



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo and Mono Counties

*Virginia Hastings, Executive Director
Reza Vaezazizi, M.D., Medical Director*

DATE: May 7, 2009

TO: **San Bernardino County ALS Transport Providers not submitting PCR data electronically:**
CHP Air, Crest Forest Fire, Rialto Fire, San Bernardino County Fire Departments Hesperia, Lake Arrowhead, Lucerne Valley, Wrightwood, Yucca Valley and San Bernardino County Sheriff Air.

FROM: Virginia Hastings
ICEMA Executive Director

SUBJECT: REVISED SCANTRON FORMS TO COLLECT STEMI DATA

For ALS transport providers who currently are not submitting data electronically, please begin using the revised Scantron form that includes STEMI as a reason for patient destination. Because we have a limited supply of revised forms and a large inventory of the current forms, the revised forms have been allocated only to ALS transport providers as shown below. ALS providers who do not transport will continue to use the current Scantron form until the supply is exhausted. We have enclosed for your reference a sample of the new revised scantron form and page number 21 from Protocol 14013 Instructions. Distribution of the new scantron forms will be as follows:

CHP Air	25
Crest Forest FD	200
Rialto FD	500
SBCO FD – Hesperia	1,000
SBCO FD – Lake Arrowhead	500
SBCO FD – Lucerne Valley	500
SBCO FD – Wrightwood	200
SBCO FD – Yucca Valley	500
SBCO Sheriff Air	25

It is imperative now that we have designated STEMI centers in San Bernardino County that we evaluate the STEMI system. Data from these occurrences are captured as part of the QI process. The designated STEMI Centers for San Bernardino County are Loma Linda University Medical Center, Pomona Valley Hospital Medical Center, San Antonio Community Hospital, St. Bernardine Medical Center and St. Mary Medical Center.

Thank you for your cooperation and assistance in collecting this information.

VH/mae

Enclosures

SEX	M	F	U	#PTS	INCIDENT #	RUN DATE	CITY	RUN CODE	OTHER TRANSPORT PROVIDER	UNIT	OTHER ICEMA #
0	0	0	0	1	0000000000	000090	000	TO	000	MA000	000000
1	1	1	1	2	1111111111	111101	111	1	111	MS111	111111
2	2	2	2	3	2222222222	22212	222	2	222	ME222	222222
3	3	3	3	4	3333333333	3333	333	3	333	AM333	333333
4	4	4	4	5	4444444444	444	444	FROM	444	SQ444	444444
5	5	5	5	6	5555555555	555	555		555	E555	555555
6	6	6	6	7	6666666666	666	666	1	666	066	666666
7	7	7	7	8	7777777777	777	777	2	777	777	777777
8	8	8	8	9	8888888888	888	888	3	888	088	888888
9	9	9	9	>9	9999999999	999	999		999	999	999999

CATEGORY	MECH. OF INJURY (TRAUMA ONLY)	PRIOR CARE		BASE HOSP	RECV HOSP	CALL RCD	EN ROUTE	-TIMES-			
		C citizen	N none					ARRIVE	DEPART	ARV DEST	
T trauma	M auto/truck-MVA		N none								
C cardiac	C motorcycle		M medical								
R respiratory	SEATBELT Y N U		B FD/BLS								
A amputation	HELMET Y N U		L law enf.								
B behavior/OD	G gunshot		A FD/ALS								
B 5150	S stabbing										
U burn	A assault										
D domestic viol	D near-drowning										
E environment	F fall>20'										
O obstetric	B bite/sting										
P poisoning	L blunt injury										
S spinal Inj	T multiple mech.										
M oth medical	E sports injury										
N transfer	P oth penetrating										
	O other										
	U unknown										

SYS BP	RESP RATE	EFFORT	GAP REFILL
>90	4	10-24	4
70-90	3	25-35	3
50-69	2	>35	2
<50	1	<10	1
0	0	0	0

BEST MOTOR	
obedient	6
purposeful	5
withdrawal	4
flexion	3
extension	2
none	1

BEST VERBAL	
oriented	5
confused	4
inappropriate	3
incomprehens.	2
none	1

EYE OPEN	
sportan	4
to voice	3
to pain	2
none	1

GCS/TRS	
14-15=5	11-13=4
8-10=3	5-7=2
3-4=1	

1ST EKG	
R cardiovert	D dfib
N SR	V Vfib
I Afb	C VT
B SB	G VT
L AFL	Y ASY
T ST	D SVT
E AT	O Oth

ATTEMPTS PLACED	
IV 1 2 3+	Y
IO 1 2 3+	Y
ET 1 2 3+	Y
ET N nasal	O oral

PT CONDITION	
C change	
N no change	

OUTCOME	
C cancelled en route	
D dry run-no pt	
R transport refused	
G transport-ground	
A transport-air	
O obviously dead	

WHY SELECTED	
S sterni	
T major trauma	
P patient request	
D diversion	
C closest	
E peds trauma	
R reroute	
O other	

ICEMA NO.	ATTENDANT #1 CERT NO	ATTENDANT #2 CERT NO	THIS FORM BY PROVIDER	UNIT
000000	E000000	E000000	000	MA000
111111	L111111	L111111	111	MS111
222222	P222222	P222222	222	ME222
333333	M333333	M333333	333	AM333
444444	444444	444444	444	SQ444
555555	555555	555555	555	E555
666666	666666	666666	666	066
777777	777777	777777	777	777
888888	888888	888888	888	088
999999	999999	999999	999	999

CARE RENDERED	
F AED	B blood drawn
A Bag-valve mask	I CPAP
M burn care	D dextrostick
B axial-aphal stabilization	E EKG monitor
P CPR/resuscitation	T EKG strip
D decontamination	F 12 lead EKG
E extrication	J ETAD
C hard collar	G McGill forceps
H hot/cold packs	1 Meds given IV
K KED	2 Meds given IO
N NP/OP airway	3 Meds given ET
O OB assist	4 Meds given PO
X oxygen	O monitor chest tube
G sand bags	P needle thoracostomy
I snake bite care	N NG insertion
S splint, simple	C Percutaneous Needle Cric
T splint, traction	Q Pulse Ox
L suction	Y Approved Device
W wound dressing	H TCP
U BLS other	V Valsalva maneuver
	U ALS other

MEDITATIONS	
A act. charcoal	
H adenosine	
B albuterol	
J aspirin	
P atropine	
D dextrose	
1 dphenhydramine	
2 dopamine	
E epineph-IV	
Q epineph-SQ	
F furosemide	
G glucagon	
I ipratropium bromide	
L lidocaine	
R magnesium	
S midazolam	
M morphine	
N naloxone	
3 nitroglycerine	
W phenylephrine	
C procsinade	
4 sodium bicarb	
V verapamil	
U other med	

IV/IO	
S saline	L SL

SPECIAL STUDY	
M medications	S skills
O other	

MAKE NO MARKS IN THIS AREA	
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SPECIAL STUDY

Use this area whenever a special study is conducted. Mark all boxes (M, S, or O) that apply.

(M)Medications

(S)Skills

(O)other.

OUTCOME

Mark the box (C, D, R, G, A, O) next to the category that best describes this call. *BLANK IS INVALID.*

(C)canceled enroute: Call canceled by agency dispatcher prior to arrival at a scene and if the run is canceled on scene before you make pt contact.

(D)dry run-no pt No patient was found at the scene, the unit was unable to locate the scene or the patient, or the patient refuses to communicate so you cannot obtain any patient information.

(R)transport refused: The patient accepted care by an EMS field provider but refused to be transported by any EMS provider, and for walk-in patients.

(G)transport-ground: Patient received prehospital care, was transported by this or another ground ambulance, or if patient care was transferred to another unit.

(A)transport-air: Patient received prehospital care, was transported by helicopter or fixed-wing aircraft, and for patient to loading zone and patient care to EMS air.

(O)obviously dead: Patient showed obvious signs of death, per protocol.

INSTRUCTIONS FOR THE SCANTRON PCR DATA COLLECTION FORM**WHY SELECTED**

Mark the category (S, T, P, D, C, E, R, O) that most closely matches the reason for selection of the receiving hospital. If the base hospital indicates a reason, mark the hospital's determination of "why selected."

(S)Stemi: a stemi center is required.

(T)major trauma: a trauma center is required.

(P)patient request: patient or patient's physician requests transport to a specific facility

(D)diversion: the original receiving hospital selected was on diversion

(C)closest: the hospital is closest to the scene.

(E)peds trauma: pediatric trauma center is required.

(R)reroute: the receiving hospital destination changed while the unit was enroute (e.g., a change in patient condition required selection of a different facility). Does not include change in a destination based upon hospital status

(O)other: a reason other than those listed was used in selecting the receiving hospital.

ICEMA# (Fieldname: ICEMA#2)

Mark six boxes (0-9) to indicate the ICEMA number printed on the upper left corner of the 01A Narrative form for this patient. An ICEMA number is required here, **except for dry runs or canceled calls.**

ATTENDANT #1 CERT NO (Fieldnames: CERT#1A/CERT#1B)

Mark the first box (E, L, P or M) to indicate the level of accreditation/certification for primary patient caregiver reporting on this run. P for paramedic, E for emergency medical technician or M for mobile intensive care nurse (on interfacility transfers). Mark the ICEMA accreditation/certification numbers (0-9) in the remaining boxes. If your ICEMA number is less than five digits, use leading zeroes before the number as needed to fill the boxes. **Provisional paramedics or MICNs who are third members of the ambulance crew sign the 01A narrative form, but enter no data on the F-1612 data form.**

ATTENDANT #2 CERT NO (Fieldnames: CERT#2A/CERT#2B)

Mark the first box (E, L, P, or M) to indicate the type of accreditation/certification for the secondary patient caregiver reporting on this run. Mark the ICEMA accreditation/certification number (0-9) in the remaining boxes. If your number is less than five digits, use leading zeroes before the number as needed to fill the boxes.