INCIDENT INFO

Date	Inc. #	Jur. Sta.	Location Code	MCI?	PD & Unit #	
07/03/2018	3870	003		☐ Y ■ N		■ Regular Run ☐ No Pt ☐ Cx at Scene ☐ PuB Asst ☐ IFT ☐ DOA ☐ FireLine ☐ Pg 2

BH 18 003 00487
Orig. Seq. #

Inc LOC	99 Street Number	N LA CIENEGA BLVD Street Name	303 Apt #	BH City Code	90211 Incident Zip Code

Prov	A/B/H	Unit	Disp	Arrival	At Pt	Left	At Fac	Fac Equip	Avail	Team Member ID	
BH	A	R3844	14 13	14 15	14 15	14 30	14 33	14 43	14 43	#1 P6497	#2 P12012
										#3 P10174	#4 P8646
										#5 E112016	#6 E076334
										#7	#8

TRANS INFO

Med.Ctrl.	Protocol	Protocol	VIA	TRANS TO	RATIONALE
CSM			■ ALS ☐ BLS	■ MAR ☐ PeriNat ☐ EDAP ☐ STEMI	■ No SC Req'd ☐ Criteria/Required ☐ Guidelines
Pre-Notification? ☐Y☐N AMA? ☐Y☐N Code 3? ☐Y☐N		Rec. Fac. [redacted]	☐ Heli ☐ No Transport	☐ TC/PTC ☐ PMC ☐ PrimAry Stroke Ctr. ☐ SART ☐ OTHER ☐ Comp. StroKe Ctr.	☐ Judgment ☐ EXtremis ☐ No SC Access ☐ ED Sat ☐ Request by

PT INFO

Name/Last	First	M.I.	DOB	Phone
[redacted]			[redacted]	

Street Number	Street Name	Apt#	City	State	Zip	Mileage
[redacted]			[redacted]			0

Insurance	Hospital ID	PMD Name	Partial SS #

COMMENTS

Pt at OBGYN. Pt was undergoing a dic, abortion procedure and finished , pt has bleeding after surgery, no bleeding at this time,because clamps are in on her uterus. Pyentonel and versed. Pt has 2 IV established for procedure, with a total 2500 cc ns since 10:30.

No chest pain or sob at this time. last Lmp feb 12, no other complications enroute to cSmc.

Hx [redacted]

Allergie [redacted] ASA Allergy? ☐ Y ☐ N

Meds [redacted] SEDs in past 48hrs ☐ Y ☐ N

COMPLAINTS

MEDICAL

☐ Abd/Pelvic Pain ☐ Agitated Delirium ☐ Allergic Reaction ☐ Altered LOC ☐ Apneic Episode ☐ BEHavioral ☐ Bleeding Other Site ☐ Brief Resolved Unexpl. Event ☐ Cardiac Arrest ☐ Chest Pain ☐ CHoking/Airway Obstr. ☐ Cough/Congestion ☐ DOA ☐ Ysrhythmia ☐ Ever ☐ oreign Body ☐ I Bleed ☐ ead Pain ☐ poglycemia ☐ ocal Neuro Signs ☐ Med evice omplaint ☐ Nausea/Vomiting ☐ Near rowning ☐ Neck/Back Pain ☐ No Medical omplaint ☐ NOsebleed ☐ alpitation ☐ Betetrics ☐ LAbor ☐ NeWborn ☐ verDose ☐ isoning ☐ ther Pain ☐ espiratory Arrest ☐ SEizure ☐ Shortness of reath ☐ ncope ■ VAginal Bleed ☐ WEa zzy ☐ Inpatient Medical ☐ Ther

TRAUMA

☐ No Apparent Injury ☐ BUrns/Elec. Shock ☐ SBP <90, <70 (<1yr) ☐ RR <10/>29, <20 (<1yr) ☐ Susp. Pelvic FX ☐ Spinal Cord Injury ☐ Inpatient Trauma ☐ Minor Lacerations

B P ☐ ☐ Traumatic Arrest ☐ ☐ Head ☐ GCS 14 ☐ ☐ Face/Mouth ☐ ☐ Neck ☐ ☐ Back ☐ ☐ Chest ☐ ☐ Flail Chest ☐ ☐ Tension Pneumo.

B P ☐ domen iffuse Abd. Tend. enitals/ButtocKs ☐☐ xtremities tr. ↑ knee/elbow tures ≥ 2 long p ↑ wrist/ankle r/Vasc/Mangl'd

MECHANISMS

Protective Devices: ☐ SeatBelt ☐ AirBag ☐ HeLmet ☐ CarSeat/Booster

☐ Enclosed ehicle ☐ EJ ☐ EX ☐ Pu ☐ 1 " ☐ Survived F ☐ ☐ ☐ ph ☐ Pad/B ke ☐ FAll ☐ pecial Consid. ☐ ASsault ☐ STabbing ☐ GSW ☐ Motorcycle/Moped ☐ SPorts/Recreation ☐ Self-Inflict'd/Acc. ☐ Self-Inflict'd/Int. ☐ AntiCoagulants ☐ UNknown ☐ Telem ☐ azmat posure ☐ imal Bite ☐ Rush ☐ lectrical hock ☐ hermal urn ☐ ork-Related ☐ Ther:

IMPRESSION

☐ Cardiac Arrest Non-Trauma	☐ SEizure-ACtive	☐ Sh of Breath-Bronchospasm	☐ ABdOminal Pain	☐ Behavioral/PSYCh Crisis
☐ DOA-Obvious Death-DEAD	☐ SEizure-POstictal	☐ Resp. Distress/Pulm Edema/	☐ usea/Vo iting	☐ AGitated DElirium
☐ SHOcK ☐ Hyp@TeNsion	☐ ALOC (Not HYPO or SE)	☐ Resp. Arrest-Resp. Failure	☐ per Bleeding	☐ TRauMAtic Injury
☐ SEPSis	☐ STRoKe/CVA/TIA	☐ Resp. Distress-OTher	☐ LOwer GI Bleeding	☐ Traumatic Arrest-Blunt CABT
☐ HYPOglycemia	☐ DIZZiness/Vertigo	☐ BRUE (ALTE)	☐ GenitoUrinary DisOrder	☐ Traumatic Arrest-Penetr CAPT
☐ HYPERglycemia	☐ Head Pain-Non Traumatic	☐ Airway Obstruction-CHOKing	☐ DiarRHeA	☐ BURN
☐ HYperTensioN	☐ SYNCope/Near Syncope	☐ COld/FLu Symptoms	■ VAginal BLeeding	☐ Hazmat Skin Exposure-DCON
☐ CP- Susp. Cardiac	☐ General WEAKness	☐ Submersion/DRoWNing	☐ PREGnancy Complication	☐ ELe Trocution
☐ CP-STEMI	☐ Epistaxis-NOseBLeed	☐ SMOKe Inhalation	☐ Pregnancy/LABoR	☐ EYE Problem-Unspecified
☐ CP- Non Cardiac	☐ ALlergic Reaction(X)	☐ INHaLational Injury	☐ ChildBiRTH (Mother)	☐ ENT/Dental Problem-Unspecified
☐ Cardiac DYSRhythmia	☐ ANaPHylaxis	☐ CarbOn MOnoxide	☐ Newborn-BABY	☐ HEAT- Hyperthermia Environ.
☐ PALPitations	☐ DYstonic Reaction(X)	☐ Med. Device Malfunction-FAIL	☐ FEVeR	☐ Hypothermia/COLD Injury
☐ OverDose/POison/Ingestion	☐ NO Medical Complaint	☐ EXtremity Pain-Non Traumatic	☐ STINGs/Venomous Bites	
☐ Alcohol Intoxication-ETOH		☐ Body Pain-Non Traumatic		

PHYSICAL

PUPILS
■ PERL ☐ PInpoint ☐ Sluggish ☐ Fixed & Dil. ☐ Cataracts ☐ Unequal ☐ Pt's Norm

RESP
■ Normal ☐ Wheezes ☐ RHonchi ☐ Unequal ☐ Stridor ☐ Apnea ☐ Clear ☐ Rales ☐ SnoringG ☐ JVD ☐ Labored ☐ AMU
Tidal Volume ■ N ☐ + ☐ -

SKIN
■ Normal ☐ Cyanotic ☐ Flushed ☐ Pale ☐ Diaphoretic ☐ Hot ☐ CoLd
Cap Refill: ■ NoRmal ☐ DElayed

12 LEAD

12 Lead Time:	2nd 12 Lead Time:
Software Interpretation: ☐ NL ☐ ABnl ☐ STEMI	Software Interpretation: ☐ NL ☐ ABnl ☐ STEMI
EMS Interpretation: ☐ NL ☐ ABnl ☐ STEMI	EMS Interpretation: ☐ NL ☐ ABnl ☐ STEMI
ArtiFact ☐ Y ☐ N	ArtiFact ☐ Y ☐ N
Wavy Baseline ☐ Y ☐ N	Wavy Baseline ☐ Y ☐ N
Paced Rhythm ☐ Y ☐ N	Paced Rhythm ☐ Y ☐ N
Transmitted? ☐ Y ☐ N	Transmitted? ☐ Y ☐ N

ARREST

Witness ☐ Citizen ☐ EMS ☐ None
☐ Citizen CPR ☐ Citizen AED
EMS CPR @ _____ (time)
Arrest to CPR _____ (min)
AED ☐ Analyze ☐ Defibrillation
☐ ALS Resuscitation (use pg 2)

Reason(s) for Withholding/Terminating Resuscitation:
☐ DNR/AHCD/POLST ☐ T.O.R
Time of 814 Death: _____
☐ Rigor ☐ Lividity ☐ Blunt Trauma
☐ OTher _____
☐ FAmily _____ (signature)

SPECIAL CIRCUMSTANCES
DNR/AHCD/POLST? ☐ Y ☐ N Poison Control Contacted? ☐ Y ☐ N
Suspected: ☐ ETOH? ☐ Drugs? ☐ Abuse/Neglect
≥20wks IUP? ☐ Y ☐ N _____ wks
Barriers to Pt. Care: ☐ Speech ☐ Hearing ☐ Language
☐ Physical ☐ Other _____ Translator: _____

VITALS

Time	TM#	BP	Pulse	RR	O2 Sat	Pain	CO2	Time	TM#	Rhythm	Meds/Defib	Dose	Route	Result
14:23	2	136 / 97	103	18	99	3		14:23	2	SR				
		/												
		/												
		/												

PATIENT ASSESSMENT

Pt 1 of 1 # Pts
Transported 1
Age [redacted] ■ Y ☐ M ☐ W ☐ D ☐ H ☐ Est.
Gender ☐ M ■ F
Weight [redacted] ■ Lbs ☐ Kg
Peds Color Code _____ ☐ Too Tall
Distress Level ☐ None ■ MilD ☐ Mod ☐ Severe
Pt Complaint VA
Prov Impress VABL
Mechanism

GCS/mLAPSS/LAMS

Time	14 23	
Eyes	4	
Verbal	5	
Motor	6	
GCS Total	15	

Normal for Pt/Age ■ Y ☐ N
mLAPSS Met ☐ Not Met
Last known well: ☐ Unk
Date: Time:
LAMS
Facial Droop. Arm Drift: _____
Grip Strength _____ Total Score: _____

THERAPIES

	TM#
☐ Back Blows/Thrust	
☐ BVM CO2	
☐ Breath Sounds	
☐ Chest Rise	
☐ Existing Trach	
☐ OP/NP Airway	
☐ Cooling Measures	
☐ DRessings	
☐ Ice Pack	
☐ TourniQuet	
☐ Hemostat c Dressing	
☐ OX lpm ☐ NC ☐ Mask	
☐ REstraints	
☐ Distal CSM Intact	
☐ Spinal Motion Restriction	
☐ C-Collar ☐ BackboarD	
☐ CMS Intact - Before	
☐ CMS Intact - After	
☐ SPlint ☐ Traction Splint	
☐ SUction	
■ BLd Gluc #1 176 #2	2
☐ CPAP cm H2O	
Time:	
☐ FB Removal	
☐ IV g site	
☐ I.O. g length	
☐ Needle THoracostomy	
☐ Vagal Maneuver	
☐ TC Pacing mA bpm	
Time:	
☐ OTher	

Care Provided by PD:
☐ TourniQuet
☐ NarCan
☐ Hemostatic Dressing
☐ OTher

Total IV Fluids Received: _____ mls

Morphine	Midazolam	Fentanyl	Narcotic Wasted: RN Witness
Given: _____ mg Wasted: _____ mg	Given: _____ mg Wasted: _____ mg	Given: _____ mcg Wasted: _____ mcg	Name (print) _____ Signature _____

Reassessment after Therapies and/or Condition on Transfer:

Care Transferred To: ■ Facility ☐ ALS ☐ BLS ☐ Heli

Transfer VS	Time	TM#	BP	Pulse	RR	O2 Sat	CO2	Rhythm	CPAP Pressure	GCS
	14 43	2	132/ 72	74		98				E 4 V 5 M 6

Signature TM completing form Sig #1 [signature] Sig #2 [signature] Reviewed By

Date: 07/03/2018 Provider Code: _____ Unit: _____ Seq. #: BH1800300487

Patient Name: [redacted] Sec. Seq. #: _____ (if applicable)

Incident #: 3870

VITAL SIGNS	Time	TM#	BP	Pulse	RR	O2 Sat	Pain	CO2
			/					
			/					
			/					
			/					
			/					
			/					
			/					
			/					

MEDS/DEFIB	Time	TM#	Rhythm	Meds/Defib	Dose	Route	Result

Additional Comments:

REASON FOR ADVANCED AIRWAY

☐ **R**espiratory **A**rrest ☐ **C**ardiopulmonary **A**rrest ☐ **HY**poventilation ☐ **PR**ofoundly Altered ☐ **OT**her: _____

THE FOLLOWING SECTION MUST BE COMPLETED ON ALL PATIENTS REQUIRING ADVANCED AIRWAY INTERVENTIONS

ENDOTRACHEAL TUBE/KING AIRWAY Attempts:
ET/KING PM#_____ ET/KING PM#_____ ET/KING PM#_____ ET/KING PM#_____ SUCCESS: ☐ **Y** ☐ **N** Time Inserted: _____

ETT/King Size: _____
☐ **F**lex **G**uide ☐ **ELM**
Tube Placement: Mark at teeth: _____

Complications During Tube Placement: ☐ **N**one ☐ **E**mesis/Secretions/Blood ☐ **C**lenching ☐ **A**natomy ☐ Gag **R**eflex ☐ **G**astric Distention ☐ **O**ther: _____

Initial Advanced Airway Tube Placement Confirmation:
☐ **B**ilateral **B**reath Sounds ☐ **B**ilateral **C**hest Rise ☐ **A**bsent **G**astric Sounds ☐ EtCO2 Detector Colorimetric: ☐ **Y** ☐ **T** ☐ **P**
☐ **EID N**o **R**esistance ☐ Capnography #: _____ ☐ Waveform Capnography (attach printout)

ONGOING VERIFICATION OF CORRECT ADVANCED AIRWAY PLACEMENT

Time: _____
☐ Reassessed after patient movement
☐ Verified **C**orrect pla**C**ement ☐ **S**uspected **D**islodgement
Spontaneous Respirations: ☐ **Y** ☐ **N**

Time: _____
☐ Reassessed after patient movement
☐ Verified **C**orrect pla**C**ement ☐ **S**uspected **D**islodgement
Spontaneous Respirations: ☐ **Y** ☐ **N**

ALS AIRWAY UNABLE (REASON)

☐ Positive Gag Reflex ☐ **A**natomy
☐ **B**lood/Secretions
☐ Unable to Visualize **C**ords
☐ Unable to Visualize **E**piglottis
☐ **E**quipment Failure
☐ **L**ogistical/Environmental Issues
☐ **D**escribe Issues: _____

CARDIAC ARREST/RESUSCITATION

☐ **R**estoration of **P**ulse: _____ (Time)
☐ **R**esuscitation **D**/C by Base @ _____ (Time)
Pronounced by: _____ M.D.
Rhythm when pronounced: _____
Comments: _____

VERIFICATION OF TUBE PLACEMENT

(attach waveform printout **OR** obtain physician signature)

Receiving Facility: _____ Verification Technique: ☐ **V**isualization ☐ **A**uscultation ☐ EtCO2 ☐ **X**-ray
Placement: ☐ **T**racheal ☐ **E**sophageal ☐ **R**ight Main Comments: _____
(Print Name) _____ Signature: _____ M.D.

H-1993-2 (07/20/17)

Sig 1: _____ Sig 2: _____

PATIENT RELEASE

I hereby release BEVERLY HILLS FIRE DEPARTMENT EMS provider and
Por este acto rel vio *proveedor de asistencia y*

Hospital (if base contact made) from any [redacted]
hospital de posibilidad de incurrir en demanda

liability of medical claims resulting from my refusal of emergency care and/or transportation to the nearest
medical resultado de mi denegación de tratamiento emergencia o transportacion a la clinica mas proxima. A mas

recommended medical facility. I further understand that I have been directed to contact my personal physician as to my
de esto, comprendo yo que me han dado instrucciones a communicar con mi medico privado de mi estato medical

present condition as soon as possible. I have received an explanation of the potential consequences of my refusal
tan pronto como es posible. Me han explicado la importancia de mi opcion y los resultados posible por mi denegacion.

Risks / Consequences _____
Riesgos / Consequencias

_____

Reason for refusal _____
Mi argumento para denegar

_____

Additional comments _____
Mas comentos

[redacted]

_____ _____
Patient Signature — Date
Firma del Paciente — *Fecha*

_____ _____
Legal Representative — Relationship to Patient
Custodio Legal — *Parentesco al Paciente*

_____ _____
Witness 1 — Date
Presenciador — *Fecha*

_____ _____
Witness 2 — Date
Presenciador — *Fecha*

Yes

- ☐ GCS = 15
- ☐ Advised of risks and consequences
- ☐ Interpreter used Name: _____
- ☐ Patient has plans for follow up

Refused

☐ Treatment ☐ Transport

Yes

- ☐ Advised alternative medical care at once
- ☐ Understands consequences of refusal
- ☐ Instructed to recontact 911 if patient's condition deteriorates or patient reconsiders the need for 911 assistance