

Downtime PCR ***PCR must be entered into OC-MEDS as soon as possible per OCEMS 300.20***

Add'l Pg(s)

Resp Mode

Agency Name	Unit #	Incident Number	Date	Resp Mode							
			DD/MM/YY								
District/ EOA	Incident Location (Name/Address/City)			Inc. Zip							
MCI/Tag	Triage	>1 Pt	Dispatch Complaint	Response Delay	1 st On Y / N	Other Agency _____ Other Unit(s) _____					
		#									
Patient First Name, MI		Patient Home/Mailing Address (Note Alternative Status)				Pt Zip					
Patient Last Name		Age Appx Mos Days	Date of Birth DD/MM/YY	Patient Phone ### - ### - ####	Next of Kin / Stroke Contact	Contact Phone ### - ### - #####					
Sex/Gen	Height/Weight	Race/Ethnicity	Med/Surg Hx	None	Unk	Barriers to Care					
			Angina	CHF	HTN	Medications	None	Unk	Allergies	None	Unk
A Compromised	AVPU/LOC	Skin Signs	Asthma	COPD	Pacer						
Obstructed	Alert O x _____	Normal Temp	Cancer	Diabetes	Psych						
Normal	Person Place	Warm Cool	CVA/TIA	Drugs	OBS						
Rapid	Time Event	Hot Cold	Cardiac	ETOH	Seiz						
Labored	to Verbal to Pain	Normal Color	Recent Travel		Trach						
B Shallow	Unresponsive	Pale Flushed	Other								
Weak/Agonal	Normal Baseline	Cyanotic Jaundice									
Apneic	Confused AMS	Mottled Rash									
BVM, CPAP, etc	Impaired Disorient	Normal Moist									
Normal	Shock Coma	Dry Moist									
Rapid	Sedated Strange	Diaphor Wet									
C Bounding	Somnol Persev	Turgor Tenting									
Weak	Combat Agitated	Cap Refill (sec)									
Absent	Uncooperative	<2 2-4 >4									
EBL _____ cc											
Eyes <input type="radio"/> PERL	Injury	<input type="radio"/> Not Possible	Exam Assessments				Details				
R <input type="radio"/> mm	Resp Dist CSM (-)	Auto Re Hanging	WNL N/A ABN	<input type="radio"/> Equal Grip/Pushes	<input type="radio"/> No LOC	<input type="radio"/> No CVA					HH:MM
L <input type="radio"/> mm	Age Cons Amput	Pregn Crush		<input type="radio"/> Face Symmetrical	<input type="radio"/> No Trauma						HH:MM
	Head Re GCS <6	Anticoag EMS Judg		<input type="radio"/> Neck	<input type="radio"/> JVD	<input type="radio"/> Trachea Inline					HH:MM
	Penetr Other	Fall # ft (-)Trauma		<input type="radio"/> Chest	<input type="radio"/> Neg Barrel Hoop	<input type="radio"/> Rise/Fall					HH:MM
				<input type="radio"/> Lungs	<input type="radio"/> CBL	<input type="radio"/> Adequate TV					HH:MM
				<input type="radio"/> Abd	<input type="radio"/> Soft/Non-Tender	<input type="radio"/> N/V/D					HH:MM
				<input type="radio"/> Back/ Spine	<input type="radio"/> No Trauma	<input type="radio"/> Mech.	<input type="radio"/> Motor Loss				HH:MM
				<input type="radio"/> Pelvis	<input type="radio"/> Cleared	<input type="radio"/> Pain	<input type="radio"/> Numbness				HH:MM
				<input type="radio"/> Extrem	<input type="radio"/> Moves All	<input type="radio"/> No Distal Edema					HH:MM
Time	Vital Signs (incl PTA)			Crew	Time	Interventions (incl PTA)				Crew	
HH:MM	GCS (Eye 4,Verbal 5,Motor 6) Total				HH:MM	Procedures Details: Size, Location, Depth, Verification, Shock, Pacing					
HH:MM	HR, RR, B/P, SPO ₂ , BGL				HH:MM	CSM(a/p), Success, Attempts, Response, Complications, Authorization					
HH:MM	Pain (PQRST)				HH:MM						
HH:MM	Stroke (Face, Arm, Grip, Speech)				HH:MM						
HH:MM					HH:MM						
HH:MM	EKG, ETCO ₂ , Temp				HH:MM						
HH:MM	APGAR (Appear, Pulse, Grimace, Activity, Resp)				HH:MM	Medications Given Details: Dosage, Unit, Route, Site,					
HH:MM	PAT (TICLS, Breathing, Circulation)				HH:MM	Response, Complication, Authorization					

Incident/Patient Disposition

Base Hospital

Destination Name

Transport Mileage

Primary Impression

Radio Freq

Destination Reason Specialty/Type

Report By: Crew Member Name

330.15

Field Transfer

Receiving Agency/ Unit

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Agency Name / Incident #		Scene Delay	Transport Delay	Transport Mode	Method Air Ground	# of Pts Transp in This Unit		
Destination Address (Address, City, Zip)		Hospital Patient Identifier(s)						
Final Acuity		Airway Confirmation			Crew Member	HH:MM		
Non-Acute/ Routine	Lower Acuity (Green)	Preoxygenated	Visualization	Bulb Aspiration	Misting	ETCO2	EDD	
Emergent (Yellow)	Critical (Red)	Tube depth # measured at:			Trachea	Bronchus	Pharynx	Esophagus
Dead without Interventions		Gastric	Breath-L	Breath-R	Chest Rise-L	Chest Rise-R		
Dead with Interventions (Black)								
Cardiac Arrest Detail		Complications & Suspected Reasons for Failure					Turn-Around Delay	
Etiology/Presumed Cause		Injury Details	Blunt	Burn (BSA)	Penetrating	Other	APOT Interventions	
Witnessed by:		Trauma Triage Criteria (Other):	Spinal	RR <10 or >29	Seat Belt Sign	Pelvis	Cot Waiting Room Depart After 1hr	
CPR Initiated by:		Blunt Abdominal	Long Bone Fx	Passenger Space Intrusion or Ejection			Bypass APOT>60min Report to OCEMS	
AED Initiated by:							AMA Checklist	
First Defib by:							AAOx4 Unimpaired Capable	
Time Discontinued: HH:MM							911 Re-Access Risks ≥18yrs	
Reason Discontinued		Location in Vehicle, Vehicle Collision Description, Safety Equipment					<i>Details Described in Narrative</i>	
Expired	Ongoing	ROSC						
Narrative							Release Checklist	
AMA Details: Reason, Plan, Pt with Whom				Release Details: Situation, <18yrs Requires Responsible Adult			Assessment No Complaint No Request	
Alcohol/Drug Use Indicators		Reason 12-Lead Not Obtained		Reason ASA Not Admin		Reason Pain Meds Not Admin	No Indication No Treatment No Threat	
space for agency specific supplemental questions							911 Re-Access ≥18yrs Caregiver Capable	
Billing Information		Type	Name / Signature / Alt Status			Time		
Billing Address		Name of Insured	Patient			HH:MM		
Driver's License		Social Security #				HH:MM		
Insurance Company, Group ID, Policy #						HH:MM		
Medicare #						HH:MM		
Medi-Cal #						HH:MM		
Work Related		Employer Contact				HH:MM		
Medical Necessity Reason		Controlled Med				HH:MM		
Role/Level	Crew Member Name		Receiving Facility			HH:MM		
			Crew			HH:MM		
Medications, Valuables, Belongings								
Entered into OC-MEDS		Exposures						
DD/MM/YY HH:MM								