District:

Base Hosp:

Frequency:

COUNTY OF ORANGE / HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
MEDCOM INCIDENT (MCI) WORKSHEET

MedCom Name:	INCIDENT #:	Level:	Estimated Total # of Patients:

Location: MCI Description:

Estimated # of Patients: **Immediate** _____   **Delayed** _____   **Minor** _____   **Deceased** _____

Final # of Patients: **Immediate** _____   **Delayed** _____   **Minor** _____   **Deceased** _____   AMA _____

**TAG # _____

CATEGORY:
  IMMEDIATE   TRAUMA
  DELAYED
  MINOR   AMA
  DECEASED

AGE: _____   YRS   MOS

SEX: M   F

CHIEF COMPLAINT:
_____
_____
_____

B/P: _____   HR: _____

RR: _____

ALS or BLS - Specialty Request?
_____

DESTINATION/RECEIVING HOSP:
_____

ESCORTING EMT-P or EMT:
_____

AMBULANCE/ UNIT ID:
_____

902-H: _____   ETA: _____

**TAG # _____

CATEGORY:
  IMMEDIATE   TRAUMA
  DELAYED
  MINOR   AMA
  DECEASED

AGE: _____   YRS   MOS

SEX: M   F

CHIEF COMPLAINT:
_____
_____
_____

B/P: _____   HR: _____

RR: _____

ALS or BLS - Specialty Request?
_____

DESTINATION/RECEIVING HOSP:
_____

ESCORTING EMT-P or EMT:
_____

AMBULANCE/ UNIT ID:
_____

902-H: _____   ETA: _____

**TAG # _____

CATEGORY:
  IMMEDIATE   TRAUMA
  DELAYED
  MINOR   AMA
  DECEASED

AGE: _____   YRS   MOS

SEX: M   F

CHIEF COMPLAINT:
_____
_____
_____

B/P: _____   HR: _____

RR: _____

ALS or BLS - Specialty Request?
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DESTINATION/RECEIVING HOSP:
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902-H: _____   ETA: _____

**TAG # _____

CATEGORY:
  IMMEDIATE   TRAUMA
  DELAYED
  MINOR   AMA
  DECEASED

AGE: _____   YRS   MOS

SEX: M   F

CHIEF COMPLAINT:
_____
_____
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B/P: _____   HR: _____

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ALS or BLS - Specialty Request?
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DESTINATION/RECEIVING HOSP:
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CATEGORY:
  IMMEDIATE   TRAUMA
  DELAYED
  MINOR   AMA
  DECEASED

AGE: _____   YRS   MOS

SEX: M   F

CHIEF COMPLAINT:
_____
_____
_____

B/P: _____   HR: _____

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ALS or BLS - Specialty Request?
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DESTINATION/RECEIVING HOSP:
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ESCORTING EMT-P or EMT:
_____

AMBULANCE/ UNIT ID:
_____

902-H: _____   ETA: _____

Revised 4/09/2025

COUNTY OF ORANGE / HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
MEDCOM INCIDENT (MCI) WORKSHEET

TAG # _____	**TAG # _____**	**TAG # _____**	**TAG # _____**	**TAG # _____**
CATEGORY:	CATEGORY:	CATEGORY:	CATEGORY:	CATEGORY:
IMMEDIATE TRAUMA DELAYED MINOR AMA DECEASED	IMMEDIATE TRAUMA DELAYED MINOR AMA DECEASED	IMMEDIATE TRAUMA DELAYED MINOR AMA DECEASED	IMMEDIATE TRAUMA DELAYED MINOR AMA DECEASED	IMMEDIATE TRAUMA DELAYED MINOR AMA DECEASED
AGE: _____ YRS MOS	AGE: _____ YRS MOS	AGE: _____ YRS MOS	AGE: _____ YRS MOS	AGE: _____ YRS MOS
SEX: M F	SEX: M F	SEX: M F	SEX: M F	SEX: M F
CHIEF COMPLAINT: _____ _____	CHIEF COMPLAINT: _____ _____	CHIEF COMPLAINT: _____ _____	CHIEF COMPLAINT: _____ _____	CHIEF COMPLAINT: _____ _____
B/P: _____ HR: _____ RR: _____	B/P: _____ HR: _____ RR: _____	B/P: _____ HR: _____ RR: _____	B/P: _____ HR: _____ RR: _____	B/P: _____ HR: _____ RR: _____
ALS or BLS - Specialty Request? _____	ALS or BLS - Specialty Request? _____	ALS or BLS - Specialty Request? _____	ALS or BLS - Specialty Request? _____	ALS or BLS - Specialty Request? _____
DESTINATION/RECEIVING HOSP: _____	**DESTINATION/RECEIVING HOSP:** _____	**DESTINATION/RECEIVING HOSP:** _____	**DESTINATION/RECEIVING HOSP:** _____	**DESTINATION/RECEIVING HOSP:** _____
ESCORTING EMT-P or EMT: _____	ESCORTING EMT-P or EMT: _____	ESCORTING EMT-P or EMT: _____	ESCORTING EMT-P or EMT: _____	ESCORTING EMT-P or EMT: _____
AMBULANCE/ UNIT ID: _____	AMBULANCE/ UNIT ID: _____	AMBULANCE/ UNIT ID: _____	AMBULANCE/ UNIT ID: _____	AMBULANCE/ UNIT ID: _____
902-H: _____ ETA: _____	902-H: _____ ETA: _____	902-H: _____ ETA: _____	902-H: _____ ETA: _____	902-H: _____ ETA: _____

MED COM Checklist

- **Don position vest**

- **Establish position forward of Ambulance Loading**

- **Contact OCC on 6 Alpha & ID yourself as "(incident name) Med Com"**

- **Contact Base or OCC on assigned Talk Group as directed**

- **ID yourself as "(incident name) Med Com"**

- **Provide incident description and estimated number of patients**

- **Use Med Com MCI Worksheet**

- **Request worksheet information from Patient Medic**

- **Relay worksheet information to Base or OCC**

- **Relay hospital destination to ambulance driver**