



Commit to your health.

Advance Procedure Reporting Wyoming Office of Emergency Medical Services



Reference Guide for Form Completion

Form Name	Description of Information to Complete	Reference to NHTSA 2.2
Agency Name	The formal name of the EMS Agency.	D01_02
Agency City	The city the EMS Agency is located in.	D02_05
Incident Date	The date the phone rings requesting services	Defined in Times
Gender	The patients gender	E06_11
Age Age units	The patient's age The units which the age is documented	E06_14 E06_15
Lowest GCS	The patient's "lowest" total Glasgow Coma Score from the field	E14_19
Minutes from Notified to Enroute	The number of minutes from time notified to the time the wheels move on the unit.	Defined in Times
Minutes Enroute Scene or Arrived at Patient	The number of minutes from the time the wheels move to the time the wheels stop on scene or providers arrive at the patient	Defined in Times
Minutes on Scene	The number of minutes from arrival at scene or patient to the time the wheels of the unit begin to move.	Defined in Times
Minutes to Hospital	The number of minutes from departure of the scene to arrival at the patients destination	Defined in Times
Procedure performed by	The level of the credentialed personnel's performing the procedure.	E04_03
Injury / Illness Etiology	Indication of the etiology or cause using the providers best impression distinguishing Medical or Trauma. If a Medically related Trauma event, check both boxes.	Component of: E11_02
If Cardiac Arrest	Indication of the presence of a cardiac arrest..	E11_01
Was CPR Started Before your Arrival	Indication of the presence of a cardiac arrest at any time associated with the EMS event.	*
Minutes estimated down time without CPR or ventilation (s)	The length of time the patient was down (<u>ESTIMATED</u>) before CPR was not in progress. This is a numerical value, if unknown list at	E11_08
If Cardiac Arrest	Indication of the etiology or cause of the cardiac arrest using the providers best impression.	E11_02

Form Name	Description of Information to Complete	Reference to NHTSA 2.2
Advanced Procedures have a checkbox in front of the title. A check must be placed in front of the skill performed then the information completed below.		
Defibrillation	Indication of AED or Manual defibrillation	*
# of Defibrillations	Numerical value of the number of defibrillations that was performed on this patient either AED or Manual	*
Multi Lumen Lower Airway	Indication of Multi Lumen Lower Airway performed	*
MLLA Attempts	The number of attempts taken to complete regardless of success	E19_05
Successful	Indication of whether or not the MLLA performed on the patient was successful	E19_06
Dislodgement Occurred	Indication of inadvertent dislodgement. Intentional removal by EMS caregiver is extubation and should not be indicated as dislodgement.	*
Intraosseous	Indication of Intraosseous infusion performed	*
IV Attempted Prior to IO	Indication of an IV attempted prior to attempting the IO and the number of venous access attempts	*
IO Attempts	The number of attempts taken to complete regardless of success	E19_05
IO Successful	Indication of whether or not the IO performed on the patient was successful	*
Meds Given Through IO	Indication of medications administered through the IO	*
Puncture Site	The location of the site used for the IO	*
Dislodgement Occurred	Indication of inadvertent dislodgement or unintentional removal of the IO	*
Intubation	Indication of "Oral" or "Nasal" performed	*
Attempts	The number of attempts taken to complete regardless of success. Note: preparing the equipment for use and not using the blade or tube is not considered an attempt.	*
Successful	Indication of whether or not the intubation performed on the patient was successful	*
Placement Confirmed by	Indication of what assessment tools used to determine proper placement of the tube	*
Meds Given Through ET	Indication of medications administered through the tube	*
Dislodgement Occurred	Indication of inadvertent dislodgement. Intentional removal by EMS caregiver is extubation and should not be indicated here.	*
Chest Decompression	Indication of Chest Decompression performed	*

Form Name	Description of Information to Complete	Reference to NHTSA 2.2
Insertion Location	Indication of the location of the needle. If patients left and patients right location is used, please select "Both"	*
Indication of MOI	Select all the indications that were used to perform a chest decompression	*
Air Rush Audible	Indication of the caregiver hearing an air rush after needle insertion	*
Lung Sounds initially present	Indication of lung sounds prior to needle insertion.	*
Did lung sounds return	Indication of lung sounds present after needle insertion	*
The outcome of the patient section (Cardiac, Respiratory, Efforts Ceased/Admission Disposition). One item must be selected from each box.		
Cardiac	Indication of the cardiac output under the care of EMS. Do not list any changes that occurred in the Emergency Department or receiving facility.	*
Respiratory	Indication of the respiratory output under the care of EMS. Do not list any changes that occurred in the Emergency Department or receiving medical facility	*
Efforts Ceased (Select One From this Box)	Indication of where resuscitation efforts were ceased either in the field (out of hospital) or in the ED (Emergency Department or receiving medical facility)	*
	If Admitted: Indication of the outcome of the patient. This information provided by the receiving facility and may be determined at a later date.	*
	Reporting the patient disposition of a patient from a medical receiving facility to the EMS Agency is <u>NOT</u> a violation of HIPPA.	*
Comments	A section to list additional information felt to be appropriate to the event	*
Completed by	Indication of who completed the report	*
Medical Director Signature	Indication of review for accuracy and completeness by the EMS Agency Medical Director.	*

