

# KING COUNTY — BLS INCIDENT REPORT FORM

XXXXXXXX

DATE (MM/DD/YY)			AGENCY INCIDENT NUMBER					Reporting Agency Name					NO.							
Are you First EMS Reporting Agency On The Scene? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Applicable			Incident Site					City												
Patient Name (Last, First, Middle Int.)										Mo.	DOB Day	Yr.	Yrs.	AGE Mo.		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk				
Patient Address					City & State					Phone					Geocode		MCI <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nearest Relative Name					Relation					Phone					Resp. in FD		Pt. # Out Of			
Patient Healthcare Provider					Phone					1st Unit on Scene					Resp. from QTRs? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No					
ACTION TAKEN <input type="checkbox"/> 1. Exam Only <input type="checkbox"/> 2. Exam & Assist <input type="checkbox"/> 3. No Exam Needed			<input type="checkbox"/> 4. Patient Refused Treatment <input type="checkbox"/> 5. Service Aid/Patient Assist <input type="checkbox"/> 6. Cancelled <input type="checkbox"/> 7. No Patient Found			Mechanism		Type		INITIAL DISPATCH CODE		Reporting BLS Unit		Reporting ALS Unit						
Name of Medical Facility Contacted					LOCATION TYPE <input type="checkbox"/> 1. Home Residence <input type="checkbox"/> 2. Farm <input type="checkbox"/> 3. Mine/Quarry					<input type="checkbox"/> 4. Industrial <input type="checkbox"/> 5. Recreation/Sport <input type="checkbox"/> 6. Adult Fam. Home					<input type="checkbox"/> 7. Nursing Home <input type="checkbox"/> 8. Medical Facility <input type="checkbox"/> 9. Street <input type="checkbox"/> 10. Highway <input type="checkbox"/> 11. Public Building <input type="checkbox"/> 12. Educational Institution <input type="checkbox"/> 13. Other Location <input type="checkbox"/> 99. Unknown					
Name of Medical Person Contacted					RESPONSE MODE <input type="checkbox"/> 1. Non-Emergent <input type="checkbox"/> 2. Emergent					TYPE OF RESPONSE DELAY <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Crowd <input type="checkbox"/> 3. Directions <input type="checkbox"/> 4. Distance <input type="checkbox"/> 5. Diversion <input type="checkbox"/> 6. HazMat <input type="checkbox"/> 7. Safety <input type="checkbox"/> 8. Staff Delay <input type="checkbox"/> 9. Traffic <input type="checkbox"/> 10. Vehicle Crash <input type="checkbox"/> 11. Vehicle Failure <input type="checkbox"/> 12. Weather <input type="checkbox"/> 13. Other					ONSET OF SYMPTOMS - ELAPSED TIME (chest pain and stroke only) Hr. Min.		TIME EXTRICATION COMPLETED Hr. Min.			
PROCEDURES	<input type="checkbox"/> 0. None <input type="checkbox"/> 1. Oxygen <input type="checkbox"/> 2. Wound Care <input type="checkbox"/> 3. Extrication/Rescue <input type="checkbox"/> 4. Splinting <input type="checkbox"/> 5. Bag Mask					<input type="checkbox"/> 6. ECG Monitor <input type="checkbox"/> 7. C-Collar/Backboard <input type="checkbox"/> 8. CPR <input type="checkbox"/> 15. Man. DC Shock by EMT <input type="checkbox"/> 21. Auto. DC Shock by EMT <input type="checkbox"/> 25. AED Attached/No Shock					<input type="checkbox"/> 29. Epipen Used <input type="checkbox"/> 38. Mask <input type="checkbox"/> 39. Gown/Apron					Procedure EMS Number				
	TIME DISPATCH NOTIFIED		TIME UNIT NOTIFIED BY DISPATCH		TIME UNIT RESPONDED		TIME ARRIVED ON SCENE		TIME ARRIVED PATIENT'S SIDE		TIME PATIENT LEFT SCENE		ARRIVED AT TREATMENT FACILITY		IN SERVICE					
	CARDIAC ARREST	CPR INITIATED BY <input type="checkbox"/> 1. Non-EMS First Responder / Police <input type="checkbox"/> 2. Fire Dept. (BLS) <input type="checkbox"/> 3. Paramedic (ALS) <input type="checkbox"/> 4. Ambulance					Arrest After Arrival of EMS Personnel? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No					AED/PAD Used <input type="checkbox"/> 1. Citizen - no shock <input type="checkbox"/> 2. Citizen - shock <input type="checkbox"/> 3. First Responder - no shock <input type="checkbox"/> 4. First Responder - shock					INITIAL RHYTHM <input type="checkbox"/> 2. V Fib <input type="checkbox"/> 4. Asystole <input type="checkbox"/> 7. Other <input type="checkbox"/> 8. Unknown		PATIENT OUTCOME (if known) <input type="checkbox"/> 1. DOA <input type="checkbox"/> 2. Expired at scene <input type="checkbox"/> 3. Admitted to ER <input type="checkbox"/> 4. Expired at ER <input type="checkbox"/> 5. Admitted to Hospital <input type="checkbox"/> 6. Unknown	
		Transport Agency Number		Transport Destination					TYPE OF TRANSPORT DELAY <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Crowd <input type="checkbox"/> 3. Directions <input type="checkbox"/> 4. Distance <input type="checkbox"/> 5. Diversion <input type="checkbox"/> 6. HazMat <input type="checkbox"/> 7. Safety <input type="checkbox"/> 8. Staff Delay <input type="checkbox"/> 9. Traffic <input type="checkbox"/> 10. Vehicle Crash <input type="checkbox"/> 11. Vehicle Failure <input type="checkbox"/> 12. Weather <input type="checkbox"/> 13. Other											
		EMS Personnel		EMS Number					EMS Personnel		EMS Number									

SAFETY EQUIPMENT <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Shoulder Belt <input type="checkbox"/> 3. Lap Belt <input type="checkbox"/> 4. Shoulder/Lap Belt <input type="checkbox"/> 5. Child Seat <input type="checkbox"/> 6. Airbag Only <input type="checkbox"/> 7. Airbag/Lap <input type="checkbox"/> 8. Airbag/Lap/Shoulder <input type="checkbox"/> 9. Airbag/Child Seat <input type="checkbox"/> 10. Helmet <input type="checkbox"/> 11. Eye Protection <input type="checkbox"/> 12. Protective Clothing/Gear <input type="checkbox"/> 13. Flotation Device <input type="checkbox"/> 88. N/A <input type="checkbox"/> 99. Unknown					EYE OPENING 4 <input type="checkbox"/> Spontaneously 3 <input type="checkbox"/> To Voice 2 <input type="checkbox"/> To Pain 1 <input type="checkbox"/> No Response		VERBAL RESPONSE 5 <input type="checkbox"/> Oriented 4 <input type="checkbox"/> Confused 3 <input type="checkbox"/> Inapprop. Words 2 <input type="checkbox"/> Incomprehensible 1 <input type="checkbox"/> No Response		MOTOR RESPONSE 6 <input type="checkbox"/> Obeys Commands 5 <input type="checkbox"/> Locates Pain 4 <input type="checkbox"/> W'draw from Pain 3 <input type="checkbox"/> Flexion to Pain 2 <input type="checkbox"/> Extension to Pain 1 <input type="checkbox"/> No Response		SUSPECTED ALCOHOL/DRUGS <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
FLOW CHART	TIME											AFTERCARE <input type="checkbox"/> Not Transported <input type="checkbox"/> Low Blood Sugar <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Falls <input type="checkbox"/> Community Resources	
	Blood Pressure												
	Pulse Rate												
	Respiratory Rate												
	ECG Rhythm												
	Oxygen												
	Pulse Oximetry												
	Glucometry												
DC Shock													
Medications Taken By Patient At Home <input type="checkbox"/> None							Allergies: <input type="checkbox"/> NKDA						
Narrative												STROKE	Y/N
												Facial droop	<input type="checkbox"/> <input type="checkbox"/>
												Arm drift	<input type="checkbox"/> <input type="checkbox"/>
												Speech	<input type="checkbox"/> <input type="checkbox"/>
												Time of onset	
												ED alert	<input type="checkbox"/> <input type="checkbox"/>
												SEPSIS	Y/N
												Fever	<input type="checkbox"/> <input type="checkbox"/>
												HR>90	<input type="checkbox"/> <input type="checkbox"/>
												RR>20	<input type="checkbox"/> <input type="checkbox"/>
												HR>SBP	<input type="checkbox"/> <input type="checkbox"/>
												ED alert	<input type="checkbox"/> <input type="checkbox"/>
												STEMI	Y/N
												ASA given	<input type="checkbox"/> <input type="checkbox"/>
												Symptom onset	
												ED alert	<input type="checkbox"/> <input type="checkbox"/>

SIGNATURE OF PERSON COMPLETING REPORT	PRINTED NAME	EMS Number	DATE

**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.”

Patient’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMT or Paramedic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness 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 understand what it says.
- 4) Have the patient sign on the “Patient Signature” line, or on the “Parent/Guardian” line if appropriate. If the patient or parent/guardian refuses to sign, or you are unable to obtain a signature for any other reason, simply make a note to that effect, sign the form and have it witnessed.
- 5) Obtain a signature from a witness (preferably someone from your agency), and note that person’s EMS agency affiliation or address.



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<b>CARDIAC ARREST</b>						CPR INITIATED BY				Arrest After Arrival of EMS Personnel?		AED/PAD Used				INITIAL RHYTHM		PATIENT OUTCOME (if known)																															
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						Transport Agency Number		Transport Destination				Was Cardiac Arrest Witnessed?		ESTIMATED ELAPSED TIME (MIN.) FROM -																																			
						<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unk <input type="checkbox"/>		Collapse to Call <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								Collapse to CPR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																	
TYPE OF TRANSPORT DELAY						1. None <input type="checkbox"/> 2. Crowd <input type="checkbox"/> 3. Directions <input type="checkbox"/> 4. Distance <input type="checkbox"/> 5. Diversion <input type="checkbox"/> 6. HazMat <input type="checkbox"/> 7. Safety <input type="checkbox"/> 8. Staff Delay <input type="checkbox"/> 9. Traffic <input type="checkbox"/> 10. Vehicle Crash <input type="checkbox"/> 11. Vehicle Failure <input type="checkbox"/> 12. Weather <input type="checkbox"/> 13. Other <input type="checkbox"/>																																											
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Agency Use:

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

SAFETY EQUIPMENT						EYE OPENING			VERBAL RESPONSE			MOTOR RESPONSE			SUSPECTED ALCOHOL/DRUGS	
1. None <input type="checkbox"/> 2. Shoulder Belt <input type="checkbox"/> 3. Lap Belt <input type="checkbox"/> 4. Shoulder/Lap Belt <input type="checkbox"/> 5. Child Seat <input type="checkbox"/> 6. Airbag Only <input type="checkbox"/> 7. Airbag/Lap <input type="checkbox"/> 8. Airbag/Lap/Shoulder <input type="checkbox"/> 9. Airbag/Child Seat <input type="checkbox"/> 10. Helmet <input type="checkbox"/> 11. Eye Protection <input type="checkbox"/> 12. Protective Clothing/Gear <input type="checkbox"/> 13. Flotation Device <input type="checkbox"/> 88. N/A <input type="checkbox"/> 99. Unknown <input type="checkbox"/>						4. Spontaneously <input type="checkbox"/> 3. To Voice <input type="checkbox"/> 2. To Pain <input type="checkbox"/> 1. No Response <input type="checkbox"/>			5. Oriented <input type="checkbox"/> 4. Confused <input type="checkbox"/> 3. Inapprop. Words <input type="checkbox"/> 2. Incomprehensible <input type="checkbox"/> 1. No Response <input type="checkbox"/>			6. Obeys Commands <input type="checkbox"/> 5. Locates Pain <input type="checkbox"/> 4. W'draw from Pain <input type="checkbox"/> 3. Flexion to Pain <input type="checkbox"/> 2. Extension to Pain <input type="checkbox"/> 1. No Response <input type="checkbox"/>			1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
TIME →													<b>AFTERCARE</b>			
FLOW																
BLOOD PRESSURE																
PULSE RATE																
RESPIRATORY RATE																
ECG RHYTHM																
OXYGEN																
PULSE OXIMETRY																
GLUCOMETRY																
DC SHOCK																
Medications Taken By Patient At Home <input type="checkbox"/> None						Allergies: <input type="checkbox"/> NKDA										
Narrative																
													STROKE	Y/N		
													Facial droop	<input type="checkbox"/>		
													Arm drift	<input type="checkbox"/>		
													Speech	<input type="checkbox"/>		
													Time of onset			
													ED alert	<input type="checkbox"/>		
													SEPSIS	Y/N		
													Fever	<input type="checkbox"/>		
													HR>90	<input type="checkbox"/>		
													RR>20	<input type="checkbox"/>		
													HR>SBP	<input type="checkbox"/>		
													ED alert	<input type="checkbox"/>		
													STEMI	Y/N		
													ASA given	<input type="checkbox"/>		
													Symptom onset			
													ED alert	<input type="checkbox"/>		

SIGNATURE OF PERSON COMPLETING REPORT	PRINTED NAME	EMS Number	DATE
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MECHANISM & TYPE CODES - TRAUMA:	MECHANISM & TYPE CODES - MEDICAL
AC - Accident (non-MVA)	<b>MD - Medical Illness (Use for all medical type codes)</b>
AN - Animal	<b>Anaphylaxis / Allergy</b>
AP - Aircraft	201 - Major Symptoms - hypotension, SOB
AS - Assault	202 - Minor Symptoms - rash, hives
BI - Bicycle	209 - Other anaphylaxis / allergy
BL - Blunt Instrument	<b>Cardiovascular</b>
BU - Burn	211 - Hypotension / Shock
CH - Child Abuse	212 - Suspected MI - STEMI
DR - Drowning	220 - Suspected MI - Other
DV - Domestic Violence	213 - Angina
ES - Electric Shock	214 - CHF
EX - Explosives	215 - Hypertension
FA - Fall	216 - Cardiac arrhythmia, not arrest
FI - Fireworks	217 - Cardiac arrest due to presumed heart disease
GS - Firearms	218 - Cardiac arrest due to other causes
KN - Sharp Instrument	219 - Other cardiac
MC - Motorcycle	<b>Respiratory</b>
ME - Machinery	221 - Shortness of Breath
MV - Motor Vehicle	222 - Choking / aspiration
PV - Pedestrian vs. vehicle	223 - Inhalation, gas, smoke, etc.
SK - Skateboard, rollerblade	224 - Respiratory arrest
SP - Sports Injury	225 - Respiratory depression
ST - Strangulation or suffocation	226 - Asthma
SX - Sexual Assault	227 - Emphysema / COPD
UK - Unknown	228 - Hyperventilation
First Digit ( <u>1</u> _____ )	229 - Other respiratory
Second Digit ( _____ * _____ )	<b>Neurological</b>
1 - Head	231 - Seizure
2 - Face	232 - Syncope
3 - Neck / Back	233 - Headache
4 - Chest	234 - Suspected CVA
5 - Arms	238 - Suspected TIA
6 - Legs	235 - Coma, unknown cause
7 - Abdomen	236 - Decreased LOC
8 - Pelvis / Hips / Genital	237 - Neuromuscular symptoms
9 - Multisystem	239 - Other neurologic
Third Digit ( _____ * _____ )	<b>Abdominal / Genito-Urinary</b>
0 - Closed minor injury	241 - Abdominal pain
1 - Closed simple / single fracture	242 - Internal bleeding
2 - Closed multiple fracture	243 - Internal bleeding with hypotension
3 - Open fracture(s)	244 - Genito-urinary problem
4 - Open minor injury	249 - Other abdominal
5 - Open major injury	<b>Metabolic/Endocrine</b>
6 - Burn	253 - Hypoglycemia, caused by insulin
7 - Closed major injury	254 - Hyperglycemia (>300), patient is diabetic
8 - Injury with neurovascular or respiratory impairment	255 - Hyperglycemia (>300), patient is not diabetic or unknown
9 - Severe multiple injury	256 - Dialysis problem
	259 - Other metabolic/endocrine (non-diabetic)

MECHANISM & TYPE CODES - OTHER ALARMS:	DESTINATION OF TRANSPORT CODES
501 - No injury or illness	01 - No transport / Left at Scene
502 - DOA	01 - Auburn Regional Medical Center
504 - Special service / other	02 - Swedish / Ballard Campus
505 - Fire standby	03 - Highline Medical Center
506 - False alarm	05 - Seattle Children's Hospital
507 - Cancelled enroute	07 - Community Memorial Hospital
512 - Cancelled at scene	08 - Evergreen Healthcare
511 - Resuscitation withheld / compelling reason	09 - Good Samaritan Hospital
	10 - Group Health / Central
	11 - Harborview Medical Center
	12 - St. Claire Hospital
	13 - Mary Bridge Hospital
	40 - Madigan Army Hospital
	14 - Monroe Valley General Hospital
	15 - St. Francis Hospital
	17 - Northwest Hospital
	18 - Overlake Hospital
	19 - Swedish / Cherry Hill
	20 - Highline Medical Center / Riverton
	21 - Group Health / Eastside
	22 - St. Joseph's Hospital
	23 - Snoqualmie Valley Hospital
	24 - Stevens Memorial Hospital
	25 - Swedish / First Hill
	26 - Tacoma General Hospital
	27 - UW Medical Center
	29 - Valley Medical Center
	30 - Veterans Hospital
	31 - Virginia Mason Medical Center
	32 - Fifth Avenue Medical Center
	45 - Group Health / Bellevue
	<b>DESTINATION OF TRANSPORT CODES (continued)</b>
	34 - All Other Hospitals
	35 - Medical Clinics
	36 - Detoxification Center
	37 - Jail
	38 - County Morgue
	39 - Mortuary
	41 - Patient transfer point
	42 - Home
	43 - Swedish ER / Issaquah
	44 - Overlake Urgent Care / Issaquah
	98 - Unknown Location
	99 - Other
	<b>AGENCY CODES (Fire Departments &amp; Districts):</b>
	02 - KCFD #2
	04 - Shoreline FD
	10 - Eastside Fire & Rescue
	11 - North Highline FD (#11)
	13 - Vashon Island Fire & Rescue (#13)
	16 - Northshore FD (#16)
	20 - KCFD #20
	24 - SeaTac FD
	27 - KCFD #27
	36 - Woodinville Fire & Life Safety
	39 - South King Fire and Rescue
	43 - Maple Valley Fire & Life Safety (#43)
	44 - KCFD #44
	47 - KCFD #47
	49 - Snoqualmie Pass (#51)
	50 - KCFD #50
	51 - Valley Regional Fire Authority
	52 - Bellevue FD
	53 - Bothell FD
	54 - Duwail FD (#45)
	55 - Enumclaw FD
	57 - Kent FD
	58 - Kirkland FD
	59 - Mercer Island FD
	62 - Redmond FD
	63 - Renton Fire & Emergency Services
	64 - Seattle FD
	<b>AGENCY CODES (Fire Departments &amp; Districts): (continued)</b>
	65 - Snoqualmie FD
	66 - Tukwila FD
	69 - Port of Seattle FD
	81 - Outside fire district boundary, inside K.C.
	86 - Boeing
	99 - Outside King County
	<b>AGENCY CODES (Paramedic Units):</b>
	03 - Bellevue MSO
	05 - Redmond MSO
	06 - King County MSO
	07 - Shoreline MSO
	08 - KC Specially Assigned Unit
	09 - King County Medic 90
	12 - King County Medic 112
	14 - Bellevue Medic 14
	15 - Shoreline Medic 65
	19 - Redmond Medic 19
	22 - Shoreline Medic 47
	23 - Redmond Medic 23
	28 - Bellevue Medic 3
	35 - Redmond Medic 35
	70 - King County Medic 11
	71 - Bellevue Medic 1
	72 - Bellevue Medic 2
	73 - Shoreline Medic 63
	74 - King County Medic 4
	75 - King County Medic 5
	76 - King County Medic 6
	77 - King County Medic 7
	78 - King County Medic 8
	79 - Vashon Medic 9
	80 - Seattle Medic Unit
	99 - Outside King County
	101 - King County Medic 13
	<b>AGENCY CODES (Part-time ALS Units):</b>
	29 - Enumclaw Part-time ALS Unit
	30 - FD #43 Part-time ALS Unit
	31 - Duwail Part-time ALS Unit
	32 - King County Rescue 1
	33 - Eastside Part-time ALS Unit
	34 - Bellevue Part-time ALS Unit
	37 - Medic 50, Skykomish PT ALS

TRANSPORTING AGENCY CODES:
<b>Same as agency codes plus:</b>
00 - No transport
81 - Other Ambulance
82 - AMR Ambulance
85 - Helicopter transport
86 - Boeing
87 - Rural Metro Ambulance
88 - AMR ALS
89 - Other ALS
90 - Washington State Patrol
91 - County Sheriff
92 - Local Police
93 - Private Auto
94 - Taxi
95 - M.A.S.T.
96 - Medical Examiner
97 - Hearse
98 - Unknown
99 - Other Agency
100 - Tri-Med Ambulance



**KING COUNTY — BLS INCIDENT REPORT FORM**

XXXXXXX

DATE (MM/DD/YY)		AGENCY INCIDENT NUMBER				Reporting Agency Name				NO.											
Are you First EMS Reporting Agency On The Scene? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Applicable		Incident Site				City															
Patient Name (Last, First, Middle Int.)						Mo.		DOB Day		Yr.		Yrs.		AGE Mo.		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk					
Patient Address						City & State				Phone				Geocode		MCI <input type="checkbox"/> Yes <input type="checkbox"/> No					
Nearest Relative Name						Relation				Phone				Resp. in FD		Pt. #		Out Of			
Patient Healthcare Provider						Phone				1st Unit on Scene				Resp. from QTRs? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No							
ACTION TAKEN <input type="checkbox"/> 1. Exam Only <input type="checkbox"/> 2. Exam & Assist <input type="checkbox"/> 3. No Exam Needed <input type="checkbox"/> 4. Patient Refused Treatment <input type="checkbox"/> 5. Service Aid/Patient Assist <input type="checkbox"/> 6. Cancelled <input type="checkbox"/> 7. No Patient Found						Mechanism				INITIAL DISPATCH CODE				Reporting BLS Unit							
Name of Medical Facility Contacted						LOCATION TYPE <input type="checkbox"/> 1. Home Residence <input type="checkbox"/> 2. Farm <input type="checkbox"/> 3. Mine/Quarry <input type="checkbox"/> 4. Industrial <input type="checkbox"/> 5. Recreation/Sport <input type="checkbox"/> 6. Adult Fam. Home <input type="checkbox"/> 7. Nursing Home <input type="checkbox"/> 8. Medical Facility <input type="checkbox"/> 9. Street <input type="checkbox"/> 10. Highway <input type="checkbox"/> 11. Public Building <input type="checkbox"/> 12. Educational Institution <input type="checkbox"/> 13. Other Location <input type="checkbox"/> 99. Unknown				Type				Letter				Reporting ALS Unit			
Name of Medical Person Contacted						RESPONSE MODE <input type="checkbox"/> 1. Non-Emergent <input type="checkbox"/> 2. Emergent				TYPE OF RESPONSE DELAY <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Crowd <input type="checkbox"/> 3. Directions <input type="checkbox"/> 4. Distance <input type="checkbox"/> 5. Diversion <input type="checkbox"/> 6. HazMat <input type="checkbox"/> 7. Safety <input type="checkbox"/> 8. Staff Delay <input type="checkbox"/> 9. Traffic <input type="checkbox"/> 10. Vehicle Crash <input type="checkbox"/> 11. Vehicle Failure <input type="checkbox"/> 12. Weather <input type="checkbox"/> 13. Other				ONSET OF SYMPTOMS - ELAPSED TIME (chest pain and stroke only) Hr. Min.				TIME EXTRICATION COMPLETED Hr. Min.			
<b>PROCEDURES</b>	<input type="checkbox"/> 0. None						<input type="checkbox"/> 6. ECG Monitor						<input type="checkbox"/> 29. Epipen Used								
	<input type="checkbox"/> 1. Oxygen						<input type="checkbox"/> 7. C-Collar/Backboard						<input type="checkbox"/> 38. Mask								
	<input type="checkbox"/> 2. Wound Care						<input type="checkbox"/> 8. CPR						<input type="checkbox"/> 39. Gown/Apron								
	<input type="checkbox"/> 3. Extrication/Rescue						<input type="checkbox"/> 15. Man. DC Shock by EMT														
<input type="checkbox"/> 4. Splinting						<input type="checkbox"/> 21. Auto. DC Shock by EMT															
<input type="checkbox"/> 5. Bag Mask						<input type="checkbox"/> 25. AED Attached/No Shock															
TIME DISPATCH NOTIFIED		TIME UNIT NOTIFIED BY DISPATCH		TIME UNIT RESPONDED		TIME ARRIVED ON SCENE		TIME ARRIVED PATIENT'S SIDE		TIME PATIENT LEFT SCENE		ARRIVED AT TREATMENT FACILITY		IN SERVICE							
<b>CARDIAC ARREST</b>	CPR INITIATED BY <input type="checkbox"/> 1. Non-EMS First Responder / Police <input type="checkbox"/> 2. Fire Dept. (BLS) <input type="checkbox"/> 3. Paramedic (ALS) <input type="checkbox"/> 4. Ambulance						<input type="checkbox"/> 5. MD / RN <input type="checkbox"/> 6. Citizen with Dispatch Assistance <input type="checkbox"/> 7. Citizen without Dispatch Assistance <input type="checkbox"/> 8. CPR Not Attempted						Arrest After Arrival of EMS Personnel? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		AED/PAD Used <input type="checkbox"/> 1. Citizen - no shock <input type="checkbox"/> 2. Citizen - shock <input type="checkbox"/> 3. First Responder - no shock <input type="checkbox"/> 4. First Responder - shock		INITIAL RHYTHM <input type="checkbox"/> 2. V Fib <input type="checkbox"/> 4. Asystole <input type="checkbox"/> 7. Other <input type="checkbox"/> 8. Unknown		PATIENT OUTCOME (if known) <input type="checkbox"/> 1. DOA <input type="checkbox"/> 2. Expired at scene <input type="checkbox"/> 3. Admitted to ER <input type="checkbox"/> 4. Expired at ER <input type="checkbox"/> 5. Admitted to Hospital <input type="checkbox"/> 6. Unknown		
	Transport Agency Number						Transport Destination						TYPE OF TRANSPORT DELAY <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Crowd <input type="checkbox"/> 3. Directions <input type="checkbox"/> 4. Distance <input type="checkbox"/> 5. Diversion <input type="checkbox"/> 6. HazMat <input type="checkbox"/> 7. Safety <input type="checkbox"/> 8. Staff Delay <input type="checkbox"/> 9. Traffic <input type="checkbox"/> 10. Vehicle Crash <input type="checkbox"/> 11. Vehicle Failure <input type="checkbox"/> 12. Weather <input type="checkbox"/> 13. Other								
	EMS Personnel				EMS Number				EMS Personnel				EMS Number								

Agency Use:

SAFETY EQUIPMENT <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Shoulder Belt <input type="checkbox"/> 3. Lap Belt <input type="checkbox"/> 4. Shoulder/Lap Belt <input type="checkbox"/> 5. Child Seat <input type="checkbox"/> 6. Airbag Only <input type="checkbox"/> 7. Airbag/Lap <input type="checkbox"/> 8. Airbag/Lap/Shoulder <input type="checkbox"/> 9. Airbag/Child Seat <input type="checkbox"/> 10. Helmet <input type="checkbox"/> 11. Eye Protection <input type="checkbox"/> 12. Protective Clothing/Gear <input type="checkbox"/> 13. Flotation Device <input type="checkbox"/> 88. N/A <input type="checkbox"/> 99. Unknown						EYE OPENING <input type="checkbox"/> 4. Spontaneously <input type="checkbox"/> 3. To Voice <input type="checkbox"/> 2. To Pain <input type="checkbox"/> 1. No Response		VERBAL RESPONSE <input type="checkbox"/> 5. Oriented <input type="checkbox"/> 4. Confused <input type="checkbox"/> 3. Inapprop. Words <input type="checkbox"/> 2. Incomprehensible <input type="checkbox"/> 1. No Response		MOTOR RESPONSE <input type="checkbox"/> 6. Obeys Commands <input type="checkbox"/> 5. Locates Pain <input type="checkbox"/> 4. W'draw from Pain <input type="checkbox"/> 3. Flexion to Pain <input type="checkbox"/> 2. Extension to Pain <input type="checkbox"/> 1. No Response		SUSPECTED ALCOHOL/DRUGS <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
<b>FLOW CHART</b>	TIME →												
	Blood Pressure												
	Pulse Rate												
	Respiratory Rate												
	ECG Rhythm												
	Oxygen												
	Pulse Oximetry												
Glucometry													
DC Shock													
Medications Taken By Patient At Home <input type="checkbox"/> None						Allergies: <input type="checkbox"/> NKDA							

Narrative										STROKE Y/N	
										Facial droop <input type="checkbox"/>	
										Arm drift <input type="checkbox"/>	
										Speech <input type="checkbox"/>	
										Time of onset	
										ED alert <input type="checkbox"/>	
										SEPSIS Y/N	
										Fever <input type="checkbox"/>	
										HR>90 <input type="checkbox"/>	
										RR>20 <input type="checkbox"/>	
										HR>SBP <input type="checkbox"/>	
										ED alert <input type="checkbox"/>	
										STEMI Y/N	
										ASA given <input type="checkbox"/>	
										Symptom onset	
										ED alert <input type="checkbox"/>	

SIGNATURE OF PERSON COMPLETING REPORT			PRINTED NAME			EMS Number			DATE		