KING COUNTY — BI	LS INCIDENT	REPORT FORM	XXXXXXX
DATE (MM/DD/YY) AGENCY INCIDENT NUMBER		Reporting Agency Name	NO.
Are you First EMS 1. Yes 2. No Reporting Agency On The Scene? 3. Not Applicable	te		City
Patient Name (Last, First, Middle Int.)	Mo.	DOB Yr. Yrs. A Day	Gender
Patient Address City & State			eocode MCI
Nearest Relative Name Relation		Phone Resp	D. in FD Pt. # Out Of
Patient Healthcare Provider		Phone 1st U	nit on Scene Resp. from
ACTION TAKEN 4. Patient Refused Treatment		INITIAL DISPATCH CODE Repo	rting BLS Unit 1. Yes
1. Exam Only 5. Service Aid/Patient Assist	Mechanism		🗆 2. No
2. Exam & Assist 6. Cancelled			rting ALS Unit
3. No Exam Needed 7. No Patient Found Name of Medical Facility Contacted		Letter	
Name of Medical Facility Contacted		7. Nursing He A Industrial	
Name of Medical Person Contacted	□ 1. Home Residence	□ 5. Recreation/Sport □ 9. Street	acility 12. Educational Institution 13. Other Location
	🗌 3. Mine/Quarry	🗆 6. Adult Fam. Home 📋 10. Highway	🛛 99. Unknown
RESPONSE MODE TYPE OF RESPONSE DELAY □ 1. Non-Emergent □ □ 1. None □ ↓ Distance □	0 Vahiela Crash	ONSET OF SYMPTOMS - ELAPSED (chest pain and stroke only)	
2. Emergent 2. Crowd 5. Diversion 8. Staff Delay 11	0. Vehicle Crash 1. Vehicle Failure 2. Weather	Hr. Min.	Hr. Min.
P 🗆 0. None 🗆 6. ECG Monitor	🗆 29. Epipen Used	Procedure EMS Numb	or
P 0. None 6. ECG Monitor R 1. Oxygen 7. C-Collar/Backboard C 2. Wound Care 8. CPR D 3. Extrication/Rescue 15. Man. DC Shock by EMT	□ 38. Mask		
E □ 2. Wound Care □ 8. CPR	□ 39. Gown/Apron	1 5	
□ 3. Extrication/Rescue □ 15. Man. DC Shock by EMT		2 1	
R □ 4. Splinting □ 21. Auto. DC Shock by EMT S □ 5. Bag Mask □ 25. AED Attached/No Shock		2 5	
S 5. Bag Mask 25. AED Attached/No Shock TIME DISPATCH TIME UNIT NOTI- TIME UNIT TIME AF	RRIVED TIME ARR		DAT TREAT-
NOTIFIED FIED BY DISPATCH RESPONDED ON SC			FACILITY IN SERVICE
C CPR INITIATED BY	Arrest After Arrival of EMS Personnel?		TIAL PATIENT OUTCOME YTHM (if known)
B □ 1. Non-EMS □ 5. MD / RN		2. Citizen - shock	□ 1. DOA
R □ 1. Non-EMS □ 5. MD / RN First Responder / Police □ 6. Citizen with Dispatch Assistance A □ 1. Citizen with Dispatch Assistance		3. First Responder - no shock 4. First Responder - shock □ 2. V	
	Was Cardiac Arrest		Asystole 3. Admitted to ER
R 3. Paramedic (ALS)	Witnessed?	TIME (MIN.) FROM -	Other 4. Expired at ER
A CPR Not Attempted	□ 1. Yes Co □ 2. No I	bllapse to Call Collapse to CPR	Jnknown
ST Contractions of the second se	🗆 3. Unk		□ 6. Unknown
Transport Agency Number Transport Destination		YPE OF TRANSPORT DELAY	
	□ 2	None 4. Distance 7. Safety Crowd 5. Diversion 8. Staff D Directions 6. HazMat 9. Traffic	□ 10. Vehicle Crash elay □ 11. Vehicle Failure □ 12. Weather □ 13. Other
EMS Personnel EMS Number	EMS Perso		S Number
	+		

TIME								AFTERCARE
F Blood Pressure								□ Not Transported
Diode Pressure Pulse Rate Respiratory Rate								Transported
W Respiratory Rate								Low Blood Sugar
c ECG Rhythm								
C ECG Rhythm H Oxygen R Pulse Oximetry								□ High Blood Pressure
R Pulse Oximetry								Falls
T Glucometry								
DC Shock								Community Resources
Madiantiana Talana Du Datiant At Llama				Allensies				Resources
Medications Taken By Patient At Home				Allergies:				
Narrative								
								STROKE Y/N
								Facial droop 🛛 🗆
					 			Arm drift
								Speech 🗆 🗆
								Time of onset
								SEPSIS Y/N
								Fever 🗆 🗆
								HR>90
								RR>20
	 							HR>SBP
								ED alert
								STEMI Y/N
								Symptom onset
								ED alart
SIGNATURE OF PERSON COMPLETING RE	DD	INTED NAME				MS Nu	mbor	DATE
SIGNATURE OF FERSON COMPLETING RE	PR				E	IVIS INU	IDEI	DATE
								BLS M10/P13
		AGENCY	COPY					220 10/1 10

Refusal of Medical Evaluation, Treatment and/or Transportation

The patient is at least 18 years old and does not appear to be experiencing any altered mental status and appears to have the capacity to understand the current situation.

"I hereby acknowledge that I have been advised by emergency medical personnel that evaluation, treatment and/or transportation are necessary for my condition. I have also been informed that I risk medical consequences if I refuse to be examined, treated and/or transported by emergency medical personnel. I hereby state my refusal to follow this advice and refuse further evaluation, treatment and/or transportation to a medical facility."

Pa	tient's Name:	Date:
Pa	tient's Signature:	Date:
Pa	rent/Guardian Signature:	Date:
ΕN	IT or Paramedic Signature:	Date:
Wi	tness Signature:	Date:
Wi	tness EMS Agency Affiliation or Address:	
	Instructions for EMS Personnel	
1)	Complete this form in ink.	
2)	Fill in patient's name, and the date.	
3)	Read the statement slowly and clearly to the patient. Ask if they und	erstand what it says.
4)	Have the patient sign on the "Patient Signature" line, or on the "Pare if appropriate. If the patient or parent/guardian refuses to sign, or yo obtain a signature for any other reason, simply make a note to that e form and have it witnessed.	u are unable to
5)	Obtain a signature from a witness (preferably someone from your ag that person's EMS agency affiliation or address.	gency), and note

KING COUNTY — BL	S INCIDENT	REPORT FORM	XXXXXXX
DATE (MM/DD/YY) AGENCY INCIDENT NUMBER		Reporting Agency Name	NO.
Are you First EMS 1. Yes 2. No Incident Site	•		City
Reporting Agency On The Scene? ^I 3. Not Applicable Patient Name (Last, First, Middle Int.)	Mo.	DOB Yr. Yrs. AGI	E Mo.
			Gender
Patient Address City & State		Phone Geor	
			🗆 Yes 🗆 No
Nearest Relative Name Relation		Phone Resp. in	NFD Pt. # Out Of
Patient Healthcare Provider		Phone 1st Unit of	Dn Scene Resp.
			from QTRs?
ACTION TAKEN 4. Patient Refused Treatment		INITIAL DISPATCH CODE Reporting	g BLS Unit 1. Yes
	Mechanism		a Al O Hait
2. Exam & Assist 6. Cancelled 3. No Exam Needed 7. No Patient Found	Туре	Letter	g ALS Unit
Name of Medical Facility Contacted			
	□ 1. Home Residence	 □ 7. Nursing Home □ 4. Industrial □ 8. Medical Facili 	e 🔲 11. Public Building ity 🔲 12. Educational Institution
Name of Medical Person Contacted	□ 2. Farm	5. Recreation/Sport 9. Street	□ 13. Other Location
RESPONSE MODE TYPE OF RESPONSE DELAY	3. Mine/Quarry	 ☐ 6. Adult Fam. Home ☐ 10. Highway ONSET OF SYMPTOMS - ELAPSED TI 	99. Unknown
1. Non-Emergent 1. None 4. Distance 7. Safety 10.	Vehicle Crash	(chest pain and stroke only) Hr. Min.	ME TIME EXTRICATION COMPLETED Hr. Min.
2. Emergent 2. Crowd 5. Diversion 8. Staff Delay 11. V 3. Directions 6. HazMat 9. Traffic 12. V	Vehicle Failure Weather 13. Other		
	29. Epipen Used		
P 0. None 0. ECG Monitor B 1. Oxygen 7. C-Collar/Backboard C 2. Wound Care 8. CPR D 3. Extrication/Rescue 15. Man. DC Shock by EMT	□ 38. Mask	Procedure EMS Number	
C D 2. Wound Care D 8. CPR	39. Gown/Apron	1 5	
U 3. Extrication/Rescue 15. Man. DC Shock by EMT		2 1	
R □ 4. Splinting □ 21. Auto. DC Shock by EMT S □ 5. Bag Mask □ 25. AED Attached/No Shock		2 5	
TIME DISPATCH TIME UNIT NOTI- NOTIFIED FIED BY DISPATCH RESPONDED ON SCE			
	Arrest After Arrival	AED/PAD Used INITIA	
		1. Citizen - no shock RHYTH 2. Citizen - shock	· · · · · · · · · · · · · · · · · · ·
R □ 1. Non-EMS □ 5. MD / RN First Responder / Police □ 6. Citizen with Dispatch Assistance A □ 1. Citizen with Dispatch Assistance		3. First Responder - no shock 4. First Responder - shock □ 2. V Fi	b 2. Expired at scene
	/as Cardiac Arrest	ESTIMATED ELAPSED	
A Critizen without Dispatch Assistance	Witnessed?	TIME (MIN.) FROM -	er 4. Expired at ER
■ 8. CPR Not Attempted	□ 1. Yes Col	Ilapse to Call Collapse to CPR	5. Admitted to Hospital
	🗆 3. Unk	□ 8. Unk	nown
Transport Agency Number Transport Destination		YPE OF TRANSPORT DELAY	
		None4. Distance7. SafetyCrowd5. Diversion8. Staff Dela	 ☐ 10. Vehicle Crash y □ 11. Vehicle Failure
		Directions 🗌 6. HazMat 🗌 9. Traffic	□ 12. Weather □ 13. Other
EMS Personnel EMS Number	EMS Perso	nnel EMS N	umper
	┝──┤ ┝────		

TIME									AFTERCARE
F Blood Pressure									□ Not Transported
D Pulse Rate									Transported
W Respiratory Rate									Low Blood Sugar
c ECG Rhythm									
H Oxvgen									□ High Blood Pressure
A Pulse Oximetry									🗆 Falls
T Glucometry									
DC Shock									
									Resources
Medications Taken By Patient At Home				Allergies:					
Narrative									
									STROKE Y/N
									Facial droop 🛛 🗆
									Arm drift 🛛 🗆
									Time of onset
									ED alert
									SEPSIS Y/N
									Fever 🗆 🗆
									HR>90
									RR>20
									HR>SBP
									ED alert 🛛 🗆
									ASA given
									Symptom onset
									ED alert
								nak -	
SIGNATURE OF PERSON COMPLETING R	IEPUKI	PRI	INTED NAME			ł	EMS Nu	nider	DATE
					_ [
			EMS C						BLS M10/P13
			EIVIS U						

	KING COUNTY — B	SLS INCIDE	NT REPORT FOR	M	XXXXXXX
DATE (MM/DD/YY)	AGENCY INCIDENT NUMBER		Reporting Agency Name		NO.
Are you First EMS	. Yes 2. No Incident S	Site	I	, (City
	. Not Applicable		N		
Patient Name (Last, First, Middle Int.)			Mo. DOB Yr. Day	Yrs. AGE	Mo. Gender
Patient Address	City & Stat	te	Phone	Geod	code MCI
					🗆 Yes 🗆 No
Nearest Relative Name	Relation		Phone	Resp. in	FD Pt. # Out Of
Detient Leoltheore Drovider			Dhone	1st Unit o	
Patient Healthcare Provider			Phone	TSt Onit C	from
	tient Refused Treatment		INITIAL DISPATCH	CODE Reporting	g BLS Unit □ 1. Yes
	rvice Aid/Patient Assist	Mechanism			□ 1. 163
□ 2. Exam & Assist □ 6. Ca	ncelled			Reporting	g ALS Unit
	Patient Found		Letter		
Name of Medical Facility Contacted		LOCATION TYPI		7. Nursing Home	
Name of Medical Person Contacted		□ 1. Home Resid □ 2. Farm	dence 4. Industrial		ty □ 12. Educational Institution □ 13. Other Location
		□ 3. Mine/Quarry			□ 99. Unknown
RESPONSE MODE TYPE OF RESPO			ONSET OF SYMPTO	MS - ELAPSED TI	ME TIME EXTRICATION COMPLETED
	4. Distance □ 7. Safety □ 1 5. Diversion □ 8. Staff Delay □ 1	10. Vehicle Crash 11. Vehicle Failure	Hr.	Min.	Hr. Min.
□ 3. Directions □	6. HazMat 🗌 9. Traffic 🗌	12. Weather 13. Ot			
P 0. None 06	6. ECG Monitor	29. Epipen Us	sed Procedure	EMS Number	
č , je	7. C-Collar/Backboard	□ 38. Mask	ron 15		
E \Box 2. Wound Care \Box 8 D \Box 3. Extrication/Rescue \Box 1	3. CPR 5. Man. DC Shock by EMT	🗆 39. Gown/Api			
$\mathbf{R} = 4$. Splinting $\mathbf{R} = 2$	21. Auto. DC Shock by EMT		2 1		
S	25. AED Attached/No Shock		2 5	5	
TIME DISPATCH TIME UNIT NOTI-	TIME UNIT TIME A	ARRIVED TIME	ARRIVED TIME PATIEN	T ARRIVED AT	TREAT- IN SERVICE
NOTIFIED FIED BY DISPATCI	H RESPONDED ON S	SCENE PATIE	NT'S SIDE LEFT SCENE	MENT FAC	
	NITIATED BY	Arrest After Arrival of EMS Personnel?	AED/PAD Used	INITIA RHYTH	
B □ 1. Non-EMS □ 5. M	íD / RN	□ 1. Yes	2. Citizen - shock		□ 1. DOA
R D 1. Non-EMS D 5. M First Responder / Police A D 6. C A D D 2. Fire Dept. (BLS)	itizen with Dispatch Assistance	🗆 2. No	 3. First Responder - no sh 4. First Responder - shock 		
	itizen without Dispatch Assistance	Was Cardiac Arrest	ESTIMATED ELAPSEI		stole 3. Admitted to ER
A C 7. C R 3. Paramedic (ALS) B 8. C S 1. Ambulance	nizen without Dispatch Assistance	Witnessed?	TIME (MIN.) FROM -	□ 7. Othe	er 4. Expired at ER
E 8. C	PR Not Attempted	□ 1. Yes □ 2. No	Collapse to Call Collapse	to CPR 8. Unki	5. Admitted to Hospital
T		🗆 3. Unk			□ 6. Unknown
Transport Agency Number Transport Des	stination		TYPE OF TRANSPORT DE		
			□ 1. None □ 4. Distance □ 2. Crowd □ 5. Diversion		□ 10. Vehicle Crash y □ 11. Vehicle Failure
			□ 3. Directions □ 6. HazMat	9. Traffic	□ 12. Weather □ 13. Other
EMS Personnel	EMS Number	EMS F	Personnel	EMS N	umber
		_ _ 			

This document is for Quality Review purposes only. Not for general distribution. Exempt from discovery. (RCW 43.70.510)

SAFETY EQUIPMENT						EYE (OPENING	VERBAL RES	SPONSE	МО	TOR RESPONSE	SI	JSPECTED
1. None	🗆 6. Air	bag Only	🗆 11. Eye	Protection				5 Oriented			Obeys Commands	ALCO	OHOL/DRUGS
2. Shoulder Belt	🗆 7. Air			ective Clothing/G				4 □ Confused			Locates Pain		1. Yes 2. No
□ 3. Lap Belt		bag/Lap/Shoulde			3	⊐ То \	voice			4 🗆 י	W'draw from Pain		2. NO
□ 4. Shoulder/Lap Belt			□ 88. N/A		2 [_ To I	Pain	3 🗆 Inapprop.	Words	3 🗆 I	Flexion to Pain		
\Box 5. Child Seat	□ 9 Am		□ 99. Unk		1 [] No	Response	2 🗌 Incompret	nensible	2 🗆 I	Extension to Pain		
D 5. Child Seat	L 10. F	leimet	L 99. UNK	nown				1 🗆 No Respo	nse	101	No Response		
TIME													AFTERCARE
F Blood Pressure													not Not
O Pulse Rate													Not Transported
W Respiratory Rate													□ Low Blood Sugar
C ECG Rhythm													□ High Blood Pressure
A													
R Pulse Oximetry T Glucometry													☐ Falls
DC Shock													
													Resources
Medications Taken By Pa	atient At H	lome						Allergies:					
Narrative												_	
												S	TROKE Y/N
												Fa	acial droop 🛛 🗆
												S	
												Ti	ime of onset
													::
												E	D alert
												S	EPSIS Y/N
												HF	
												DI	R>20
												HF	R>SBP
												ED) alert 🛛 🗆
												A٤	
												Sy	mptom onset
												ED) alert
			DT								EMO Number		
SIGNATURE OF PERSO	JIN COMF	LETING REPO	n I	PRI	NTED N/	HIVIE					EMS Number	DAT	
L								/					BLS M10/P12
				ME	DICAL	REV	IEW COPY	r					

5 - Open major injury 9 - Severe multiple injury 7 - Closed major injury 4 - Open minor injury 9 - Multisystem MC 8 - Injury with neurovascular or respiratory impairment 6 - Burn 2 - Closed multiple fracture 0 - Closed minor injury 8 - Pelvis / Hips / Genital 7 - Abdomen 6 - Legs 4 - Chest MV - Motor Vehicle $\stackrel{\square}{\times}$ Ш С DV - Domestic Violence DR - Drowning BU -3 - Open fracture(s) 5 - Arms 3 - Neck / Back XS ST SP К P< \leq $\stackrel{\scriptstyle \frown}{\scriptstyle \simeq}$ GS Π FA CH - Child Abuse 쀁 ω AP 1 - Closed simple / single fracture Third Digit (_ 2 - Face 1 - Head Second Digit (-First Digit (____ R AS - Assault AN - Animal AC MECHANISM & TYPE CODES - TRAUMA: Pedestrian vs. vehicle - Machinery Sharp Instrument - Aircraft Sexual Assault - Fireworks Explosives Accident (non-MVA) - Unknown Electric Shock - Firearms Blunt Instrument Bicycle - Motorcycle Fall Burn Strangulation or suffocation Sports Injury Skateboard, rollerblade 256 - Dialysis problem 226 -259 - Other metabolic/endocrine (non-diabetic) 229 - Other respiratory

MECHANISM & TYPE CODES - MEDICAL

MD - Medical Illness (Use for all medical type codes)

209 - Other anaphylaxis / allergy 201 - Major Symptoms - hypotension, SOB Anaphylaxis / Allergy 202 - Minor Symptoms - rash, hives

216 - Cardiac arrhythmia, not arrest 215 - Hypertension 219 - Other cardiac 217 - Cardiac arrest due to presumed heart disease 214 - CHF 213 - Angina 211 - Hypotension / Shock 218 - Cardiac arrest due to other causes 220 - Suspected MI - Other 212 - Suspected MI - STEMI Cardiovascular

228 - Hyperventilation 225 - Respiratory depression 224 - Respiratory arrest 223 - Inhalation, gas, smoke, etc. 222 - Choking / aspiration 227 - Emphysema / COPD 221 - Shortness of Breath Respiratory - Asthma

235 - Coma, unknown cause 239 - Other neurologic 236 - Decreased LOC 238 - Suspected TIA 234 - Suspected CVA 232 - Syncope 237 - Neuromuscular symptoms 233 - Headache 231 - Seizure Neurological

243 - Internal bleeding with hypotension 242 - Internal bleeding 249 - Other abdominal 244 - Genito-urinary problem 241 - Abdominal pain Abdominal / Genito-Urinary

37 - Medic 50, Skykomish PT ALS

Metabolic/Endocrine

255 - Hyperglycemia (>300), patient is not diabetic 254 - Hyperglycemia (>300), patient is diabetic 253 - Hypoglycemia, caused by insulin or unknown

> 269 - Other alcohol / drug 266 - Intoxication 264 - Overdose 263 - Withdrawal 262 - Accidental / Poisoning 265 - Accidental overdose 261 - Adverse Reaction Alcohol / Drug

291 - Hepatic problem 289 - Post-operative complication 288 - Frostbite 287 - Hypothermia 286 - Exhaustion 285 - Heat illness 284 - Fever / Infection 282 - Undefined musculo-skeletal pain 281 - Non-cardiac chest pain 274 - Possible SIDS 272 - Dehydration 271 - Febrile Seizure Other Medical Illnesses 293 - Other Illness 292 - Bleeding problem / hemophiliac / sickle cell 290 - Cancer

302 - Delivery at scene / enroute 309 - Other OB / GYN 301 - Active labor Obstetric / Gynecological 303 - Vaginal bleeding

409 - Other psychiatric 404 - Agitation / combative behavior 403 - Hallucination / bizarre behavior 402 - Depression 401 - Anxiety Psychiatric

29 - Er 31 - D 32 - Ki 33 - Eg	62 - Redmond FD 63 - Renton Fire & Emergency Services 64 - Seattle FD	45 - Group Health / Bellevue
AGEN (Part-t	57 - Kent FD 58 - Kirkland FD 59 - Mercer Island FD	30 - Veterans Hospital 31 - Virginia Mason Medical Center 32 - Fifth Avenue Medical Center
101 - K	55 - Enumclaw FD	29 - Valley Medical Center
00 - 00 90 - 08	53 - Bothell FD	26 - Tacoma General Hospital
79 - Va	52 - Bellevue FD	25 - Swedish / First Hill
78 - Ki	51 - Valley Regional Fire Authority	24 - Stevens Memorial Hospital
77 - Ki	50 - KCFD #50	23 - Snoqualmie Valley Hospital
76 - Ki	47 - XOFU #47 49 - Snorualmie Pass (#51)	21 - Group Heattn / Eastside 22 - St. Josenh's Hosnifal
74 - Ki	44 - KCFD #44	20 - Highline Medical Center / Riverton
73 - Sł	43 - Maple Valley Fire & Life Safety (#43)	19 - Swedish / Cherry Hill
72 - Be	39 - South King Fire and Rescue	18 - Overlake Hospital
71 - Be	36 - Woodinville Fire & Life Safety	17 - Northwest Hospital
70 - Ki	27 - KCFD #27	15 - St. Francis Hospital
35 - R	24 - SeaTac FD	14 - Monroe Valley General Hospital
28 - Be	20 - KCFD #20	40 - Madigan Army Hospital
23 - Re	16 - Northshore FD (#16)	13 - Mary Bridge Hospital
22 - SI	13 - Vashon Island Fire & Rescue (#13)	12 - St. Claire Hospital
19 - Re	11 - North Highline FD (#11)	11 - Harborview Medical Center
15 - Sh	10 - Eastside Fire & Rescue	10 - Group Health / Central
14 - Be	04 - Shoreline FD	09 - Good Samaritan Hospital
12 - Ki	02 - KCFD #2	08 - Evergreen Healthcare
09 - Ki	(Fire Departments & Districts):	07 - Community Memorial Hospital
08 - K(AGENCY CODES	05 - Seattle Children's Hospital
18 - 70		03 - Highline Medical Center
06 - Ki	99 - Other	02 - Swedish / Ballard Campus
05 - Re	98 - Unknown Location	01 - Auburn Regional Medical Center
03 - Be	44 - Overlake Urgent Care / Issaquah	00 - No transport / Left at Scene
(Parar	43 - Swedish ER / Issaquah	DESTINATION OF TRANSPORT CODES:
AGEN	42 - Home	-
	41 - Patient transfer point	511 - Resuscitation withheld / compelling reason
0 - 66	39 - Mortuary	512 - Cancelled at scene
86 - Bo	38 - County Morgue	507 - Cancelled enroute
81 - 0	37 - Jail	506 - False alarm
69 - Po	36 - Detoxification Center	505 - Fire standby
66 - Tu	35 - Medical Clinics	504 - Special service / other
65 - Sr	34 - All Other Hospitals	502 - DOA
(Fire E	(continued)	501 - No injury or illness
AGEN	DESTINATION OF TRANSPORT CODES	MECHANISM & TYPE CODES - OTHER ALARMS:

34 - Bellevue Part-time ALS Unit 33 - Eastside Part-time ALS Unit King County Rescue 1 **Duvall Part-time ALS Unit** D #43 Part-time ALS Unit Enumclaw Part-time ALS Unit King County Medic 7 King County Medic 6 King County Medic 5 King County Medic 4 King County Medic 11 3ellevue Medic 3 King County Medic 90 Dutside fire district boundary, inside K.C. Snoqualmie FD Departments & Districts): (continued) -time ALS Units): **NCY CODES** ashon Medic 9 3ellevue Medic 1 Shoreline Medic 47 Redmond Medic 19 Bellevue Medic 14 (ing County Medic 12 (C Specially Assigned Unit Shoreline MSO (ing County MSO **Dutside King County** Boeing Port of Seattle FD King County Medic 13 Jutside King County (ing County Medic 8 horeline Medic 63 ellevue Medic 2 ledmond Medic 35 Redmond Medic 23 horeline Medic 65 Redmond MSO Bellevue MSO medic Units): **NCY CODES** ukwila FD eattle Medic Unit

> 87 - Rural Metro Ambulance 86 - Boeing 85 - Helicopter transport Same as agency codes plus: 89 - Other ALS 88 - AMR ALS 81 - Other Ambulance 00 - No transport 82 - AMR Ambulance TRANSPORTING AGENCY CODES:

VCY CODES

90 - Washington State Patrol

91 - County Sheriff 92 - Local Police

93 - Private Auto

95 - M.A.S.T. 94 - Taxi

96 - Medical Examiner

97 - Hearse

98 - Unknown

99 - Other Agency

100 - Tri-Med Ambulance

KING COUNTY — BL	LS INCIDENT	REPORT FORM	XXXXXXX
DATE (MM/DD/YY) AGENCY INCIDENT NUMBER		Reporting Agency Name	NO.
Are you First EMS	e		City
Patient Name (Last, First, Middle Int.)	Mo.		E Mo. Gender
		Day	
Patient Address City & State		Phone Geo	code MCI
Nearest Relative Name Relation		Phone Resp. ir	n FD Pt. # Out Of
Patient Healthcare Provider		Phone 1st Unit	on Scene Resp. from
ACTION TAKEN		INITIAL DISPATCH CODE Reportin	g BLS Unit □ 1. Yes
I. Exam Only 5. Service Aid/Patient Assist	Mechanism		
2. Exam & Assist 6. Cancelled 3. No Exam Needed 7. No Patient Found	Туре	Letter	ng ALS Unit
Name of Medical Facility Contacted	LOCATION TYPE	7. Nursing Hom	ie 🗌 11. Public Building
	1. Home Residence	6	lity 12. Educational Institution
Name of Medical Person Contacted	□ 2. Farm	5. Recreation/Sport 9. Street	□ 13. Other Location
RESPONSE MODE TYPE OF RESPONSE DELAY	□ 3. Mine/Quarry	 ☐ 6. Adult Fam. Home ☐ 10. Highway ONSET OF SYMPTOMS - ELAPSED TO 	99. Unknown
1. Non-Emergent 1. None 4. Distance 7. Safety 10). Vehicle Crash	(chest pain and stroke only) Hr. Min.	IME TIME EXTRICATION COMPLETED Hr. Min.
2. Emergent 2. Crowd 5. Diversion 8. Staff Delay 11 3. Directions 6. HazMat 9. Traffic 12	I. Vehicle Failure 2. Weather □ 13. Other		
P 🗆 0. None 🗆 6. ECG Monitor	🗆 29. Epipen Used	Procedure EMS Number	
□ 1. Oxygen □ 7. C-Collar/Backboard	□ 38. Mask		
E 2. Wound Care E 8. CPR	□ 39. Gown/Apron	1 5	
□ 3. Extrication/Rescue □ 15. Man. DC Shock by EMT		2 1	
P 0. None 6. ECG Monitor R 1. Oxygen 7. C-Collar/Backboard C 2. Wound Care 8. CPR D 3. Extrication/Rescue 15. Man. DC Shock by EMT C 4. Splinting 21. Auto. DC Shock by EMT S 5. Bag Mask 25. AED Attached/No Shock		2 5	
TIME DISPATCH TIME UNIT NOTI- TIME UNIT TIME AR			
NOTIFIED FIED BY DISPATCH RESPONDED ON SC	CENE PATIENT'S	SIDE LEFT SCENE MENT FA	
			<u> </u>
CPR INITIATED BY	Arrest After Arrival of EMS Personnel?	AED/PAD Used INITIA 1. Citizen - no shock RHYTI	
P □ 1. Non-EMS □ 5. MD / RN First Responder / Police	□ 1. Yes	2. Citizen - shock	□ 1. DOA
A G. Citizen with Dispatch Assistance		3. First Responder - no shock4. First Responder - shock	ib 2. Expired at scene
	Was Cardiac Arrest	ESTIMATED ELAPSED 4. Asy	stole 3. Admitted to ER
B 3. Paramedic (ALS)	Witnessed?	TIME (MIN.) FROM -	er 4. Expired at ER
A 7. Citizen without Dispatch Assistance R 3. Paramedic (ALS) B 8. CPR Not Attempted S 4. Ambulance	□ 2. No		nown
	□ 3. Unk		6. Unknown
Transport Agency Number Transport Destination		YPE OF TRANSPORT DELAY None 4. Distance 7. Safety	10. Vehicle Crash
	□ 2.		ay 11. Vehicle Failure 12. Weather 13. Other
EMS Personnel EMS Number	EMS Perso		lumber
	+-1		
	+		

						AFTERCA
Blood Pressure						n Not
O Pulse Rate						□ Not Transport
W Respiratory Rate						Low Blood Sugar
c ECG Rhythm						
H Oxygen						High Bloo Pressure
R Pulse Oximetry						□ Falls
T Glucometry						
DC Shock						Communi Resource
Andreations Talves Du Datient At Users			Allennisse			Resource
Medications Taken By Patient At Home □ None			Allergies:			
larrative						STROKE
						Facial droop
						Arm drift
						Speech [
						Time of onset
						ED alert
						SEPSIS
						Fever [
						HR>90 E
						RR>20 E
						HR>SBP [
						ED alert C
						STEMI
						ASA given
						Symptom onset
						ED alert E
SIGNATURE OF PERSON COMPLETING REPORT	PRI	INTED NAME		 EMS N	umber	DATE
SIGNATURE OF PERSON COMPLETING REPORT	PRI	INTED NAME		EMS N	umber	DATE