

Release From Responsibility When Patient Refuses Service

This is to certify that, I _____ am refusing the service(s) of the ambulance service and its staff and absolve the ambulance service, its staff, and the consulting health care facility (if applicable) of any and all responsibility from any ill effects or adverse outcomes which may result from this action.

Witness _____ Signed _____

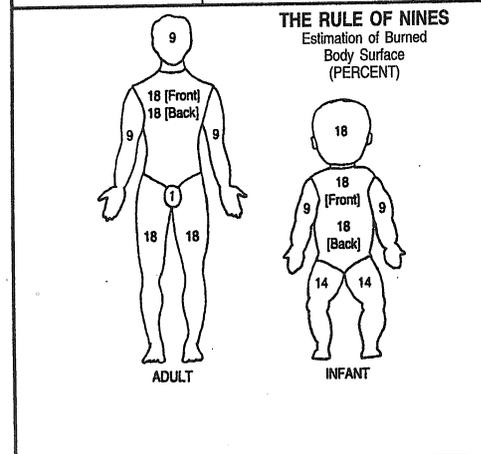
Relationship (If patient is a minor or under Order of Supervision) _____

Attach Rhythm Strips Here

Procedure Codes	
Code	Procedure
09	Nasopharyngeal Airway
10	Orotracheal Intubation
11	Nasotracheal Intubation
12	Laryngeal Mask
13	Needle Cricothyrotomy
14	Transtacheal Jet Insufflation
15	Deep Chest Suction
16	Monitoring Chest Tube
17	Foreign Body Removal (Magill/Laryngoscope)
20	Chest Decompression
29	Defibrillation - Manual
30	12 Lead EKG
31	Defibrillation - Automatic
32	Cardioversion
33	External Cardiac Pacing
34	Valsalva's Manoeuvre
35	Carotid Sinus Massage
36	Discontinue Resuscitation
37	3 Lead EKG Monitoring
40	Glucose Testing
41	Blood Sampling
42	Peripheral Intravenous
43	Central Intravenous
44	Use of Dialysis Fistula
45	Use of Indwelling Catheter
46	Intraosseous Infusion
47	Venipuncture (Heparin Lock)
50	Intravenous Drug Admin
51	Endotracheal Drug Admin
52	Inhaled Drug Admin
53	Intramuscular Drug Admin
54	Subcutaneous Drug Admin
55	Sublingual Drug Admin
56	Oral Drug Admin
57	Rectal Drug Admin
58	Topical Drug Admin
70	Nasogastric Tube
80	Obstetrical Delivery
85	Suturing
88	Monitor Chest Tube
90	Other Transfer of Function
91	Paramedic Transport

Medication/Fluids List	
Activated Charcoal	Naloxone
Atrovent	Nitroglycerine
Atropine	Oral Glucose
Bretylium	Oxytocin
Calcium Chloride	Procainamide
Calcium Gluconate	Salbutamol
Diazepam	Sodium Bicarbonate
Diphenhydramine	Thiamine
Entonox/Nitronox	Verapamil
Epinephrine	Midazolam
Ergometrine	Other
Furosemide	
Glucagon	5% Dextrose/Water
Glucose	Blood Fractions
Haloperidol	Normal Saline
Lidocaine	Ringers Lactate
Lorazepam	2/3 - 1/3
Mannitol	
Morphine	

Prehospital Index		
Components	Value	Score
Blood Pressure	>100	0
	86-100	1
	75-85	2
	0-74	5
Pulse	>120	3
	51-119	0
	<50	5
Respirations	Normal	0
	Laboured	3
	<10/Minute	5
Consciousness	Normal	0
	Confused/Combative	3
	No Intelligible Words	5
Penetrating Head, Chest or Abdominal Wounds	Add	4
Totals	0-3 Minor Trauma 4-24 Major Trauma	



The Apgar Scoring Chart				
Sign	0	1	2	Total
Heart Rate	Absent	Slow (<100)	Over 100	
Respiratory Effort	Absent	Slow, Irregular	Good Crying	
Muscle Tone	Flaccid, Limp	Some Flexion of Extremities	Active Motion	
Reflex Irritability	No Response	Some Motion, Cry	Vigorous Cry	
Color	Blue, Pale	Body Pink, Hands & Feet Blue	Completely Pink	
Total Score				

Tank Size	Flow Rate Lpm/Duration (Approx)				
	3	6	10	12	15
"H" Cylinder 6830 Liters	37 Hrs 30 Min	18 Hrs 30 Min	11 Hrs	9 Hrs 30 Min	7 Hrs 30 Min
"M" Cylinder 3415 Liters	18 Hrs 30 Min	9 Hrs 15 Min	5 Hrs 30 Min	4 Hrs 30 Min	3 Hrs 30 Min
"E" Cylinder 730 Liters	4 Hrs 3 Min	2 Hrs	1 Hr 13 Min	1 Hr 1 Min	49 Min
"D" Cylinder	2 Hrs 20 Min	1 Hr 10 Min	42 Min	35 Min	28 Min



Ambulance Patient Care Report

Service No.		Date		Day	Mo	Yr	Ambulance Patient Care Report					
Incident No	Stn	Veh	Operator	EMT 1	EMT 2	Pickup Location						
Pymt	Billing Code	Account No	Sex	Date of Birth	Day	Mo	Yr	PHIN	Responsible for Payment			
Patient Surname			First Name			1 <input type="checkbox"/> Blue Cross 2 <input type="checkbox"/> D.V.A. 4 <input type="checkbox"/> Provincial Welfare 5 <input type="checkbox"/> City Welfare 6 <input type="checkbox"/> Fed. Med. Services 7 <input type="checkbox"/> Coroner 9 <input type="checkbox"/> Hospital			10 <input type="checkbox"/> Patient 11 <input type="checkbox"/> M.P.I.C. 12 <input type="checkbox"/> Employer 13 <input type="checkbox"/> Estate 14 <input type="checkbox"/> P C H 15 <input type="checkbox"/> Other			
Check for Billing	Address		Telephone		City/Town		Province	Postal Code	Ref. No. _____			
	Person Paying other than Patient		Telephone		City/Town		Province	Postal Code				
	Address		Telephone		City/Town		Province	Postal Code	Support Agency		Response Code	
	Address		Telephone		City/Town		Province	Postal Code	<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Other Identify _____		To Scene <input type="checkbox"/> Scheduled Transport <input type="checkbox"/> Non Emergency <input type="checkbox"/> Emergency	
Next of Kin			Address			Loaded Km _____			Waiting Time _____			
Telephone		Patient Destination		Family Physician		Total Km _____						

ASSESSMENT	Mechanism of Injury <input type="checkbox"/> Medical <input type="checkbox"/> MVA Traffic <input type="checkbox"/> MVA Non-Traffic <input type="checkbox"/> Struck by Vehicle <input type="checkbox"/> Machinery <input type="checkbox"/> Recreation <input type="checkbox"/> Fall <input type="checkbox"/> Fall > 3 meters <input type="checkbox"/> Environment <input type="checkbox"/> Drowning <input type="checkbox"/> Fire/Smoke <input type="checkbox"/> Violence <input type="checkbox"/> Hazardous Material (specify) <input type="checkbox"/> Other Trauma (in comments)		Call Category <input type="checkbox"/> Primary Response <input type="checkbox"/> Interfacility <input type="checkbox"/> Repatriation <input type="checkbox"/> Return leg <input type="checkbox"/> Airport Transfer <input type="checkbox"/> Non Resident of Manitoba <input type="checkbox"/> ALS <input type="checkbox"/> Extrication _____ Minutes		No Transport Call <input type="checkbox"/> Cancelled Prior to Arrival <input type="checkbox"/> No Patient/Incident Found <input type="checkbox"/> Handled by Other Agency <input type="checkbox"/> Patient Refusal <input type="checkbox"/> Treat and Release <input type="checkbox"/> Agency Standby <input type="checkbox"/> Special Event <input type="checkbox"/> Deceased at Scene		Location of Call <input type="checkbox"/> Home <input type="checkbox"/> Public Bldg <input type="checkbox"/> Industrial <input type="checkbox"/> Other Work Loc <input type="checkbox"/> Recreational <input type="checkbox"/> Highway <input type="checkbox"/> City/Town Street <input type="checkbox"/> Farm <input type="checkbox"/> School/Day Care <input type="checkbox"/> Health Facility <input type="checkbox"/> Other		Call Times Call Rec'd _____:_____ Enroute _____:_____ Arr. Scene _____:_____ Arr. Patient _____:_____ Dep't Scene _____:_____ Arr. Dest. _____:_____ Available _____:_____ est.	
	Medical Assessment <input type="checkbox"/> Airway Obstruction <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Cardiac (Potential) <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Syncope <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Weak/Faint <input type="checkbox"/> Stroke/CVA <input type="checkbox"/> Shock <input type="checkbox"/> Seizure		<input type="checkbox"/> Diabetic Related <input type="checkbox"/> General Illness/Malaise <input type="checkbox"/> Gastro-Intestinal Distress <input type="checkbox"/> Unconscious/Unresp <input type="checkbox"/> OB/GYN <input type="checkbox"/> Behavioral Disorder <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Poisoning (Accidental) <input type="checkbox"/> Overdose (Acute) <input type="checkbox"/> Heat Stroke/Exhaustion <input type="checkbox"/> Hypothermia <input type="checkbox"/> Other (spec. in comments)		Seat Belt Used? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No		Helmet Used? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No		Physical Assessment 1 Fract./Dislocation 2 Sprains/Strains 3 Amputation / Avulsion 4 Trauma Blunt 5 Trauma Penetrating 6 Impaled Object 7 Crush Injury 8 Laceration 9 Bruise/Contusion 10 Soft Tissue Injury (other) 11 Burns Major (> 10%) 12 Burns Minor 13 Pain Bleeding 14 Minor (<50 ml) 15 Moderate (50 - 500 ml) 16 Severe (>500 ml) 17 Other (Specify)	
	Past Medical History <input type="checkbox"/> Nil/Unknown <input type="checkbox"/> Stroke <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Cardiac <input type="checkbox"/> Respiratory <input type="checkbox"/> Renal <input type="checkbox"/> Allergy <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medication <input type="checkbox"/> Other		Position Found <input type="checkbox"/> Side Lying <input type="checkbox"/> Sitting <input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Ambulatory <input type="checkbox"/> Other (Specify)		Injury Locations 				1 mm 2 mm 3 mm 4 mm 5 mm 6 mm	

VITAL SIGNS	TIME	RESP	PULSE	B.P.	VERBAL	MOTOR	EYES	GCS	SKIN	R PUPILS	L PUPILS	R GRIP	L GRIP
	:	Rate: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Noisy	Rate: _____ <input type="checkbox"/> Reg <input type="checkbox"/> Irreg <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready		<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Incomp Sounds <input type="checkbox"/> 3 Inprop Words <input type="checkbox"/> 4 Confused <input type="checkbox"/> 5 Oriented Alert	<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Extends <input type="checkbox"/> 3 Abnor Flex <input type="checkbox"/> 4 Withdraws <input type="checkbox"/> 5 Localizes <input type="checkbox"/> 6 Obeys	<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Pain <input type="checkbox"/> 3 Voice <input type="checkbox"/> 4 Spont		<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Warm <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Flushed <input type="checkbox"/> Dry <input type="checkbox"/> Jaundiced	<input type="checkbox"/> Size <input type="checkbox"/> <input type="checkbox"/> Normal <input type="checkbox"/> <input type="checkbox"/> Sluggish <input type="checkbox"/> <input type="checkbox"/> No React <input type="checkbox"/>	<input type="checkbox"/> Absent <input type="checkbox"/> <input type="checkbox"/> Normal <input type="checkbox"/> <input type="checkbox"/> Weak <input type="checkbox"/>		
	:	Rate: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Noisy	Rate: _____ <input type="checkbox"/> Reg <input type="checkbox"/> Irreg <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready		<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Incomp Sounds <input type="checkbox"/> 3 Inprop Words <input type="checkbox"/> 4 Confused <input type="checkbox"/> 5 Oriented Alert	<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Extends <input type="checkbox"/> 3 Abnor Flex <input type="checkbox"/> 4 Withdraws <input type="checkbox"/> 5 Localizes <input type="checkbox"/> 6 Obeys	<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Pain <input type="checkbox"/> 3 Voice <input type="checkbox"/> 4 Spont		<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Warm <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Flushed <input type="checkbox"/> Dry <input type="checkbox"/> Jaundiced	<input type="checkbox"/> Size <input type="checkbox"/> <input type="checkbox"/> Normal <input type="checkbox"/> <input type="checkbox"/> Sluggish <input type="checkbox"/> <input type="checkbox"/> No React <input type="checkbox"/>	<input type="checkbox"/> Absent <input type="checkbox"/> <input type="checkbox"/> Normal <input type="checkbox"/> <input type="checkbox"/> Weak <input type="checkbox"/>		
	:	Rate: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Noisy	Rate: _____ <input type="checkbox"/> Reg <input type="checkbox"/> Irreg <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready		<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Incomp Sounds <input type="checkbox"/> 3 Inprop Words <input type="checkbox"/> 4 Confused <input type="checkbox"/> 5 Oriented Alert	<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Extends <input type="checkbox"/> 3 Abnor Flex <input type="checkbox"/> 4 Withdraws <input type="checkbox"/> 5 Localizes <input type="checkbox"/> 6 Obeys	<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Pain <input type="checkbox"/> 3 Voice <input type="checkbox"/> 4 Spont		<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Warm <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Flushed <input type="checkbox"/> Dry <input type="checkbox"/> Jaundiced	<input type="checkbox"/> Size <input type="checkbox"/> <input type="checkbox"/> Normal <input type="checkbox"/> <input type="checkbox"/> Sluggish <input type="checkbox"/> <input type="checkbox"/> No React <input type="checkbox"/>	<input type="checkbox"/> Absent <input type="checkbox"/> <input type="checkbox"/> Normal <input type="checkbox"/> <input type="checkbox"/> Weak <input type="checkbox"/>		

TREATMENT	Obstetrical <input type="checkbox"/> Baby Delivered @ Time: _____:_____ APGAR 1 Min _____ <input type="checkbox"/> Alive <input type="checkbox"/> Stillborn <input type="checkbox"/> Male <input type="checkbox"/> Female Score 5 Min _____ * Complete Additional Patient Care Report				Ventilation <input type="checkbox"/> Mouth to Mask <input type="checkbox"/> Bag and Valve <input type="checkbox"/> O ₂ Powered Ventilator				Treatment Before Arrival <input type="checkbox"/> Nil <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Medical			
	Patient Positioning <input type="checkbox"/> Side Lying <input type="checkbox"/> Supine <input type="checkbox"/> Sitting <input type="checkbox"/> Fowlers <input type="checkbox"/> Semi Fowlers <input type="checkbox"/> Legs Elevated		AIRWAY <input type="checkbox"/> Tilt & Lift <input type="checkbox"/> Jaw Thrust <input type="checkbox"/> Suction <input type="checkbox"/> Oropharyngeal <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Other (Complete)		Oxygen <input type="checkbox"/> Nasal _____ lpm <input type="checkbox"/> Non Rebreath _____ lpm <input type="checkbox"/> Rebreath _____ lpm		Splinting and Immobilization <input type="checkbox"/> Rigid <input type="checkbox"/> Traction <input type="checkbox"/> Cervical Collar <input type="checkbox"/> KED/Short Board <input type="checkbox"/> Scoop/Long Board <input type="checkbox"/> Other		Bleeding <input type="checkbox"/> Pressure <input type="checkbox"/> Elevation <input type="checkbox"/> Dressing Applied <input type="checkbox"/> Tourniquet		Cardiac Arrest Witnessed by: _____ Est Time of Collapse: _____ CPR Started by: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Bystander (Time) _____ <input type="checkbox"/> 1 Man CPR <input type="checkbox"/> 2 Man CPR Total Time: _____	

Primary Assessment Reg. # _____	Airway	Patent	Partial Obstruction	Complete Obstruction	Comment			
	Breathing	Breathing	Wheezing L R	Central Cyanosis	Crackles L R	Labored	Shallow	A/E = L ↓ R ↓
		Comment						
	Circulation	Pulse	Irregular Pulse	Peripheral Cyanosis	Edema	Diaphoresis	JVD	External Bleed Major Minor
		Comment						
Disability	A V P U	Altered Speech	Facial Droop L R	Arm Drop	Active Seizure	Comment		
External	Wound	Peripheral Sensation	Peripheral Pulses	Deformity	Comment			

Assessment

First Responder Signature: _____

BYSTANDER CPR Y N Time of Collapse: _____ PAD SAED Y N # of Shocks _____ ROSC Y N O₂ N/C NRB Flow _____ lpm

Gender M F Mechanism of Injury T M

Chief Complaint _____ Location _____

History of Present Illness / Injury _____

Past Medical History _____

Medications _____

Allergies _____

Observations _____

Secondary Assessment Reg. # _____

R E S P	Breathing	Shallow	Central Cyanosis	A/E = L ↓ R ↓
	Stridor	Labored	Crackles L R	Wheezing L R
	Agonal	Patent Airway	Obstruction Partial <input type="checkbox"/> Complete <input type="checkbox"/>	Other
Comment				
C V S	Pulse	Dysrhythmia	Periph. Sensation	+ - JVD
	Irregular Pulse	Pallor	Periph. Cyanosis	Chest Pain
	Periph. Pulse	Murmur	Edema	S3 / S4 Gallop
	Diaphoresis	Carotid Bruits	Friction Rub	Other
Comment				
N E U R O	Active Seizure	Facial Droop L R	A V P U	Unsteady Gait
	Arm Drop	Altered Speech	Upper Paralysis L R	Lower Paralysis L R
	Comment			Other
G I / G U	Jaundice	Vomiting	Rigidity	Pulsatile Mass
	Pain	Distention	Bowel Sounds	Tenderness
	Upper GI Bleed	Lower GI Bleed	Rebound Tenderness	Other
	Comment			
O B / G Y N	P. V. Bleed	Pregnant <20 wks	LNMP (e.g. 1/Apr/05)	____ / ____ / ____
	Labor	Pregnant >20 wks	Pain	Other
	Comment			
M S / S K I N	Ecchymosis	Deformity	Wound	Petechiae
	Swelling	Bleeding Major <input type="checkbox"/> Minor <input type="checkbox"/>	CWCM	Urticaria
	Comment			Other

TIME	RESP RATE	PULSE	BP	TEMP OART	SaO ₂ %		GCS				PUPILS (mm)		GRIP		CAP REFILL	BG	PHI Total	ID #
					RA	O ₂	VERBAL	MOTOR	EYE	Total	Size (L/R)	React (L/R)	Left	Right				
			/															
			/															
			/															
			/															
			/															

Release from Responsibility when a Patient Refuses Treatment / Transport

While patients have the right to refuse medical evaluation, treatment and transport, it is incumbent on EMS personnel to **first attempt to ensure** the following:

- Vital Signs are within reasonable limits for patient's condition, and documented on PCR.
- Patient oriented and alert to PERSON, PLACE, TIME, and EVENTS.
- Patient shows no signs of significant impairment due to alcohol, drugs, mental or organic illness.
- Patient is clearly NOT a risk to self or others.
- Consequences of refusal reviewed with patient / consequences understood by patient.
- Patient knows to phone 9-1-1 if s/he changes mind about seeking medical treatment and transportation.

Other advice given to patient : _____

Reason(s) for Refusal : _____

Name of family member or other adult present as witness: _____

Names of person(s) present with patient at disposition:

(1) _____ (2) _____

Who called 9-1-1: _____ N/A Why? _____ N/A

WPS Incident #: _____ N/A

ADULT—Competent

I, _____ am refusing treatment/transport by The City of Winnipeg Fire Paramedic Service. I have been advised against this decision. I hereby release The City of Winnipeg and its employees from any and all causes of action or legal liability that may directly or indirectly result from this decision.

Patient Signature: _____ Date: _____

Patient Under 18 yrs [NOTE: Medical Supervisor must be called]

or

ADULT—Under Guardianship

I, _____ am refusing treatment/transport of _____ by The City of Winnipeg Fire Paramedic Service. I have been advised against this decision. I hereby release The City of Winnipeg and its employees from any and all causes of action or legal liability that may directly or indirectly result from this decision.

Parent or Guardian Signature: _____ Date: _____

Refused to Sign Release Witnessed By : _____

(Note reason on PCR)

WFPS Signatures

(1) _____ / _____ (2) _____ / _____
ID # ID #

Reserved for Audit Information

Stn. #	Transport Code	Impression Code	Incident #	On Scene Personnel	Unit #	Reg. #1	Reg. #2	Reg. #3	Reg. #4
Date (e.g. 01-Apr-05)	Destination	Air Amb. Dispatch #		Paramedics					
Pickup Location				Fire Medics					
Waiting Time	# of Patients	Police Requested Yes <input type="checkbox"/> No <input type="checkbox"/> Attended Yes <input type="checkbox"/> No <input type="checkbox"/> (UNIT #)		Medical Sup.					
Final Response Code To Scene FIRE Low <input type="checkbox"/> High <input type="checkbox"/> EMS 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>				Lic. Plate # (for MVC)	Other:				
Hydro /Gas (UNIT #) <input type="checkbox"/> Other <input type="checkbox"/>				Catchment/Affiliation	Other:				

Precise destination: ED Critical Care OBS Cath. Lab. DI Dialysis Unit: Other:

Other Resources: n/a ICU/CCU Team NICU/PICU Team RN.—Assist Dr.—Assist RT Other:

Patient Surname	Patient First Name	DOB (e.g. 01-Apr-05)	PHIN
Address	City	Prov.	PC
Family Dr.			Personal Directive Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

Next of Kin	Relationship Mother <input type="checkbox"/> Father <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other <input type="checkbox"/>
Phone #	Address

Pymt	Billing Code	Account #	Payment 1. Blue Cross <input type="checkbox"/> 2. DVA <input type="checkbox"/> 4. Prov. Welfare <input type="checkbox"/> 6. Fed. Med. Serv. <input type="checkbox"/> 9. Hospital <input type="checkbox"/> 10. Patient <input type="checkbox"/> 11. MPI <input type="checkbox"/> 12. Employer <input type="checkbox"/> 13. Estate <input type="checkbox"/> 14. Agencies <input type="checkbox"/> 15. Other <input type="checkbox"/>
Person Paying Other than Patient (Name)		Phone #	BC #: K#: Treaty #: PW #:

Address	City	Prov.	PC	Comment
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Safety Equipment Used None Used <input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Shoulder & Lap Belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Airbag deployed, no lap belt <input type="checkbox"/> Airbag deployed, lap belt used <input type="checkbox"/> Airbag deployed, lap & shoulder used <input type="checkbox"/>	Airbag deployed, child safety seat used <input type="checkbox"/> Helmet <input type="checkbox"/> Eye protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Personal Flotation device <input type="checkbox"/> Protective Clothing/gear <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown <input type="checkbox"/>	Trauma Penetrating <input type="checkbox"/> Blunt <input type="checkbox"/> Open Fracture <input type="checkbox"/> Amputation <input type="checkbox"/> Burns Major <input type="checkbox"/> Minor <input type="checkbox"/> Patient Valuables Glasses <input type="checkbox"/> Watch <input type="checkbox"/> Purse / Wallet <input type="checkbox"/> Ring(s) <input type="checkbox"/> Suitcase/Bags Money \$ _____ Left with Patient Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", left with / at _____ Signature of Receipt _____	Unusual Incidents or Problems _____ _____ _____ _____
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Hand Grip A—Absent W—Weak N—Normal Cap Refill A—Absent D—Delayed N—Normal Reaction + Present - Absent	Bleeding Pressure <input type="checkbox"/> Dressing <input type="checkbox"/> Elevation <input type="checkbox"/> Tourniquet <input type="checkbox"/>
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Rule of Nines—Estimation of Burned Body Surface

Area	Age 0	Age 1	Age 5	Age 10	Age 15
A = ½ of Head	9 ½	8 ½	6 ½	5 ½	4 ½
B = ½ of Thigh	2 ¾	3 ¼	4 ¼	4 ¼	4 ½
C = ½ of Leg	2 ½	2 ½	3	3	3 ¼

Attach Rhythm Strips Here

Glasgow Coma Scale		
Eye Opening	Verbal Response	Motor Response
Spontaneous	Oriented	Obeys Command
To Voice	Confused	Localize Pain
To Pain	Inappropriate	Withdraw (Pain)
None	Words	Flexion (Pain)
	Incomprehensible	Extension (Pain)
	Sounds	None
	None	

Total Glasgow Coma Scale =

Pre-hospital Index		
Comp.	Value	Score
Blood Pressure	>100	0
	86-100	1
Pulse	75-85	2
	0-74	5
	>120	3
Resp	51-119	0
	<50	5
	Normal	0
LOC	Labored	3
	<10 / min.	5
	Normal	0
Penetrating Head, Chest, Abdominal Wounds	Confused/Combative	3
	No intelligible words	5

PATIENT IMPRESSION CODES

(Issued: Jan. 1, 2006) (Changes)

Adult Trauma (Major)	
01	Trauma arrest: No resuscitation / No transport
02	Trauma arrest: Resuscitation attempted
03	Blunt trauma: Physiological or anatomical criteria for Trauma Centre, not trauma arrest (Note: transport may not initially be to the Trauma Centre)
05	Penetrating trauma: Physiological or anatomical criteria for Trauma Centre, not trauma arrest (Note: transport may not initially be to the Trauma Centre)
06	Burns: Major
Adult Trauma (Minor) - No Criteria for Trauma Centre	
10	Fracture / dislocation hip
11	Fracture / dislocation extremity
12	Spinal injury; No neurologic deficit
13	Fracture of facial bones
14	Soft tissue injury (lacerations / hematomas / bruising, etc.)
15	Eye injury
16	Burns, minor
17	Other minor trauma
Pediatric Trauma (16 Years & under)	
20	Trauma arrest: No resuscitation / No Transport
21	Trauma arrest: Resuscitation attempted
22	Blunt trauma: Criteria for Trauma Centre, not trauma arrest (Note: transport may not initially be to the Trauma Centre)
23	Blunt trauma: No criteria for Trauma Centre
24	Penetrating trauma: Criteria for Trauma Centre, not trauma arrest (Note: transport may not initially be to the Trauma Centre)
25	Penetrating trauma: No criteria for Trauma Centre
26	Burns: Major , Criteria for Trauma Centre, not trauma arrest (Note: transport may not initially be to the Trauma Centre)
27	Burns, Minor
28	Other trauma, minor
Central Nervous System (all ages – unless specified)	
30	Seizures: Non-traumatic, Pediatric (15 years and under)
31	Seizures: Non-traumatic, not hypoglycemic, not pregnant, Adult
131	Seizures: Postictal
32	Hypoglycemia: With or without seizures
33	Hyperglycemia: With or without altered LOC
34	Acute stroke: no criteria for Stroke Centre
134	Acute stroke: criteria for Stroke Centre
35	Transient ischemic attack (TIA): No neurologic deficit remaining
36	Increased intracranial pressure: Non-traumatic
37	Syncope NYD
38	Headache
39	Other CNS
Overdose or Poisoning	
40	Overdose or Poisoning: Pediatric (15 years and under)
41	CO Poisoning / Smoke inhalation
42	Tricyclic overdose
43	Narcotic overdose
44	Cocaine intoxication
45	Isolated alcohol ingestion
49	Isolated solvent / volatile substance inhalation
140	Overdose – cardiac medication
141	Overdose – oral hypoglycemic, insulin
142	Overdose – over-the-counter medication
48	Other Overdose or Poisoning
Cardiac / Dysrhythmia / Vascular (all ages)	
50	Symptomatic bradycardia (not MI)
51	Perfusing ventricular tachycardia (not MI)
52	Supraventricular tachycardia (not MI)
53	Atrial fibrillation (not MI)
54	Acute myocardial infarction: no criteria for Cardiac Centre
55	Ischemic chest pain: unstable (PHI 4 or greater)
56	Ischemic chest pain: stable (PHI 3 or less)
57	Chest pain: non-cardiac
58	Leaking-ruptured AAA /Ischemic Extremity: Criteria for Vascular Centre
59	Acute Myocardial Infarction: Criteria for Cardiac Centre
151	Other Cardiac / Dysrhythmia / Vascular
Respiratory (all ages – unless specified)	
60	Upper airway obstruction: Pediatric (15 years and under)
61	Upper airway obstruction: Adult
62	Respiratory arrest with pulse: Pediatric (15 years and under)
63	Respiratory arrest with pulse: Adult, Asthma / COPD / CHF
64	Asthma: Pediatric (15 years and under)

65	Asthma / COPD: Adult, unstable (PHI 4 or greater)
66	Asthma / COPD: Adult, stable (PHI 3 or less)
67	CHF / Pulmonary edema
68	Lower respiratory tract infection (pneumonia or bronchitis)
160	Croup
161	Epiglottitis
69	Other respiratory
Cardiac Arrest: Medical	
70	Sudden death: No resuscitation attempted
71	Cardiac arrest: 15 years and under
72	Cardiac arrest: Adult (16+ years), initial rhythm coarse VF (greater than 1 mm amplitude)
73	Cardiac arrest: Adult (16+ years), initial rhythm fine VF (less than 1 mm amplitude)
74	Cardiac arrest: Adult (16+ years), initial rhythm VT
75	Cardiac arrest: Adult (16+ years), initial rhythm PEA
76	Cardiac arrest: Adult (16+ years), initial rhythm Asystole
77	Cardiac arrest: Adult, Discontinued at scene
78	Cardiac arrest: Hypothermia
79	Cardiac arrest: Dialysis Patient
Gastrointestinal / Genitourinary	
80	Pediatric GI / GU (age 15 years and under)
81	GI Bleed: Unstable (BP less than 90 systolic)
82	GI Bleed: Stable (PHI 3 or less)
83	Abdominal pain NYD: Adult, unstable (PHI 4 or greater) (AAA= Dx 58)
84	Abdominal pain NYD: Adult, stable (PHI 3 or less)
85	Nausea and vomiting NYD, Adult
86	Renal colic
87	Other GI / GU
Obstetrics / Gynecology (all ages)	
90	Delivery: At scene, enroute, or prior to arrival
91	Pregnant patient in labour, not delivered
92	Third trimester pregnancy with complications (Pre-eclampsia, eclampsia, bleeding)
93	First or second trimester (less than 26 weeks) with bleeding
94	First or second trimester (less than 26 weeks) not bleeding
95	Ectopic pregnancy
96	Vaginal bleeding: Not pregnant
97	Other obstetrics / gynecology
Environmental (all ages)	
100	Anaphylaxis / Allergic Reaction / Urticaria
101	Hypothermia (without cardiac arrest)
102	Cold injury / Frostbite
103	Near drowning / Drowning
104	Heat stroke / heat exhaustion
106	Animal bite / attack
107	Electrical injury (not burn)
105	Other environmental
Miscellaneous (all ages)	
111	Weak / Faint
112	Epistaxis
113	Agitated patient: Requiring restraint or sedation
115	Adverse drug reaction
200	Psychiatric / Abnormal Behavior (not overdose or poisoning)
201	Dermatological (not hives) e.g. skin lesions
202	Other non-traumatic / chronic pain
203	Non-traumatic / chronic back pain
204	Taser related incident (WPS) – transport or no transport
205	Call for attendance, no acute medical problem observed, failure to cope
206	No patient found
207	Agency standby
For Inter-facility Transfer use the following, not the impression code.	
120	ALS patient transfer with hospital staff
121	ALS patient transfer with no hospital staff
122	Neonatal Team transfer (with Team or Team and patient)
123	Non-airport BLS patient transfer, with hospital staff
124	Non-airport BLS patient transfer with no hospital staff
125	Lifelight patient transfer
126	Airport transfer, not Lifelight
127	Other patient transfer

BLS PROCEDURE AND DRUG CODES	
1	Oropharyngeal airway
2	Nasopharyngeal airway
3	Suction of upper airway
4	Positive pressure ventilation
5	Oximetry
7	Cardiac compressions
8	Cardiac monitoring
9	Maintenance of peripheral IV
10	Glucose Testing
11	Vital sign measurement
12	Control of external hemorrhage
13	Tourniquet
14	KED
15	Cervical collar
16	Full spine board
17	Scoop stretcher
129	Pedi-mate
136	Pediatric immobilization board
18	Frac-Pac
20	Sager traction splint
21	Splinting: Not Frac-Pac or traction splint application
22	Packaging / removal of entrapped patient
23	Triage and rapid transport
24	Basic wound care
25	Care of drainage or feeding tubes
26	Lifting / handling of Ferno Washington stretcher
27	Obstetrical delivery
28	Glucose (oral)
300	Stair Chair
29	Assist patient with their prescribed medications (nitro, ventolin, epi-pen)
310	SAED shock indicated
311	SAED no shock indicated
30	Other BLS procedure
ALS PROCEDURE CODES (Must be within scope of practice.)	
31	Combitube insertion
32	Orotracheal Intubation
34	Suction of endotracheal tube
35	Laryngoscopy with foreign body removal
36	Topicalization of upper airway with local anaesthetic
37	Needle cricothyrotomy
38	Field extubation
39	End-tidal CO2 monitoring
40	Chest decompression
42	Manual defibrillation
43	Cardioversion
44	External cardiac pacing
45	Valsalva manoever
48	12 lead ECG
127	15 Lead ECG
49	Discontinue resuscitation
50	Insertion of peripheral IV
51	Insertion of IV lock
52	IV Fluid bolus
53	Removal of peripheral IV
55	Use of dialysis fistula (peripheral fistula)
56	Intraosseous line
58	Maintenance of blood transfusion
59	Maintenance IV infusion pump with or without medication
60	Nasogastric tube insertion
130	Orogastric tube insertion
131	ETT introducer (bougie)
132	Tracheostomy tube replacement
133	Subclavian dialysis catheter use
134	Cricothyrotomy – Selinger technique
135	Infant intubation board
61	Other ALS procedure

DRUG CODES (Must be within scope of practice.)	
123	Amiodarone IV
62	Aspirin, oral
63	Atropine, IV
64	Atropine, IO
65	Atropine, ET
66	Bicarbonate, IV
67	Calcium gluconate, IV
68	Diazepam, IV
69	Diazepam, PR
126	Dimenhydrinate IV (Gravol)
122	Diphenhydramine IV (Benadryl)
71	Epinephrine, IV
72	Epinephrine, IO
73	Epinephrine, ET
74	Epinephrine, IM / SC
125	Fentanyl IV
75	Furosemide (Lasix), IV
76	50% Glucose, IV
77	Glucagon, IM / SC
78	Haloperidol, IV
79	Haloperidol, IM
80	Insulin, IV
121	Combivent – Ipratropium & Salbutamol inhaled
81	Lidocaine, IV
82	Lidocaine, IO
83	Lidocaine, ET
84	Lidocaine, topical
85	Midazolam, IV
86	Morphine, IV
87	Naloxone (Narcan), IV
88	Naloxone (Narcan), ET
89	Naloxone (Narcan), IM / SC / SL
90	Nitroglycerin spray, SL
120	Nitropatch
91	Oxytocin (syntocinon), IV
92	Oxytocin (syntocinon), IM
93	Salbutamol (ventolin), inhaled
95	Lorazepam IV
94	Other drug
TRANSPORT Note: For every patient at scene, a code must be entered, indicating the highest level paramedic attending the patient during transport.	
95	PCP transport
96	ICP transport
97	ACP transport
98	Fire transport
99	Police transport
100	Patient refusal of transport
101	Treat and release protocol
102	Medical Supervisor accompanied transport
103	Medical Supervisor accompanied transport w/ midwife

PRE-HOSPITAL INDEX		
Components	VALUE	SCORE
Blood Pressure	Greater than 100	0
	86 - 100	1
	75 - 85	2
	0 - 74	5
Pulse	Greater than 120	3
	51 - 119	0
	less than 50	5
Respirations	NORMAL	0
	LABOURED	3
	Less than 10 / MINUTE	5
Consciousness	NORMAL	0
	CONFUSED/COMBATIVE	3
	NO INTELLIGIBLE WORDS	5
Penetrating Head, Chest, or Abdominal Wounds, Add		4
Totals	0 - 3 MINOR TRAUMA	
	4 - 24 MAJOR TRAUMA	

