

#### INDIANA PATIENT REGISTRY TRAINING

PRE-HOSPITAL

## **Pre-Hospital Screen**

Demographics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	NTDB Preexisting/Hosp. Events	Complications / PI	Outcome
it Incident » Tra		t Form (Full Record with ICD Validity: 75% Status: Congleted Lock: Undexted Undexted: 0 by Omazon Chule Updated: 10/21/2020 by ImageTrend Sy	vuemeka	IT-200417-013 7980	8240				Registry #: Patient: Medical Record Number: NTD8 Inclusion: State Inclusion:	No	COMPLETED
Arrived F	From Arrived From: Facility Transfer:	(Not Applicable 🗸 🗸			Tra	ansported To Your Facility By:	EMS V				<ul> <li></li> <li></li></ul>
Assessme	ent at Scene										
Mass C	asualty Incident:	Not Applicable 🗸				Pregnancy:	Not Applicable 🗸				
Estimat	ted Body Weight:	199.00 lbs 90.26 kg *				Law Enforcement/Crash Report Number:					
	injury Indicators:	- Vehicular Injury Indicators - Dash Deformity DOA Same Vehicle Ejection Fire <b>v</b>				Area of the Vehicle Impacted:	- Area of the Vehicle Impacted - Center Front Center Rear Left Front Left Rear				
Se	at Row Location:					Position of Patient:	Not Applicable 🗸				
Heig	ht of Fall in Feet:				Trau	uma Triage Criteria (Steps 3 and 4):	Auto v. pedestrian/bicyclist thrown, run o Burns Burns with Trauma Crash death in same passenger compartr Crash ejection (partial or complete) from	nent	* *		
Equipme	nt										
Saf	fety Device Used:	Available Airbag Present Child Car Restraint (booster seat or child c Eye Protection Hard Hat Helmec (e.g., bicycle, skiing, motorcycle) Lap Balt	ar	<b>A</b>	*						



# **Pre-Hospital Screen – Arrived From**

Demographics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	NTDB Preexisting/Hosp. Events	Complications / PI	Outcome
lit Incident » Trau		Form (Full Record with ICD- Validity: 75% Status: Completed Lock: Unrocket V port Status: Types In Enteres: 041/72020 by Clinazom Gukw Updated: 10/21/2020 by ImageTend Syst	uemeka	» IT-200417-013 7980	8240				Registry #: Patient: Medical Record Number: NTDB Inclusion: State Inclusion:	79808240 No	COMPLETED
Arrived Fro	rom Arrived From: Facility Transfer:	Not Applicable			Tra	nsported To Your Facility By:	EMS 🗸				<b>2</b>
	nt at Scene	•••••				Pregnancy:	No. 10 II.				
	ed Body Weight:	Not Applicable         V           199.00         lbs         90.26         kg *				Law Enforcement/Crash Report Number:	Not Applicable 🗸				
Vehicular Inj	ijury Indicators:	- Vehicular Injury Indicators - Dash Deformity DOA Same Vehicle Ejection Fire				Area of the Vehicle Impacted:	- Area of the Vehicle Impacted - Center Front Center Rear Left Front Left Rear				
Seat	t Row Location:					Position of Patient:	Not Applicable				
Height	nt of Fall in Feet:				Trau	ma Triage Criteria (Steps 3 and 4):	Auto v. pedestrian/bicyclist thrown, run Burns Burns with Trauma Crash death in same passenger compart Crash ejection (partial or complete) from	ment	× *		
Equipment	ıt										
Safet	ety Device Used:	Available Airbag Present Child Car Restraint (booster seat or child ca Eye Protection Hard Hat Heimet (e.g., bicycle, skiing, motorcycle) Lap Belt	Selected None		•						



### **Pre-Hospital Screen – Assessment at Scene**

Assessment at Scene					
Mass Casualty Inciden	t Not Applicable	¥	Pregnancy	Not Applicable	
Estimated Body Weight			Law Enforcement/Crash		
Estimated body weight	: Ibs	Kg *	Report Number		
Vehicular Injury Indicator	<ul> <li>Dash Deformity DOA Same Vehicle</li> <li>Ejection</li> <li>Fire</li> <li>Rollover/Roof Deformity</li> </ul>		Area of the Vehicle Impacted	Center Front Center Rear Left Front Left Rear Left Side	
Seat Row Location	1		Position of Patient	Not Applicable	
Height of Fal	Feet		Vehicular, pedestrian, other risk injury:	Auto v. pedestrian/bicyclist thrown, run over, Burns Burns with Trauma Crash death in same passenger compartment Crash ejection (partial or complete) from auto	
Equipment					
Airbag Present:	Applicable 🔻 *	* Child Not Applicable *	Three Point Not Applicable	Belt: Not Applicable *	Shoulder Not Applicable *
Personal Floatation: Not	Applicable 🔻 🔸	Protection Not Applicable *	Helmet: Not Applicable   * Prot Clot		Clothing Not Applicable
Other: Not	Applicable 🔻 *	8			
Arrival Information					
Run Number El	MS PCR Number Service	e EMS Dispatch Date Time En Route Time	Arrival Time at Scene Patient Contact Date Tim	ne Unit Departure Time Unit Arrived I	lospital Time Transport Mode
			No EMS Runs Have Been Entered		
Run Number		EMS PCR Numb	ber	Service Favorites <b>V</b> Select	Service 🔻 🔎 *
EMS Dispatch Date Time	En Route Time	Arrival Time at Scene	Patient Contact Date Time	Unit Departure Time	Unit Arrived Hospital Time



#### Pre-Hospital Screen – Assessment at Scene (2)

Assessment at Scene				
Mass Casualty Inciden	t Not Applicable	Y	Pregnancy	Not Applicable
Estimated Body Weight	lbs	Kg *	Law Enforcement/Crash Report Number	
Vehicular Injury Indicator	<ul> <li>Dash Deformity DOA Same Vehicle Ejection Fire Rollover/Roof Deformity</li> </ul>	a a a a a a a a a a a a a a a a a a a	Area of the Vehicle Impacted	Center Front Center Rear Left Front Left Rear Left Side
Seat Row Location	1		Position of Patient	Not Applicable
Height of Fal	Feet		Vehicular, pedestrian, other risk injury:	Auto v. pedestrian/bicyclist thrown, run over, or > 20 MPH impact Burns Burns with Trauma Crash death in same passenger compartment Crash ejection (partial or complete) from automobile
Equipment				
Airbag Present:	Applicable 🔻	Restraint Not Applicable *	Three Point Not Applicable	p Belt: Not Applicable   * Shoulder Belt: Not Applicable  *
Personal Floatation: Not /	Applicable 🔻 •	Eye Not Applicable   *	Helmet: Not Applicable   * Prot Clot	tective thing: Not Applicable
Other: Not /	Applicable ¥	¢		Gear.
Arrival Information				
Run Number El	MS PCR Number Service	e EMS Dispatch Date Time En Route Time	Arrival Time at Scene Patient Contact Date Time No EMS Runs Have Been Entered	me Unit Departure Time Unit Arrived Hospital Time Transport Mode
Run Number		EMS PCR Numb		Service Favorites V Select Service V 🔎 *
EMS Dispatch Date Time	En Route Time	Arrival Time at Scene	Patient Contact Date Time	Unit Departure Time Unit Arrived Hospital Time



#### Pre-Hospital Screen – Assessment at Scene (3)

Assessment at Scene	2				
Mass Casualty Incide	Not Applicable	Y	Pregnancy	Not Applicable	
Estimated Body Weigh	t: Ibs	Kg *	Law Enforcement/Crash		
			Report Number		
Vehicular Injury Indicato	Dash Deformity DOA Same Vehicle	<u> </u>	Area of the Vehicle Impacted	Center Front	
	Ejection	-		Left Front	
	Fire Rollover/Roof Deformity	· ·		Left Rear Left Side	
Seat Row Locatio		7	Position of Patient	Not Applicable	
Seat Now Locald					
			Vehicular, pedestrian, other risk injury:	Auto v. pedestrian/bicyclist thrown, run over, or > 20 M Burns	APH impact
Height of Fa	Feet			Burns with Trauma	
				Crash death in same passenger compartment Crash ejection (partial or complete) from automobile	•
Equipment					
Airbag Present: Not	Applicable 🔻 *	Child Not Applicable * TI	hree Point Not Applicable   Lap		
Personal Floatation: Not	Applicable 🔻 🔸	Eye Not Applicable *	Helmet: Not Applicable	ective Not Applicable	g Not Applicable 🔹 🔹
Other: Not	Applicable 🔻 *			ucu.	
Arrival Information					
Run Number E	MS PCR Number Service	EMS Dispatch Date Time En Route Time	Arrival Time at Scene Patient Contact Date Time	ne Unit Departure Time Unit Arrived Hospital	Time Transport Mode
			No EMS Runs Have Been Entered		
Run Number		EMS PCR Number	r	Service Favorites V Select Service -	- v 🙇 .
EMS Dispatch Date Time	En Route Time	Arrival Time at Scene	Patient Contact Date Time	Unit Departure Time	Unit Arrived Hospital Time



#### Pre-Hospital Screen – Assessment at Scene (4)

Assessment at Scene								
Mass Casualty Incident	Not Applicable	T			Pregnancy	Not Applicable	<b>v</b>	
Estimated Body Weight:	lbs	K- *			Law Enforcement/Cras	h		
Estimated body Weight.	IDS	Kg *			Report Number	r		
Vehicular Injury Indicators	Dash Deformity DOA Same Vehicle Ejection Fire Rollover/Roof Deformity	▲ ▼		Area	a of the Vehicle Impacted	Center Rear Left Front Left Rear	•	
Seat Row Location					Position of Patient	t Not Applicable	T	
Height of Fall	Feet			Ve	hicular, pedestrian, othe risk injury			pact 🔺
Equipment								
Airbag Present: Not A	pplicable 🔻	Child Restraint Not A	pplicable 🔻 *	Three Point Restraint Not Applicable	e 🔻 L	ap Belt: Not Applicable	* Shoulder Not /	Applicable 🔻
Personal Floatation:	pplicable 🔻 •	Eye Not A	pplicable 🔻 *	Helmet: Not Applicable	e ▼ * Pr	otective Not Applicable	Protective     Non-Clothing Not	Applicable 🔻 •
Other: Not A	pplicable 🔻 *					-	Gear:	
Arrival Information								
Run Number EM	IS PCR Number Service	EMS Dispatch Date	Time En Route Time	Arrival Time at Scene No EMS Runs Have Beer	Patient Contact Date 1	Time Unit Departure Tim	e Unit Arrived Hospital Time	Transport Mode
Run Number			EMS PCR Numb		n chiereu	Service Favorite	s 🔻 Select Service	v 🔎 *
EMS Dispatch Date Time * *	En Route Time	Arriva	I Time at Scene *	Patient Contact Date	Time	Unit [	Departure Time	Unit Arrived Hospital Time



# Pre-Hospital Screen – Equipment

Equipment								
Airbag Not Applicable V * Present: Not Applicable V Floatation: Not Applicable V	Child Restraint Eye Protection					elt: Not Applicable	* Shoulder Belt: Protective      * Non-Clothing N	
Other: Not Applicable 🔻							Gear:	
Arrival Information								
Run Number EMS PCR Number Service	EMS Dispatch Date Time	En Route Time		me at Scene Patient Con Runs Have Been Entered	tact Date Time	Unit Departure Time	Unit Arrived Hospital Tim	e Transport Mode
Run Number		EMS PCR Num				Service Favorites	▼ Select Service	▼ <u>0</u> *
MS Dispatch Date Time En Route Time Triage Destination Protocol: -Select-	Arrival Time a	at Scene	Patient Co	ontact Date	Time		eparture Time *	Unit Arrived Hospital Time
Thage Deschadon Protocol: -select-	v					Select- Age 60 Amputation, proximal to wris Burns > 10%, or face/airwa Ejection from vehicle		
Transport Mode Not Applicable 🔻 *	Tube Thoracostomy:	Not Applicable	•	CPR Performed	: Not Applicable	Ŧ	Pre Hospital Cardiac Arrest:	Not determined/Unknown
eedle Thoracostomy: Not Applicable   EMS Status: Not Applicable	Airway Management: Medications:	Not Performed	<b>Y</b>	Fluids	Not Applicable	v	Destination Determination:	Not Applicable
	Add	Medication	•					
				MS Run Search EMS Run				
	* Unit I	*   Notified Date is require	Please Click Or d in order to s	n 💯 To Add/Edit PreHospital ave Unit Notified Time, Arrive	Vitals Scene Time or Lea	ve Scene Time		



#### Pre-Hospital Screen – Arrival Information

Run Number EMS PCR Number Service EN	15 Dispatch Date Time En Route Time	Arrival Time at Scene Patient Co No EMS Runs Have Been Entered	ntact Date Time Unit Depa	arture Time Unit Arrived Hospital Time	e Transport Mode
Run Number	EMS PCR Numbe	er	Service	Favorites V Select Service	▼
S Dispatch Date Time En Route Time Triage Destination Protocol: -Select-	Arrival Time at Scene	Patient Contact Date		Unit Departure Time	Unit Arrived Hospital Time
Transport Mode Not Applicable    sedle Thoracostomy: Not Applicable   EMS Status: Not Applicable	Tube Thoracostomy: Not Applicable Airway Management: Not Performed Medications:	CPR Performe Fluit	d: Not Applicable ▼ s: Not Applicable ▼	Pre Hospital Cardiac Arrest: Destination Determination:	
	* Ple * Unit Notified Date is required i	Add EMS Run Search EMS Ru ase Click On To Add/Edit PreHospit n order to save Unit Notified Time, Arri	al Vitals		



### Pre-Hospital Screen – Arrival Information (2)

Run Number	EMS PCR Number	r Service EMS Dispatch	Date Time	En Route Time			ne Patient Con	tact Date Tin	ne Unit Depar	rture Time Unit Arrived Hospital Tim	e Transport Mode	
						EMS Runs Have	Been Entered					
Run Number				EMS PCR Num	ber				Service	Favorites V Select Service	v 🔎 🔹	
15 Dispatch Date Time	En Route	Time	Arrival Time a	at Scene	Patie	nt Contact Date		Time		Unit Departure Time	Unit Arrived Hospital Tim	2
Triage Destination	Protocol: -Select-	٣						Triage Criteria:		imal to wrist or ankle face/airway/hand/feet/genitalia ide		
Transport Mode Not App	plicable	<ul> <li>Tube The</li> </ul>	racostomy:	Not Applicable	Ŧ		CPR Performed	Not Applicat	le 🔻	Pre Hospital Cardiac Arrest:	Not determined/Unknow	1 🔻
edle Thoracostomy: Not	Applicable	<ul> <li>Airway M</li> </ul>	anagement:	Not Performed			Fluids	Not Applicable		Destination Determination:	Not Applicable	Ŧ
EMS Status: Not App	plicable	▼ Medicatio	4	Medication	* *							
				* F Notified Date is required	lease Cli	:k On 🌆 To Ad	Gearch EMS Run	Vitals				



### Pre-Hospital Screen – Arrival Information (3)

Run Number	EMS PCR Number	Service EMS Dispatch Date Tir	ne En Route Time		cene Patient Cont	act Date Tim	e Unit Depa	rture Time Unit Arrived Hospital Tim	e Transport Mode	
					ave Been Entered				_	
Run Number			EMS PCR Numb	ber			Service	Favorites V Select Service	v 💭 🔹	
IS Dispatch Date Time	En Route T	īme Arrival Tim	e at Scene	Patient Contact Da		Time		Unit Departure Time	Unit Arrived Hospital Time	
Triage Destination	Protocol: -Select-	T			т	iriage Criteria:		aimal to wrist or ankle face/airway/hand/feet/genitalia hide		
Transport Mode Not Ap	plicable	<ul> <li>Tube Thoracostomy:</li> </ul>	Not Applicable	T	CPR Performed:	Not Applicab	le 🔻	Pre Hospital Cardiac Arrest:	Not determined/Unknown	T
edle Thoracostomy: Not	Applicable	<ul> <li>Airway Management:</li> </ul>	Not Performed	T	Fluids:	Not Applicable	• •	Destination Determination:	Not Applicable	
EMS Status: Not Ap	plicable 🔻	4	dd Medication	* *						
			* Pi	ease Click On 🌆 To	Search EMS Run	vitals				



# Pre-Hospital Screen – EMS Lookup

EMS Lookup	
Country:	United States
State:	All States 🔹
County:	All Counties 🔻
City:	
Postal Code:	
Service Name:	
Agency ID:	begins with
	Search Clear Exit
State City	Agency ID Service Name
	× Close



### Pre-Hospital Screen – Arrival Information (4)

Run Number EMS PCR Number Service El	MS Dispatch Date Time En Route Time	<ul> <li>Arrival Time at Scene</li> <li>No EMS Runs Have Bee</li> </ul>		ne Unit Departur	re Time Unit Arrived Hospital Time	e Transport Mode	
Run Number	EMS PCR Nur	mber		Service F	avorites 🔻 Select Service	v 💭 .	
Dispatch Date Time En Route Time	Arrival Time at Scene *	Patient Contact Date	Time		Unit Departure Time	Unit Arrived Hospital Time	
Triage Destination Protocol: -Select-	Y		Triage Criteria:	-Select- Age 60 Amputation, proxima Burns > 10%, or fac Ejection from vehicle	e/airway/hand/feet/genitalia		
ransport Mode Not Applicable 🔻 *	Tube Thoracostomy: Not Applicable	<b>▼</b> 0	PR Performed: Not Applicab	ole 🔻	Pre Hospital Cardiac Arrest:	Not determined/Unknown	T
emplicable Thoracostomy: Not Applicable Thoracostomy: Not Applicable	Airway Management: Not Performed Medications:	T	Fluids: Not Applicable	e V	Destination Determination:	Not Applicable	•
		•					
	4	• •					
	Add Medication						
		Add EMS Run Sear	ch EMS Run				
	* * Unit Notified Date is require	Please Click On To Add/Ed	it PreHospital Vitals d Time, Arrive Scene Time or L	eave Scene Time			



### Pre-Hospital Screen – Arrival Information (5)

	e EMS Dispatch Date Time	En Route Time		ne at Scene Patient Conta Runs Have Been Entered	cubate min	ie onic Departe	re Time Unit Arrived Hospital Time	. Indisport riode
Run Number		EMS PCR Numbe				Service	Favorites 🔻 Select Service	v 🖸 .
Dispatch Date Time En Route Time Triage Destination Protocol: -Select-	Arrival Time a	at Scene	Patient Co		ime iage Criteria:		ce/airway/hand/feet/genitalia	Unit Arrived Hospital Time
Transport Mode Not Applicable 💌	Tube Thoracostomy:		Ŧ	CPR Performed:	Not Applicab		Pre Hospital Cardiac Arrest:	Not determined/Unknown 🔻
dle Thoracostomy:     Not Applicable       EMS Status:     Not Applicable	Airway Management: Medications:	Not Performed	•	Fluids:	Not Applicable	2	Destination Determination:	Not Applicable 🔻
	Add	Medication	Þ					
	* Unit I	* Ple Notified Date is required i	ase Click On	MS Run Search EMS Run	itals icene Time or Le	eave Scene Time		



### Pre-Hospital Screen – Arrival Information (6)

ituri iturio	er EMS PCR Number	r Service EMS Dis	spatch Date Time	En Route Time		Time at Scene Patient Conta 15 Runs Have Been Entered	ct Date Tin	e Unit Depar	ture Time Unit Arrived Hospital Tim	e Transport Mode	
Run Numb	ber			EMS PCR Num		IS Kuis have been Entered		Service	Favorites V Select Service	v 🔎 .	
Dispatch Date	Time En Route 1	Time	Arrival Time a	at Scene	Patient	Contact Date 1	lime		Unit Departure Time	Unit Arrived Hospital Time	1
Triage Desti	ination Protocol: -Select-	٠				T	iage Criteria:		mal to wrist or ankle face/airway/hand/feet/genitalia ide		
ansport Mode N	Not Applicable	▼ * Tu	be Thoracostomy:	Not Applicable	Ŧ	CPR Performed:	Not Applicab	le 🔻	Pre Hospital Cardiac Arrest:	Not determined/Unknowr	T
e Thoracostomy: EMS Status: N	1		way Management: adications:	Not Performed		Fluids: EMS Run Search EMS Run On Mr To Add/Edit PreHospital V	Not Applicable	2 🔻	Destination Determination:	Not Applicable	T



### Pre-Hospital Screen – Arrival Information (7)

Run Num	EMS PCR Numb	er Service EN	15 Dispatch Date Time	En Route Time	Arrival Time at So No EMS Runs Har		act Date Time	e Unit Depa	erture Time Unit Arrived Hospital Time	e Transport Mode	
Run Num	ber			EMS PCR Numb				Service	Favorites 🔻 Select Service	v 💭 .	
15 Dispatch Date	Time En Rout	e Time	Arrival Time a	at Scene	Patient Contact Da		Time		Unit Departure Time	Unit Arrived Hospital Time	
Triage Dest	ination Protocol: -Selec	t-	¥			,	Friage Criteria:		ximal to wrist or ankle r face/airway/hand/feet/genitalia hicle		
Transport Mode	Not Applicable	*	Tube Thoracostomy:	Not Applicable	T	CPR Performed:	Not Applicabl	e 🔻	Pre Hospital Cardiac Arrest:	Not determined/Unknown	•
eedle Thoracostomy:	Not Applicable	T	Airway Management:	Not Performed	Ŧ	Fluids:	Not Applicable	•	Destination Determination:	Not Applicable	•
EMS Status:	Not Applicable	v	Medications:		* •						
					•						
			Add	Medication							
						Search EMS Run	•				
			* Unit I	* Pl Notified Date is required	lease Click On 🌆 To / In order to save Unit I	Add/Edit PreHospital Notified Time, Arrive	Vitals Scene Time or Le	ave Scene Time			



#### Pre-Hospital Screen – Arrival Information (8)

Run Number EMS PCR Number     S Dispatch Date     Triage Destination Protocol:         Triage Destination Protocol:           Triage Destination Protocol:              Triage Destination Protocol:           Triage Destination Protocol:           Triage Criteria:                          Triage Criteria:   <	Run Number EMS PCR Number Service	EMS Dispatch Date Time	En Route Time		Time at Scene Patient Conta VS Runs Have Been Entered	ct Date Tim	ie Unit Depar	ture Time Unit Arrived Hospital Time	e Transport Mode	
S Dispatch Date Time E Route Time Arrival Time at Scane Petert Contact Date Triage Destination Protocol: Select:   Image Destination Protocol: Select:   Image Destination Protocol: Select:   Image Destination Protocol: Select:   Image Dispatch Date Time Dubt Departure Time Unit Departu					15 Kuns Have been Entered					
Triage Destination Protocol: Select. Triage Destination Protocol: Select. Triage Destination Protocol: Select. Triage Destination Protocol: Select. Triage Criteria: Select: Age to	Run Number		EMS PCR Numb	er			Service	Favorites V Select Service	v Q .	
Transport Mode Not Applicable  Tube Thoracostomy: Not Applicable  Tube Thoracostomy: Not Applicable  Tube Thoracostomy: Not Applicable  Ainvay Management: Not Performed  Medication:  CPR Performed: Not Applicable  Pre Hospital Cardiac Arrest: Not determined/Unknown  Destination Determination: Not Applicable  Medication:  Add EMS Run Search EMS Run * Please Click On To Add/Edit PreHospital Vitals			at Scene	Patient	000000000	ïme		Unit Departure Time	Unit Arrived Hospital Tim	e
edele Thoracostomy: Not Applicable V Airway Management: Not Performed V Fluids: Not Applicable V Destination Determination: Not Applicable V Medications: Add Medication * Please Click On To Add/Edit PreHospital Vitals	Triage Destination Protocol: -Select-	Ŧ			Tr	iage Criteria:	Age 60 Amputation, proxi Burns > 10%, or	face/airway/hand/feet/genitalia		
EMS Status: Not Applicable   Medications:  Add Medication  Add EMS: Run Search EMS Run  * Please Click On Monopolarity Vitals	Transport Mode Not Applicable 💌 *	Tube Thoracostomy:	Not Applicable	•	CPR Performed:	Not Applicab	le 🔻	Pre Hospital Cardiac Arrest:	Not determined/Unknow	n 🔻
Add EMS Run * Please Click On M To Add/Edit PreHospital Vitals	eedle Thoracostomy: Not Applicable 🔻	Airway Management:	Not Performed	Ŧ	Fluids:	Not Applicable	e 🔻	Destination Determination:	Not Applicable	•
Add EMS Run     Search EMS Run     * Please Click On      To Add/Edit PreHospital Vitals	EMS Status: Not Applicable	Medications:		•						
* Please Click On 🛷 To Add/Edit PreHospital Vitals		4 Add	Medication	•						
* Please Click On du To Add/Edit PreHospital Vitals * Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time										
		* Unit M	* Ple Notified Date is required	ease Click in order to	On 🏧 To Add/Edit PreHospital Vi o save Unit Notified Time, Arrive S	itals cene Time or Li	eave Scene Time			



### Pre-Hospital Screen – Arrival Information (9)

Run Number EMS PCR Number Service EM	15 Dispatch Date Time En Route Time	Arrival Time at Scene Patient Co No EMS Runs Have Been Entered	ntact Date Time Unit Dep	parture Time Unit Arrived Hospital Time	e Transport Mode
Run Number	EMS PCR Num		Servio	ce Favorites V Select Service	v 🔎 *
IS Dispatch Date Time En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time
Triage Destination Protocol: -Select-	¥			roximal to wrist or ankle or face/airway/hand/feet/genitalia wehicle	
Transport Mode Not Applicable 🔻 *	Tube Thoracostomy: Not Applicable	▼ CPR Performe	d: Not Applicable	Pre Hospital Cardiac Arrest:	Not determined/Unknown
eedle Thoracostomy: Not Applicable  V EMS Status: Not Applicable  V	Airway Management: Not Performed Medications:	Fluid	Is: Not Applicable	Destination Determination:	Not Applicable
	Add Medication	•	_		
	*   * Unit Notified Date is service	Add EMS Run Search EMS Ru	al Vitals		



### Pre-Hospital Screen – Arrival Information (10)

Run Num	ber EMS PCR Num	ber Service EM	S Dispatch Date Time	En Route Time		Scene Patient Conta	ct Date Tim	e Unit Depart	ture Time Unit	t Arrived Hospital Time	e Transport Mode	
Due No.	the second s			5M5 000 No.		Have Been Entered						
Run Nun	nder			EMS PCR Num	ber			Service	Favorites V	Select Service	▼ <b>D</b> .	
IS Dispatch Date	Time En Rout	te Time	Arrival Time	at Scene	Patient Contact D	Date	lime		Unit Departur	re Time	Unit Arrived Hospital Time	
Triage Des	tination Protocol: -Selec	t-	Y			Ti	iage Criteria:	-Select- Age 60 Amputation, proxii Burns > 10%, or f Ejection from vehi	ace/airway/hand/			
Transport Mode	Not Applicable	*	Tube Thoracostomy:	Not Applicable	T	CPR Performed:	Not Applicabl	le 🔻	Pre	Hospital Cardiac Arrest:	Not determined/Unknown	Y
edle Thoracostomy:	Not Applicable	Ψ.	Airway Management:	Not Performed	•	Fluids:	Not Applicable	•	Des	stination Determination:	Not Applicable	•
EMS Status:	Not Applicable	T	Medications:		* •							
			Add	d Medication	Add EMS R	in Search EMS Run						
			* Linit	* P Notified Date is required	lease Click On 🌆 T	o Add/Edit PreHospital V it Notified Time, Arrive S	itals icene Time or Le	ave Scene Time				



## **Pre-Hospital Screen – Medications**

Add	Dru	gs	_									_				_						_	
AI	вс	D	EF	G	н	J	ĸ	. м	N	0	P	QR	s	т ( Searc	b v th:	w	ХҮ	Z	1	All		]	•
									D	escr	ipti	on									4		
		Calci	um Glu	JCON	ate			De	emer	ol (M	leper	ridine	)		Оху	gen							
		CT c	ontrast	t				De	extro	se (G	Gluco	se)			Pac	ed Re	d Blo	bod	Cell	s			
		Нуре	rtonic	Solu	tion			Di	lantii	n (Ph	enyt	oin)			Pan	uroni	um						
		Ketar	mine				(	_	laudi omor	d phon	ie)				Paxi	l (Paro	oxete	ne)					
		Leve	tiraceta	am (	Керр	ra)		D	obuta	mine	в				Pelv	ic wra	p						
	anti	Othe biotic	r Antib )	iotic	(inst	tead	of	D	opam	ine					Pent	othal	(Thio	open	ntal)				
		Othe	r Antih	yper	tens	ive		Ep	oinep	hrine	e (aq	ueous	;)		Pep	id (Fa	amoti	dine	e)				
		Othe	r Antis	eizu	re			Et	omid	ate					Peri	ardio	cente	esis					
		Othe	r Benz	odia	zepin	e		Б	tern	al pa	cema	aker		(Pr		nergar hazine							
		Othe	r Opiat	te/Na	arcot	ic		Fe	entan	yl					Phe	nobart	oital						•
	Sav								2.1.1						ene						× C	lose	



#### Pre-Hospital Screen – Arrival Information (11)

Run Number EMS PCR Number Service	EMS Dispatch Date Time En Route Ti			it Departure Time Unit Arrived Hospital Tim	ne Transport Mode
		No EMS Runs Have Been Enter	ed		
Run Number	EMS PCR I	lumber		Service Favorites V Select Service	v 🙇 *
EMS Dispatch Date Time En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time
Triage Destination Protocol: -Select-	Ŧ		Burns >	ion, proximal to wrist or ankle 10%, or face/airway/hand/feet/genitalia from vehicle	
Transport Mode Not Applicable 🔻 *	Tube Thoracostomy: Not Applicable	CPR Perf	ormed: Not Applicable	Pre Hospital Cardiac Arrest:	Not determined/Unknown 🔻
Needle Thoracostomy: Not Applicable 🔻	Airway Management: Not Performed	T	Fluids: Not Applicable	<ul> <li>Destination Determination:</li> </ul>	Not Applicable
EMS Status: Not Applicable	Medications:	•			
		-			
	4	•			
	Add Medication				
		Add EMS Run Search EM	S Run		
		* Please Click On Ma To Add/Edit PreH			



#### Pre-Hospital Screen – Arrival Information (12)

Arrival	Information																	
	Run Number	EMS PCR	Number	Service	EMS Dispatch [	Date Ti	ime En Route Time	Arrival Time at Scene	Patient Conta	ct Date	Time	Unit D	eparture Time	Unit Arriv	ved Hospital Tin	ne Trans	port Mode	
<u>}</u> ≁-=																Not App	olicable	٥
	CPR Performed: Response Time: Fluids: Not Appli Medications:	min.(s)	ble				nagement: Not Performe e: min.(s)	d	Tube Thoracos Transport Time			le			Thoracostomy ation Determina			
	EMS Vitals Date	G	asgow Eye	Glasgow V	'erbal Glasgow	Motor G	GCS Qualifier		BP	Pulse R	ate Res	p. Rate	Resp.Assistanc	æ	SpO2	GCS	RT5	PTS
	Run Number						EMS PCR Numb	er				Sen	vice Favorites	▼ Se	lect Service	۲ J	0.	
EMS Dispato	h Date Time	*	Route Tim	ne	Ar	rrival Time *	e at Scene	Patient Contact Date	Т	ime			Unit Dep	parture Time	e	Unit Arr	ived Hospital Ti	me
-	Triage Destination I	Protocol:	Select-		V				Tri	iage Criteria	Age Amp Burn	60 utation, is > 10%	proximal to wrist b, or face/airway/ n vehicle		enitalia			
Transpo	rt Mode Not App	icable		▼ *	Tube Thora	costomy:	Not Applicable	Ŧ	CPR Performed:	Not Appl	icable		•	Pre Hospi	tal Cardiac Arrest	: Not det	ermined/Unkno	wn 🔻
	acostomy: Not A Status: Not App			T	Airway Man Medications	-	Not Performed	▼ ▲	Fluids:	Not Applic	able	•	<b>,</b>	Destinatio	on Determination:	Not App	licable	•
						۹ Ac	dd Medication	Þ										
							t ni	Add EMS Run Sea		tala								



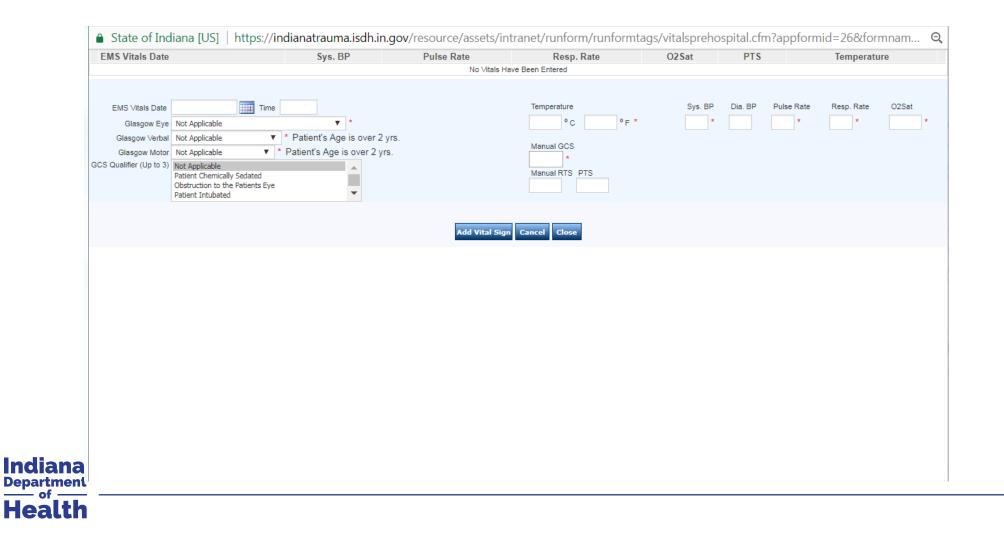
### **Pre-Hospital Screen – Vitals**

EMS Vitals Da	te	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS		Temperat	ure
			No √ita	Is Have Been Entered					
	te	Time ▼ *	Vre	Temperature ° C ° F *	Sys. BP	Dia. BP	Pulse Rate	Resp. Rate	02Sat
-	tor Not Applicable	* Patient's Age is over 2 y		Manual GCS  * Manual RTS PTS					
			Add Vital	Sign Cancel Close					

### Pre-Hospital Screen – Vitals (2)

		Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS		Temperat
			No Vitals H	lave Been Entered				
Glasgow Verbal	Not Applicable 🔹 🕈 F	▼ * Patient's Age is over 2 yrs. Patient's Age is over 2 yrs.		Temperature C C F Manual GCS Manual RTS PTS	Sys. BP	Dia. BP	Pulse Rate	Resp. Rate
			Add Vital Sig	n Cancel Close				

# Pre-Hospital Screen – Vitals (3)



## **Pre-Hospital Screen – Vitals (4)**

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperatu	ire
		No Vitals Have Bee	en Entered				
EMS Vitals Date Glasgow Eye Not Applicable Glasgow Verbal Not Applicable Glasgow Motor Not Applicable GCS Qualifier (Up to 3) Not Applicable Patient Chemically Obstruction to the Patient Intubated		[	Temperature	Sys. BP	Dia. BP Pulse Rate	Resp. Rate	02
		Add Vital Sign Car	icel Close				

## Pre-Hospital Screen – Vitals (5)

EMS Vitals Date			natrauma.isdh.ir Sys. BP	- Pulse R		Resp. Rate		O2Sat	PTS		Temperat	
Emo vitaio Dute			5,5.51	T uloc IV	No Vitals Have I			02.5ut	115		Temperat	are
Glasgow Verba	Not Applicable Not Applicable Not Applicable	▼ * Pati edated	▼ * atient's Age is over 2 y	•		Temperature O C Manual GCS * Manual RTS PTS	°F *	Sys. BP	Dia. BP	Pulse Rate	Resp. Rate	O2Sa
	Patient Intubated		•		Add Vital Sign	ancel Close						
					Add Vital Sign (	ancel Close						
1												
t												

### **Pre-Hospital Screen – Vitals (6)**

		Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS		Temperat
			No Vitals H	lave Been Entered				
Glasgow Verbal Glasgow Motor GCS Qualifier (Up to 3)	Not Applicable 🔹 🕈 F	▼ * Patient's Age is over 2 yrs. Patient's Age is over 2 yrs.		Temperature C C F Manual GCS X Manual RTS PTS	Sys. BP	Dia. BP	Pulse Rate	Resp. Rate
			Add Vital Sig	n Cancel Close				

## Pre-Hospital Screen – Vitals (7)

EMS Vitals Date		Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS		Temperat	ure
			No Vitals	Have Been Entered					
Glasgow Verba	Not Applicable 🔹 *	▼ * * Patient's Age is over 2 yrs. Patient's Age is over 2 yrs.		Temperature C P * Manual GCS * Manual RTS PTS	Sys. BP	Dia. BP	Pulse Rate	Resp. Rate	
			Add Vital Si	ign Cancel Close					

## **Pre-Hospital Screen – Save & Continue**

		ximal to wrist or ankle r face/airway/hand/feet/genitalia hicle		
CPR Performed: Fluids:	Not Applicable   Not Applicable	Pre Hospital Cardiac Arrest: Destination Determination:	Not determined/Unknown	
arch EMS Run				
/Edit PreHospital V ified Time, Arrive S	itals icene Time or Leave Scene Time			
			Save 🖪	Save and Continue

