



BLS AMBULANCE FIELD REPORT

I. AUTHORITY:

Health and Safety (HS) Code 1797.220. The local EMS agency, using state minimum standards, shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system. The policies and procedures approved by the medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements.

California HS Code 1798 (a)(3). The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local Emergency Medical Services (EMS) Agency.

II. APPLICATION:

This policy establishes criteria for completing the Basic Life Support (BLS) Ambulance Field Report for emergency transported patients specified in Section 500 of the Orange County Ambulance Rules and Regulations.

III. CRITERIA:

A. Emergency medical technicians (EMTs) on ambulances shall complete a BLS Ambulance Field Report for emergency response each time:

1. An ambulance responds to a request for emergency response and an OCEMS approved ALS unit is not present.
2. Patient care is relinquished to the ambulance personnel by an EMT-paramedic (EMT-P) or a physician at the scene or public safety personnel, for an emergency response.
3. An emergency patient is transported beyond the closest paramedic receiving center (PRC) in an emergency response and an EMT-P does not accompany the patient. The specific reason for bypass shall be documented on the BLS Ambulance Field Report.

B. Distribution and Disposition of the BLS Ambulance Field Report:

1. One (1) copy of the BLS Ambulance Field Report shall be sent to the OCEMS on the first day of the month following the incident for which the report was generated;
2. One (1) original shall be given to the receiving facility medical staff when the ambulance personnel deliver the patient; and
3. One (1) copy shall be retained by the ambulance service for seven (7) years.

IV. REQUIRED DOCUMENTATION:

A. All BLS Field Reports shall be completed at the receiving medical facility prior to the ambulance crew leaving said medical facility. If information for a section cannot be documented, that section shall be annotated accordingly.

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B. The following are instructions for completing all sections of the BLS Ambulance Field Report. Refer to Section V for a complete copy of the report.

1.

Patient _____ (1.a.)
DX: _____ (1.b.)
_____ Duration X _____
HX _____ (1.d.)
Allergies _____ (1.e.)

- 1.a. Patient: patient's first and last name.
- 1.b. DX: patient's assessed problem or chief complaint.
- 1.c. Duration: length of time since the onset of the patient's chief complaint.
- 1.d. HX (medical history): medical condition(s) the patient was or is being treated for by a physician (including medications being taken if known).
- 1.e. Allergies: foods, medicines, etc. that the patient is known to be allergic to. If the patient denies any allergies, indicate: "patient denies."

2.

Date: _____ (2.a.)
Trip: _____ (2.b.)
Age: _____ (2.c.) DOB: _____ (2.d.)
HT: _____ (2.c.) WT: _____

- 2.a. Date: month, day, and year of the incident.
- 2.b. Trip #: numeric reference used and entered in the dispatch log of the ambulance service.
- 2.c. Age: patient's age. If exact age is not obtainable, estimate age and indicate "Estimated."
- 2.d. DOB: patient's date of birth.
- 2.e. HT: patient's height in feet and inches. If exact height is not obtainable, estimate height and indicate "Estimated."
- 2.f. WT: patient's weight in pounds or kilograms. If exact weight is not obtainable, estimate weight and indicate "Estimated."
- 2.g. M or F: check appropriate box for patient's sex.

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3.

TRANS. FROM (FACILITY/ADDRESS)
 (3.a.) _____
 TRANS. TO
 (3.b.) _____
 PMD
 (3.c.) _____
 (3.d.) _____
 T/O _____
 TIME ON SCENE _____
 ENROUTE DEST. _____
 ARRIVE DEST. _____
 (3.e.)
 ENROUTE CODE: 2 3
 TRANS. CODE: 2 3
 (3.f.)
 ON SCENE FIRE/EMT-FS
 PARAMEDICS
 PHYSICIAN

- 3.a. Trans. From (Facility/Address): the name of the facility or the address of the location from where the patient is transported.
- 3.b. Trans. To: the name and location of the facility the patient was transported to.
- 3.c. PMD: first and last name of the patient's primary care physician.
- 3.d. T/O: (time left for scene), Time on Scene, Enroute Time, and Arrival Time: document actual times.
- 3.e. Enroute/Trans Code: Circle the appropriate operation code level (2 or 3) for both enroute and transport codes.
- 3.f. On Scene: Circle EMS professional(s) who were present on scene at any time during the incident (i.e., EMT-FS, paramedic, physician).

4. Check or mark appropriately.

PRIMARY SURVEY			
(4.a.) A <input type="checkbox"/> OPEN. <input type="checkbox"/> PART OBST. <input type="checkbox"/> TOTAL OBST. B <input type="checkbox"/> NORMAL <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED <input type="checkbox"/> ABSENT C <input type="checkbox"/> NORMAL <input type="checkbox"/> WEAK <input type="checkbox"/> BOUNDING <input type="checkbox"/> IRREG. <input type="checkbox"/> ABSENT	(4.b.) SKIN SIGNS T <input type="checkbox"/> NORMAL E <input type="checkbox"/> WARM M <input type="checkbox"/> COOL P <input type="checkbox"/> HOT <input type="checkbox"/> COLD C <input type="checkbox"/> NORMAL O <input type="checkbox"/> PALE L <input type="checkbox"/> FLUSHED O <input type="checkbox"/> CYANOTIC M <input type="checkbox"/> NORMAL O <input type="checkbox"/> DRY I <input type="checkbox"/> MOIST S <input type="checkbox"/> DIAPHORETIC T	LOC (4.c.) <input type="checkbox"/> ALERT <input type="checkbox"/> ORIENTED X _____ <input type="checkbox"/> PERSON <input type="checkbox"/> TIME <input type="checkbox"/> PLACE <input type="checkbox"/> SITU <input type="checkbox"/> LETHARGIC <input type="checkbox"/> CONFUSED <input type="checkbox"/> ANXIOUS <input type="checkbox"/> VIOLENT <input type="checkbox"/> UNCOOPERATIVE <input type="checkbox"/> UNCONSCIOUS X _____	(4.d.) PUPILS R L R L <input type="checkbox"/> PERL <input type="checkbox"/> CONST. <input type="checkbox"/> MID <input type="checkbox"/> PINPOINT <input type="checkbox"/> RESPONDS <input type="checkbox"/> FIXED <input type="checkbox"/> SLUGGISH <input type="checkbox"/> DILATED <input type="checkbox"/> CATARACT/BLIND
(4.e.) STATUS <input type="checkbox"/> MILD <input type="checkbox"/> ACUTE <input type="checkbox"/> MOD. <input type="checkbox"/> FULL ARREST			

VITAL SIGNS: (4.f.)

TIME	PULSE	RESP	B/P

(4.g.)
 EMERGENCY CARE ADMINISTERED:
 OXYGEN AT: _____ LPM / SUCTION
 ORAL AIRWAY CARDIAC COMPRESSION
 OTHER AIRWAY _____ C-SPINE
 BAGGING SPLINTING/BANDAGING
 RESUSCITATOR OTHER

INITIAL ASSESSMENT: (4.h.)

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- 4.a. A,B,C's: check appropriate box for the status of the patient's airway, breathing, circulation.
- 4.b. Skin signs: check appropriate box for the patient's skin temperature, color, and moisture.
- 4.c. Level of Consciousness (LOC): check appropriate box (i.e., alert or oriented (specify levels 1,2,3, or 4) and check box for orientation to person, place, time or situation. Check appropriate box for lethargic, confused, anxious, violent, uncooperative, and level of unconsciousness (to painful stimuli, to verbal commands, or no response).
- 4.d. Eye signs: check appropriate box for pupils response to light for both right and left eyes.
- 4.e. Status: check appropriate box for status level of the patient (i.e., mild status (minor injury, vital signs within normal limits, minimal patient distress); moderate status (vital signs deviate from normal, symptoms/complaints of medium severity); Acute status (vital signs dangerously abnormal, symptoms/complaints of intense quality); or full arrest
- 4.f. Vital Signs: record patient's pulse; respirations; and blood pressure, and time they were taken. At least two (2) sets of vital signs shall be obtained and documented between the time of arrival on scene and the time of arrival at the PRC.
- 4.g. Emergency Care Administered: shall include any an all care given by an EMT.
- 4.h. Initial Assessment: an initial overall assessment of the patient, the environment, and other information obtained from the secondary survey.

5.

<p>COMMENTS: <u>(5.a.)</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2</p>
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5.a. Comments: any additional information or clarification/explanation of information documented on the BLS Ambulance Field Report.

Specific information that must be included in the "Comments" section shall be the reason for: 1) any

code-3 transportation when an EMT-P does not accompany the patient, and 2) bypassing the closest PRC code-3.

6.

<p>EMT (DRIVER) <u>(6.a.)</u></p> <p>_____</p> <p>EMT <u>(6.b.)</u></p> <p>_____</p> <p>UNIT # <u>(6.c.)</u></p> <p>_____</p> <p>REPORT RECEIVED BY:</p> <p><u>(6.d.)</u></p> <p>_____</p>
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6.a. EMT (Driver): first initial name and last name of the EMT who drove the ambulance to the PRC.

6.b. EMT: first initial and last name of the EMT who served as the attendant on the ambulance.

6.c. Unit #: the 2 or 4 digit identification number on the ambulance which responded to the location of the patient and transported the patient to the PRC.

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6.d. Report Received By: the signature of the PRC medical staff member (registered nurse or physician) to whom the EMT delivered the patient.

7.

<p><u>FILL IN TIMES</u></p> <p><u>7.a.</u> EMT-P arrived at scene <u>7.b.</u> EMT-P left scene <u>7.c.</u> Pt. released to EMT-I</p> <hr/>
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7.a. EMT-P arrived at scene: time the EMT-Ps arrived at the scene.

7.b. EMT-P left scene: the time the EMT-Ps left the scene.

7.c. Patient released to EMT-I: time at which the patient was released to the ambulance service EMT-I (either by the fire department engine company, an EMT-P, a law enforcement agency, or physician on scene).

V. A commitment:

- a. To comply with OCEMS requirements for uniform record keeping, data collection and an OCEMS approved quality assurance plan as set forth by OCEMS policy and procedures.
- b. To notify the OCEMS of all unusual incidents involving medical aid responses including but not limited to:
 - 1) Patient complaints
 - 2) Hospital complaints
 - 3) Paramedic provider complaints
 - 4) Violations of State or OCEMS medical policies and procedures, protocols, rules and/or regulations

(Included with each report of an unusual incident shall be a summary of the agency's internal response, if any, to the incident.)

- c. To work with the OCEMS in medical disaster preparedness.

SHADED: REFERENCE ADDITIONS

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