Facility	<input type="checkbox"/> Medical Direction	<input type="checkbox"/> Patient's Physician Choice
<input type="checkbox"/> Diversion	<input type="checkbox"/> Other	<input type="checkbox"/> Protocol
<input type="checkbox"/> Family Choice	<input type="checkbox"/> Patient Choice	<input type="checkbox"/> Specialty Resource Centre

Patient Disposition	Assessment	Treatment	Transport
<input type="checkbox"/> Assessed	<input type="checkbox"/> Treated	<input type="checkbox"/> Transported	<input type="checkbox"/> Transported by Police
<input type="checkbox"/> Dead at Scene		<input type="checkbox"/> Transported by Private Vehicle	<input type="checkbox"/> Transported by Other Agency
	<input type="checkbox"/> No Treatment Required	<input type="checkbox"/> No Transport Required	<input type="checkbox"/> Patient Refused Transport
<input type="checkbox"/> Patient Refused Assessment	<input type="checkbox"/> Patient Refused Treatment		

Condition of Patient at Destination	ED Outcome
<input type="checkbox"/> Improved	<input type="checkbox"/> Patient died in ED
<input type="checkbox"/> Unchanged	<input type="checkbox"/> Unknown
<input type="checkbox"/> Deteriorated	

Standard Equipment Used

<input type="checkbox"/> Spine board	<input type="checkbox"/> Traction Splint	<input type="checkbox"/> BVM - Non-Disposable
<input type="checkbox"/> Clamshell Stretcher	<input type="checkbox"/> Other Splint	<input type="checkbox"/> Crich. Kit
<input type="checkbox"/> #9 Stretcher	<input type="checkbox"/> Extrication Device	<input type="checkbox"/> Suction
<input type="checkbox"/> Chair Cot	<input type="checkbox"/> Dressings	<input type="checkbox"/> Intraosseous Kit
<input type="checkbox"/> Hard Collar	<input type="checkbox"/> Triangular	<input type="checkbox"/> Thoracentesis Dart
<input type="checkbox"/> Sandbags	<input type="checkbox"/> Other First Aid Equipment	<input type="checkbox"/> Child Car Seat
<input type="checkbox"/> Spider Straps	<input type="checkbox"/> Monitor	<input type="checkbox"/> Hospital Equipment
<input type="checkbox"/> Restraints	<input type="checkbox"/> IV Pump	<input type="checkbox"/> None
<input type="checkbox"/> SAM Splint	<input type="checkbox"/> BVM - Disposable	

Extended Equipment Used

<input type="checkbox"/> Mechanical Ventilator	<input type="checkbox"/> Transvenous Pacemaker	<input type="checkbox"/> Arterial Line Kit
<input type="checkbox"/> CPAP / BiPAP Machine	<input type="checkbox"/> iSTAT	<input type="checkbox"/> Central Line Kit
<input type="checkbox"/> IABP	<input type="checkbox"/> Incubator	<input type="checkbox"/> None

17. Third Party Under Care of Patient at Time of Incident

Name	Relationship to patient
Arrangements for Care	

18. Release From Responsibility

This is to certify that I _____ (Patient's Name) acknowledge that I have declined to accept recommended treatment and/or transport to hospital for medical assessment, diagnosis and possible treatment by a physician and acknowledge and accept the risk in declining to do so. I hereby release the Emergency and Health Services Commission, it's employees and contractors and the consulting hospital from all responsibility for any ill effects which may result from this action.

Patient Signature _____

Witness' Name (print) _____

Witness Signature _____ Witness Phone Number _____

19. Supplemental Advanced Airway (Complete this section for any patient who receives an advanced airway intervention)

Patient Position During Intubation Attempt

<input type="checkbox"/> Sitting	<input type="checkbox"/> Supine	<input type="checkbox"/> Prone
<input type="checkbox"/> Semi - Reclining	<input type="checkbox"/> Semi - Prone	<input type="checkbox"/> Other

Environmental Conditions During Intubation Attempt

<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor - Dark
<input type="checkbox"/> Outdoor - Light	<input type="checkbox"/> Other

Patient's Condition During Intubation Attempt

<input type="checkbox"/> In Cardiac Arrest	<input type="checkbox"/> Has C-Spine Precautions in Place
<input type="checkbox"/> Has Trauma to Head/Neck	<input type="checkbox"/> N/A

Primary Indication for Intubation

<input type="checkbox"/> Oxygenation	<input type="checkbox"/> Protection	<input type="checkbox"/> Other
<input type="checkbox"/> Ventilation	<input type="checkbox"/> Progression	

Induction Method

<input type="checkbox"/> RSI / PAI	<input type="checkbox"/> Sedation Only	<input type="checkbox"/> None Required
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Adjuncts Used

<input type="checkbox"/> GEB	<input type="checkbox"/> Trachlight
<input type="checkbox"/> Glidescope	<input type="checkbox"/> Other

Number of Attempts at laryngoscopy	Time Airway Secured
	hh : mm

Tube Confirmation

<input type="checkbox"/> Auscultation of Bilateral Breath Sounds	<input type="checkbox"/> Negative Auscul. of Epigastrium
<input type="checkbox"/> Colormetric CO ₂ Detector	<input type="checkbox"/> Vis. of Chest Rise with Vent.
<input type="checkbox"/> Digital CO ₂	<input type="checkbox"/> Vis. of ETT Passing Through Cords
<input type="checkbox"/> Esophageal Bulb Aspiration	<input type="checkbox"/> Waveform CO ₂ Confirmation

Airway View (Circle the diagram that best represents your view of the airway)

Intubation Difficulty Visual Analog Scale

0 1 2 3 4 5 6 7 8 9 10

Least Difficult Most Difficult

Rescue Airway Required	Rescue Airway Effective
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Suspected Reason for Difficult or Failed Intubation

<input type="checkbox"/> Inadequate Muscle Relaxation	<input type="checkbox"/> Soiled / Fluid Airway
<input type="checkbox"/> Difficult Patient Anatomy	<input type="checkbox"/> Unable to Access Patient
<input type="checkbox"/> Orofacial Trauma	<input type="checkbox"/> Other

Lowest SpO₂	Lowest EtCO₂	Highest EtCO₂

20. Supplemental Clinical Research

Clinical Trial

Clinical Trial Name

Time 1	Time 2	Time 3
hh : mm	hh : mm	hh : mm

CR1	CR2
<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> E	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> E
<input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F	<input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F

CR3	CR4	CR5
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CR6	CR7	CR8

CR9	CR10	CR11

22. Personal Effects / Patient's Records

Clothing
 Dentures
 Glasses
 Patient Medications
 Purse / Wallet / Money
 Rings / Jewelry / Watch
 Suitcases / Bags
 Patient Chart
 X-rays / CT Scans
 Pt. Records on CD
 Other

Left With Patient or Signature for Receipt

Glasgow Coma Score

Eyes Open 4 Spontaneous 3 To Voice 2 To Pain 1 No Response	Best Verbal 5 Oriented 4 Confused 3 Inappropriate Words 2 Incomprehensible Sounds 1 No Response	Best Motor 6 Obeys Commands 5 Localizes Pain 4 Withdraws (Pain) 3 Flexion (Pain) 2 Extension (Pain) 1 No Response
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Pupils

1mm 2mm 3mm 4mm 5mm 6mm 7mm 8mm

APGAR Score

A score is given for each sign at one minute and five minutes after the birth. If there are problems with the baby an additional score is given at 10 minutes. A score of 7-10 is considered normal, while 4-7 might require some resuscitative measures, and a baby with apgars of 3 and below requires immediate resuscitation.

Score of 0 Skin Colour: Blue all over Heart Rate: Absent Reflex Irritability: No response Muscle Tone: None Breathing: Absent	Score of 1 Skin Colour: Blue at extremities / body pink Heart Rate: < 100 Reflex Irritability: Grimace/reeble cry Muscle Tone: Some flexion Breathing: Weak or irregular	Score of 2 Skin Colour: No cyanosis / body and extremities pink Heart Rate: > 100 Reflex Irritability: Sneeze/cough/pulls away Muscle Tone: Active movement Breathing: Strong
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Trauma Triage Criteria

Mechanism

- Fall > 20 ft
- Rollover MVI
- Ejection From Vehicle
- High Speed MVI

Physiologic Abnormality

- GCS ≤ 13
- Respiratory Rate < 10 or > 30
- BP < 90 systolic

Anatomic Abnormality

- 2 Proximal Long Bone Fractures
- Flail Chest
- Limb Paralysis and/or Sensory Nerve Impairment
- Penetrating Injury To Head, Neck, Trunk Or Proximal Extremity
- Airway compromised with Significant 2° or 3° Burns

Canadian Triage Acuity Score (CTAS)

CTAS I: severely ill, requires resuscitation
 CTAS II: requires emergent care and rapid medical intervention
 CTAS III: requires urgent care
 CTAS IV: requires less-urgent care
 CTAS V: requires non-urgent care





13. Management	Time	Employee #	Med/Proced. Code	Medication / Procedure	Infus.	Dose/Size	Route	# of Attempts	Succ.	Complication	Response (I/U/D)	Blood Pressure	Pulse	ECG Rhythm	Rate	SpO ₂	GCS Total	Cap BG	
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14. Supplemental Trauma (Mechanism, Intent, etc.)
 Blunt Burn Penetrating Other

Intentional, Other Intentional, Self Unintentional

15. Vehicular Injury Indicators
 Cause of Injury Code: _____ Height of Fall (m): _____
 Dash Deformity Fire Intrusion > 30 cm
 DDA Same Vehicle Rollover/Roof Deform. St. Wheel Deform.
 Ejection Side Post Deformity Windshield Star

Area of Vehicle Impacted
 Left | Centre | Right | Seat Row of Patient | Left | Centre | Right | Rear | Front

> 50 indicates "Cargo Area"
 Driver

Use of Occupant Safety Equipment
 Child Restraint Helmet Lap Belt Eye Protection Other Shoulder Belt

16. Supplemental Cardiac Arrest / DOA
 Cardiac Arrest: Yes, Prior to EMS Arrival Yes, After EMS Arrival Not Witnessed

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

Estimated Duration of Cardiac Arrest Prior to EMS Arrival
 > 20 min 15 - 20 min 6 - 8 min 0 - 2 min
 8 - 10 min 2 - 4 min 4 - 6 min

Cardiac Arrest Etiology
 Electrocutation Allergy / Envenomation Drowning Respiratory Terminal Illness Environmental Mechanical Obstruction Trauma Non-traumatic Exsangu.
 Poisoning / OD / CBRN No Obvious Cause

Resuscitation Attempted by BCAS
 Attempted Dehb. Initiated Chest Compr. Not Attempted - Futile Not Attempted - ROSC
 Attempted Ventilation Not Attempted - ROSC

First AED Rhythm
 Non Shockable Shockable

Cardiac Arrest / Major Trauma Timeline (Enter a number between 1 and up to 4 indicating the order and initial time each event occurs)

Event	Initial Time	Order 1st	BCAS	FR	PAD	bystander	Estimated Time of Cardiac Arrest	At Patient's Side	Chest Compressions Initiated	Ventilations Initiated	Defibrillator Applied	Rhythm Analyzed	Shock Applied	Time of Definite ROSC	Time Resuscitation Discontinued
Cardiac Arrest	hh : mm													hh : mm	
	hh : mm													hh : mm	
	hh : mm													hh : mm	
	hh : mm													hh : mm	

Return of Spontaneous Circulation
 Yes, Transient Yes, Sustained to ED No ROSC

Maximum Duration of ROSC
 mm

Reason Resuscitation Discontinued
 Medical Control Order Obvious Death Protocol Requirement Completed ROSC DNR Not Discontinued

Total Volume of Fluids Infused

Standard Medication Codes

9002	Acetaminophen (Tylenol)	9020	Dimenhydrinate (Gravol)	9014	IV Fluid - D10W	9040	Morphine	9202	Sodium Bicarbonate
9004	Adenosine (Adenocard)	9022	Diphenhydramine (Benadryl)	9016	D50W	9042	Naloxone (Narcan)	9058	Thiamine - Vit B1 (Betaxin)
9070	Amiodarone (Cardarone)	9024	Epinephrine	9050	IV Fluid - Normal Saline (N/S)	9156	Nitroglycerine	9060	Other
9006	ASA (Aspirin)	9028	Furosemide (Lasix)	9034	Lidocaine (Xylocaine)	9048	Nitrous Oxide (Entonox)		
9008	Atropine	9026	Glucagon	9036	Magnesium Sulphate	9224	Oxygen		
9010	CaCl / Ca Gluconate	9032	Ipratropium (Atrovent)	9038	Midazolam (Versed)	9056	Salbutamol (Ventolin)		

Extended Medication Codes (CCP / ITT Only)

9064	Acyclovir	9096	Ephedrine	9062	IV Fluid - 1/2 NS	9160	Norepinephrine (Levophed)	9192	Propanolol (Inderal)
9066	Albumin	9098	Epinephrine (Racemic)	9000	IV Fluid - 2/3- 1/3	9162	Omeprazole (Losec)	9194	Propofol (Diprivan)
9068	Aminophylline	9100	Erythromycin	9012	IV Fluid - D5W	9226	Ondansetron (Zofran)	9196	Prostaglandin
9072	Betamethasone	9104	Etomidate	9054	IV Fluid - Ringers Lactate	9164	Orciprenaline (Alupent)	9198	Ranitidine (Zantac)
9222	Bles	9106	Fentanyl (Sublimaze)	9132	Labetolol (Trandate)	9166	Oxytocin	9200	Rocuronium
9222	Bretylium	9108	FFP	9134	Lorazepam IV (Ativan)	9170	Packed RBCs	9204	Succinylcholine (Anectine)
9074	Bretylium	9108	FFP	9134	Lorazepam IV (Ativan)	9170	Pancuronium (Pavulon)	9206	Thiopental (Penthobarbital)
9076	Carboprost (Prostin 15M)	9110	Flumazenil (Anexate)	9136	Mannitol	9172	Pantoprazole (Pantoloc)	9208	Vancomycin
9078	Cefotaxime (Ancef)	9112	Gentamycin	9138	Methylprednisolone (Solu-Medrol)	9174	Paraldehyde	9210	Vasodilan
9080	Ceftriaxone	9114	Haloperidol (Haldol)	9140	Metoclopramide (Maxeran)	9176	Penicillin G	9212	Vasopressin
9082	Cefuroxime (Ceftin)	9030	Heparin IV	9142	Metronidazole (Flagyl)	9178	Pentaspas	9214	Vecuronium
9084	Clinidamycin	9116	Heparin LMW (Enoxaparin)	9144	Metoprolol (Lopressor)	9180	Phenobarbital (Phenobarb)	9216	Verapamil (Isoptin)
9086	Clopidogrel (Plavix)	9118	Hydralazine (Apreosoline)	9146	Mineral Oil	9182	Phenylephrine (Pseudoephedrine)	9218	Vitamin K
9094	Dexamethasone (Decadron)	9120	Hydrocortisone (Solu-Cortef)	9148	Nitroprusside (Nipride)	9184	Phenytoin (Dilantin)	9060	Other
9018	Diazepam (Valium)	9122	Indomethacin (Indocid)	9150	N-Acetylcysteine (Mucumyst)	9186	Platelets		
9088	Digoxin (Lanoxin)	9124	Insulin	9152	Nifedipine (Adalat)	9188	Potassium Chloride (KCl)		
9090	Dobutamine (Dobutrex)	9126	Integrelin	9154	Nitric Oxide	9052	Procalnamide (Pronesty)		
9092	Dopamine (Intropin)	9128	Isoprotrenol (Isuprel)	9158	Nitroprusside (Nipride)	9190	Prochlorperazine (Stemetil)		

Standard Procedure codes

9300	Assessment - Adult	9340	Airway - Suctioning	9380	Debrillation-Manual	9406	Splinting - Traction
9302	Assessment - Pediatric	9350	Capnography	9382	Debrillation-Placement	9408	Trauma Bypass
9304	Airway - Assisted Ventilation	9352	Cardiac Monitor	9384	for Monitoring/Analysis	9418	Venous Access - External Jugular Line
9308	Airway - Bagged	9354	Cardiac Pacing-External	9384	Extraction	9420	Venous Access - Extremity
9314	Airway - Cleared	9358	Cardioversion	9390	NG / OG Tube Insertion	9426	Venous Access - Intraosseous
9316	Airway - Rescued	9362	Chest Decompression	9396	Rescue	9436	Wound Care
9324	Airway - Nasal	9366	Childbirth	9398	Restraints - Pharmacological	9445	12 Lead ECG
9330	Airway - Cricothyrotomy	9372	CPR	9400	Restraints - Physical	9394	Other
9332	Airway - Oral	9376	Decantamination	9402	Splinting - Basic		
9334	Airway - Orotracheal Intubation	9378	Debrillation-Automated (AED)				

Extended Procedure Codes (CCT / ITT Only)

9318	Airway - CPAP	9348	Arterial Line Maintenance	9386	Intra-Aortic Balloon Pump	9430	Venous Access - Maintain Central Line
9326	Airway - Nasotracheal Intubation	9356	Cardiac Pacing-Transvenous	9438	Umbilical Artery Catheterization	9434	Venous Access - Swan Ganz Maint.
9336	Airway - Rapid Sequence Induction	9360	Carotid Massage	9440	Umbilical Vein Catheterization		
9344	Airway - Ventilator	9364	Chest Tube Placement	9410	Urinary Catheterization		
9346	Arterial Access - Blood Draw	9368	CNS Catheter - Maintenance	9422	Venous Access - Place Central Line		

Cause of Injury Codes

9500	Aircraft Related Accident	9535	Electrocution (Non-lightning)	9570	Firearm Injury (Self Inflicted)	9605	Non-motorized Veh. Accident	9640	Struck By Blunt/Thrown Obj.
9505	Bicycle Accident	9540	Excessive Cold	9575	Lightning	9610	Pedestrian Traffic Accident	9645	Venomous Stings
9510	Bites	9545	Excessive Heat	9580	Machinery Accidents	9615	Radiation Exposure		
9515	Chemical Poisoning	9550	Fall	9585	Mechanical Suffocation	9620	Sexual Assault		
9520	Child Battering	9555	Fire And Flames	9590	MV Non-traffic Accident	9625	Smoke Inhalation		
9525	Drowning	9560	Firearm Assault	9595	MV Traffic Accident	9630	Stabbing/cutting (Accidental)		
9530	Drug Poisoning	9565	Firearm Injury (Accidental)	9600	Motorcycle Accident	9635	Stabbing/cutting Assault		



Prehospital Impression Codes

Allergy

1706 Allergic Reaction - Anaphylaxis
1754 Allergic Reaction - Sensitivity

Circulatory System

0805 Suspected Cardiac Ischemia
0815 Other Shock
0825 Cardiac Arrest: Treated
0830 Cardiac Rhythm Disturbance
0835 Hypovolemia
0840 Cardiogenic Shock
0845 Aortic Aneurysm
0850 Congested Heart Failure (CHF)
0855 Peripheral Vascular Disease
0860 Acute MI
0880 Pericardial tamponade
0885 Chest Pain NYD
0890 Pulmonary Embolus
1830 Cardiac Arrest: Untreated
0820 Circulatory System - Other

Digestive System (GI)

1005 GI - Bleeding
1020 Diarrhea of unknown cause
1060 Foreign body: Esophagus
1050 GI - Other

Endocrine

0305 Hyperglycemia
0315 Hypoglycemia
0310 Endocrine - Other

ENT / Eyes / Dental

1905 Pharyngitis
1910 Foreign Body: throat
1915 Foreign Body: ear
1920 Foreign Body: eye
1925 Ear Pain
1930 Isolated Eye trauma
1935 Dental Pain
1940 ENT / Eye / Dental - Other

Environmental

1728 Exposure - Smoke Inhalation
1835 Hyperthermia
1840 Hypothermia
1704 Environmental - Other

Genitourinary System (GU)

1125 Renal Colic
1130 Urinary retention
1135 Urinary Tract Infection
1115 GU / Renal - Other

Gynecologic / Pregnancy / Childbirth

1105 GYN - Vaginal Hemorrhage
1205 Obstetrical - Childbirth / Labour
1210 Obstetrical - Complication of Pregnancy
1220 Obstetrical - Complication of Labour
1225 Eclampsia
1230 Post partum Hemorrhage
1110 GYN - Other

Infectious Disease

0100 Infectious Disease
0105 Localized Infection
0115 Sepsis
0120 Septic Shock

Injury

1712 Burn - Minor
1744 Burn - Major
1753 Traumatic cardiac arrest: treated
1755 Traumatic cardiac arrest: untreated
1718 Multitrauma
1736 Abdominal / Chest Trauma - Blunt
1750 Abdominal / Chest Trauma - Penetrating
1721 Amputation above wrist or ankle
1725 Amputation foot or hand (partial or full)
1758 Bleeding - Controlled
1760 Bleeding - Uncontrolled
1732 Spinal Cord Injury with deficits
1752 Spinal Cord Injury without deficits
1720 Brain Injury
1730 Pneumothorax
1734 Pelvis Fracture

1722 Isolated Spinal Fracture without Deficits

1723 Isolated laceration
1719 Isolated sprain
1711 Isolated dislocation
1724 Isolated Head Trauma
1715 Isolated fracture
1738 Other Fractures
1735 Peripheral Injury (limbs only)
1740 Soft Tissue Injury
1710 Sexual Assault
1716 Electrocutation
1717 Hanging
1714 Injury - Other

Neonate

1215 Neonate - Uncomplicated
1605 Neonate - Complication of Birth

Neoplasm / Cancer

0200 Neoplasm / Cancer

Nervous System

0615 CVA
0620 Altered Level of Consciousness NYD
0625 Intracerebral Hemorrhage
0630 Sub Arachnoid Hemorrhage
0655 Seizure
0660 Syncope / Near Syncope / Vertigo
0665 Peripheral Nervous System Disorder
0610 Nervous System - Other

Poisoning / Overdose

1746 Alcohol Intoxication
1747 Alcohol Withdrawal
1780 Recreational Drug Overdose
1785 Recreational Drug Withdrawal
1765 Medication Overdose
1770 Medication Reaction
1742 Sting / Envenomation
1790 Toxic Inhalation
1708 Other toxic Ingestion
1775 Poisoning / Overdose - Other

Respiratory System

0905 Near Drowning
0910 Upper Airway Obstruction
0915 Pneumothorax (spontaneous)
0925 Respiratory Failure
0930 Asthma / COPD
0935 Acute Bronchitis
0955 Respiratory Arrest
0970 Mechanical Airway Obstruction
0975 Infectious Pneumonia
0940 Respiratory Distress - Other

Psychiatric / Behavioral

0510 Depression
0515 Psychosis
0520 Agitated Delirium
0505 Psychiatric / Behavioral - Other

Non Specific Symptoms

1815 Sick / Illness NYD
1820 Abnormal Vital Signs NYD
1845 Nausea/Vomiting NYD
1850 Abdominal Pain NYD
1855 Weakness NYD
1860 Headache NYD
1865 Back Pain NYD
1870 Other Pain NYD
1880 Limb Pain NYD
1885 Malaise / Fatigue NYD
1890 Rash / Itching NYD

Miscellaneous

1805 Medical Device Problem
1810 Public Assist
1811 Post Operative Pain
1812 Post Operative Bleeding
1875 Medication Request
1800 Other

Inter Facility Transfer Impression Codes

0100 Infectious Disease

0115 Sepsis
0120 Septic Shock

0200 Neoplasm / Cancer

0300 Endocrine / Metabolic / Immunity

0325 DKA

0320 Metabolic Coma

0400 Blood Forming Organs

0405 Coagulopathy

0500 Mental Health

0600 Nervous System

0635 CVA - Non Hemorrhagic
0625 Intracerebral Hemorrhage
0640 Neurologic Infection
0645 Neurologic Neoplasm
0650 Neuromuscular Disease
0655 Seizure
0630 Sub Arachnoid Hemorrhage

0700 Sense Organs

0800 Circulatory System

0875 ACS / Unstable Angina
0860 Acute MI
0845 Aortic Aneurysm

0825 Cardiac Arrest
0830 Cardiac Rhythm Disturbance
0840 Cardiogenic Shock
0870 Cardiac myopathy
0850 CHF
0865 Hypertension
0855 Peripheral Vascular Disease

0900 Respiratory System

0960 ARDS
0930 Asthma / COPD
0945 Aspiration Pneumonia
0975 Infectious Pneumonia
0970 Mechanical Airway Obstruction
0965 Pulmonary Embolus
0955 Respiratory Arrest
0925 Respiratory Failure
0950 Respiratory Neoplasm

1000 Digestive System

1015 GI Bleeding- Ulcer / Laceration
1010 GI Bleeding- Varices
1020 GI Bleeding - Other
1040 GI Cancer
1045 GI Inflammatory Disease
1030 GI Obstruction

1025 GI Perforation
1035 GI Vascular Insufficiency
1055 Hepatic Failure

1100 Genitourinary System

1120 Renal Diseases

1200 Complications of Pregnancy/ Childbirth

1225 Eclampsia
1220 Obstetrical - Complication of Labour
1210 Obstetrical - Complication of Pregnancy

1205 Obstetrical - Uncomplicated

Childbirth/Labour

1230 Post partum Hemorrhage

1300 Skin / Subcutaneous Tissue

1305 Cellulitis / Soft Tissue Infection

1400 Musculoskeletal / Connective Tissue

1500 Congenital Anomalies

1600 Conditions Originating in the Perinatal Period

1605 Neonate - Complication of Birth
1215 Neonate - Uncomplicated

1700 Injury and Poisoning

1702 Drug Overdose
1718 Multiple Trauma
1736 Abdominal / chest trauma - Blunt
1750 Abd. / Chest Trauma - Penetrating
1744 Burns
1720 Head Trauma / Brain injury
1724 Isolated Head Trauma
1722 Isolated Spinal Fracture without Deficits
1734 Pelvis Fracture
1730 Pneumothorax
1756 Proximal Long Bone Fracture
1726 Pulmonary / Cardiac Contusion
1740 Soft Tissue Injury
1732 Spinal Cord Injury with Deficits
1752 Spinal Cord Injury without Deficits
1748 Other Trauma

1800 Other