

**HEMS, INC.
MEDICAL CONTROL AUTHORITY**

**DIRECTIONS FOR COMPLETING THE
E.M.S. RUN REPORT**

PAGE ONE

HIPPA FORM LEFT WITH PATIENT

Circle **YES** or **NO**

PAGE OF . (UTILIZING MORE THAN ONE CHART)

If using one form to document care this box should read **Page 1 of 1**. If using more than one form for the same patient this box should reflect the number of forms used. The first page should read **Page 1 of 2, 3 etc.** and the second page should read **Page 2 of 2, 3 etc.** and so on.

NOTE: - Should you run out of space on your chart, please use the WCEMS Medical Report Supplemental Form for as many subsequent charts as necessary. Number the pages as described above. The information portion of the second and any subsequent pages of the chart should be filled out IAW the directions outlining the use of the “Supplemental Run Form”

AGENCY USE

Individual agencies requested this area. Those agencies need to provide their members with the information needed in this box.

DATE OF INCIDENT

Enter the complete date of the incident.

Example: June 16, 2005 can be written 06/16/05, June 16, 2005 or in military style as 16 June 2005.

RESPONDING UNIT #

Enter your EMS unit designator number starting with the county identifier code, i.e. 82A1171 etc.....
Livingston-47, Monroe-58, Oakland-63, Washtenaw-81, Wayne-82

INCIDENT#:

Enter the incident number your service assigns the call.

MCI Pt. #:

Enter the pt. number assigned under the MCI rules. Use the format **1 of 2, 1 of 3, etc...**

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INCIDENT LOCATION

ACTUAL RUN LOCATION - If available, give the address of the call. If the location is not at a specific address, then identify the approximate distance from the nearest cross streets. Major structures may also be used, i.e. Henry Ford College, Heritage Hospital, Erie Metro Park.

RESPONSE TIMES

PSAP (Public Safety Answering Point) – Enter the **Time of Call**.

Unit Dispatched – Enter the time your agency's dispatcher dispatched the responding unit.

Enroute – Enter the time that the responding unit's vehicle started moving.

Arrive Scene – Enter the time the responding unit completing the run form arrives on scene. The time the vehicle stops moving.

Arrive Patient – Enter the time the responding unit arrived at the patient's side. (Document a delay of greater than one minute from the **Arrive Scene** time to the **Arrive Patient** time.

Transfer of Care – Enter the time that patient care was transferred from one EMS agency/Care Facility to another EMS agency/Care Facility. In the case of a house call this box may be empty. In this case enter a straight line through the box to address the box.

Leave Scene – Enter the time the transporting unit left the scene (started moving).
In agencies that do not transport you will enter the time the transporting agency left the scene. In this case there will not be a corresponding Arrive Dest. Time as you are not transporting. Enter a straight line through the box to address the box.

Arrive Destination – Enter the time the transporting unit arrived with the patient at the destination or transfer to point.

In Service – Enter the time the unit is back in service and available for response (finished with the call, but not necessarily back in the home location).

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Unit Cancelled – Enter the time the unit is cancelled. This is used for those instances where a responding vehicle is cancelled prior to patient contact.

In Quarters – Enter the time the unit is back in its service area or station.

DISPATCH PRIORITY

Enter the priority that the dispatcher sent the responding unit out on.

PATIENT PRIORITY

Enter the priority that the dispatcher sent the responding unit out on.

PATIENT INFORMATION

Enter the patient's name, address, phone number, date of birth (DOB), age. Enter the **Gaurdian Name** for the pediatric and special consideration situations when necessary. Enter the **Pt. Physician**. Enter the patient's weight in Kilograms and Pounds in the box provided. Please approximate the patient weight if it is unknown. Indicate the sex of the patient by circling the M or F next to the weight box. **NOTE:** If the patient's name is unavailable even after arriving at the hospital, use John or Jane Doe.

PRIOR AID

Check the appropriate box. i.e. if the AED is used by a public access system then indicate that by marking a clear X across the box provided. In the next box indicate who the person was that provided the care. i.e. if a Lay Person used the AED indicate that by marking a clear X across the box provided. In the next box indicate the **Outcome/Condition** result of providing aid.

PATIENT DESTINATION

Enter the destination that the patient is being transported to.

1ST RESPONSE AGENCY

Enter the Agency name if applicable.

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TRANSPORT AGENCY

Enter the Agency name.

AGENCY CREW

Enter the names of the responding crew members. “Do not use employee numbers”

List all other agencies that responded to the call, including police, fire departments, medical examiners and other EMS units. You may use standard department initials such as DFD – Dearborn Fire Department, MSP - Michigan State Police, etc. Use the narrative section if room is needed.

NOTE: This information is needed for the notification of personnel in the event that they are exposed to a communicable disease or hazard that they are not aware of at the time of the run.

INJURY DESCRIPTION

Enter the key injury(ies) in the space provided. Refer to the back of 4 (the Data Worksheet) for choices.

CAUSE OF INJURY

Enter the cause of the injury if known. Refer to the back of 4 (the Data Worksheet) for choices.

LOCATION TYPE

Enter the location of the run. Refer to the back of 4 (the Data Worksheet) for choices.

PROVIDER IMPRESSION

Primary – Enter the primary impression

Secondary – Enter the secondary impression

Refer to the back of Page 4 (the Data Worksheet) for choices.

HOSPITAL CONTACTED

Enter the hospital that you contacted for medical direction.

LIGHTS & SIRENS

Circle the one that applies.

SAFETY EQUIPMENT USED

Report Form/Directions:
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MDCH approved 4-24-09
MCAB Implementation Date 7-1-09

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Check the appropriate box.

PRIMARY COMPLAINT

Enter the Primary Complaint from the patient.

ONSET DATE/TIME

Enter the onset date and time of the primary complaint.

NARRATIVE REPORT

Your narrative will need to describe those things that cannot be described in the flow chart or elsewhere on the report. The following items are suggestions of what should be discussed in the narrative:

- What the patient was doing at time of onset
- Accurate description of mechanism of injury
- The environment existing at the location of the call (snow/sleet/rain etc...)
- The cause of any delays in treatment and/or transport (snow/sleet/rain etc...)
- Results of your patient survey
 - Injuries
 - Pertinent positive and negative findings
 - Complaints not listed in the “chief complaint”
 - Any course of action not described in the flow chart
- Treatment and the results of that treatment

FLOW CHART

Enter the vital signs as indicated. Where it asks for the Glasgow Score refer to the back of page 4 for a reference chart.

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APGAR SCORE @ 1 AND 5 MINUTES

Enter the appropriate APGAR score. See the back of page 4 for a reference of the APGAR Scale.

CPR DOWNTIME

Circle the one that applies.

EXPOSURE

Should a healthcare responder incur an exposure Circle the one that applies. **FOLLOW YOUR AGENCIES EXPOSURE PLAN!**

MEDICAL HISTORY

Circle the one that applies. If you select “other” then you must include the information to support that choice in the narrative section or use the WCEMS Medical Report Supplemental Form.

MEDICATIONS

Document the pertinent medications first. Pertinent medications are those medications that directly relate to the response at hand. Enter the dose and how often they are supposed to take the given medication. Other medications should appear last. If you need additional space please utilize the narrative section or use the WCEMS Medical Report Supplemental Form.

ALLERGIES

List the allergies to medications first. Allergies to other substances such as food items or environmental items are just as important and should appear last. If you need additional space, please use the first lines of the flow chart.

OTHER HISTORY

Enter the **TIME/ECG INTERPRETATION/MEDICATIONS GIVEN/DOSES AND ROUTES/DEFIBRILLATIONS WITH JOULE SETTING/AIRWAY MANAGEMENT NOT LISTED IN THE “PROCEDURES/TREATMENT” BOX BELOW.**

MEDIC – Located at the far right of the “Other History” box. Use initials or employee # to document procedures and treatments performed. For procedures performed by an employee of another agency, list the agency.

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It will be necessary for you to put all these occurrences **in the order that they occurred** and **place an appropriate time to them**. Your flow chart is very important and must be in a chronological order. Identify when and where treatments occurred. A complete and accurate flow chart will lessen the length of the narrative necessary to accurately document the call.

SOAP, CHART, and REPORT mnemonics are reserved for narratives and do not exclude the need for a well-ordered flow chart.

PROCEDURES / TREATMENT

Circle those that apply. Where the “A” and “S” is located the “A” stands for Attempts and the “S” stands for successful.

SPINAL INJURY ASSESSMENT CHECK BOX

Refer to Wayne County MCA Protocol - Spinal Injury Assessment and Immobilization. The spinal assessment should be completed on all patients with a mechanism of injury suggestive of potential spinal injury. Check to indicate the presence, inability to assess or absence of each indicator listed. Then check the appropriate YES or NO box after spinal immobilization so as to indicate the course of action taken. If the Spinal Injury Assessment box is not indicated for use then cross it out, showing that the treating paramedic addressed the “Spinal Injury Assessment” area and deemed the patient fell out of the requirements for its use. Enter the C-Collar size.

TX / REMARKS

Enter pertinent information not contained in the “**Procedures / Treatment**” section.

DESTINATION DETERMINATION

Check the appropriate box.

SIGNATURES (EMS PERSONNEL)

The attending technician must sign all of the charts. The same technician that signed page one must sign all subsequent pages. The senior individual on the responding unit has no bearing on the report. It is helpful to have two of the crew members sign the report as it helps to ensure that all areas are covered. The signatures should appear at the end of the chart. If multiple pages are used, then the signatures should appear on each page.

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RECEIVING HOSPITAL SIGNATURE

The Physician receiving the patient must sign all charts if LALS/ALS care was provided. The Nurse can sign to signify receiving the patient and report for patients that were provided BLS care only, whether provided by a BLS, LALS or ALS crew. If medications or invasive airways are used then the receiving physician must sign the report.

STROKE SCALE

Check the appropriate boxes.

TRANSPORTING UNIT #

Enter the transporting unit number.

COPIES OF THE PATIENT CHART

This patient chart is a very important part of the patient's medical records. The White copy is retained by the service in perpetuity. The Yellow copy is left with the hospital as part of the medical record. The Pink copy is left at the hospital and is forwarded to the MCA. Agencies who respond to an EMS call where a patient was treated and not transported or transported by helicopter must forward the Pink copy to the MCA per protocol. The "Data Worksheet" is for the service to be able to gather information for the purpose of sending the data information to the MCA and the State.

EKG STRIPS

Pertinent EKG strips shall be attached to each page of the report. Photocopies are acceptable attachments on all parts with the exception of the Yellow hospital record copy. It is required that all 12 lead EKG's be attached to the yellow copy. Please print the patient's name and date of birth on the strip to maintain continuity.

PAGE ONE REVERSE SIDE

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REFUSAL OF TREATMENT/TRANSPORT

Carefully document a patient's desire to refuse treatment in your narrative report. You must gain a signature whenever a patient refuses to be treated or transported. If at all possible utilize a family member as a witness. Other people on the scene can be used but it should be documented who they are in relation to the patient. Personnel from the responding agency can be used as witnesses as a last resort. (Refer to the information in regards to incidents where you are "On Scene When an Emergency May Still Exist", or "On Scene Declaration That an Emergency No Longer Exists").

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PAGE TWO REVERSE SIDE**

MULTIPLE PATIENT INCIDENT SUMMARY
Procedure

PAGE THREE REVERSE SIDE

COMMUNICATION / TRANSPORTATION
Procedure for contacting medical control for priority 1, 2 or 3 patient's.

PATIENT OUTCOME INFORMATION

QA AUDIT
Protocol deviation, patient refusal, and communication problem. Be Specific!

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PAGE FOUR – THE DATA WORKSHEET –FRONT PAGE

Check the boxes that apply. Enter the “Fill in the Blank” information. Return to your station and enter the data into the State and MCA data collection system.

PAGE FOUR – THE DATA WORKSHEET – BACK PAGE

Reference material for some of the run report data. It is the hope of the MCA that the provider will use these terms in lieu of making something up because the data system will easily accept these as well as make it easier to extract data from the system.

The “Rule of Nines” chart for the burn patient.

GLASGOW COMA SCALE

Utilizing the Glasgow Coma Score chart given , assign the patient a score for your initial assessment.

For obvious reasons, the Glasgow Coma Score will need to be evaluated after the call is complete, based on earlier observations. If the patient status changes prior to arrival at the hospital you will need to include an updated score at the end of your flow chart.

The Glasgow Coma Score will be helpful in completing studies on trauma in our system.

TEMPERATURE AND WEIGHT CONVERSION CHARTS

APGAR SCALE FOR THE “NEWBORN”

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Using the Apgar Scale given on the back of the run sheet, assign the patient a score for your initial assessment of the newborn patient. Your Medical Control Authority is asking that you actually fill out the Apgar Scale on the back of the last page of the run report so more specific information may be gathered. If possible, assign the patient another score after 5 minutes.

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