# Ambulance Call Report Completion Manual

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**Emergency Health Services Branch Ministry of Health and Long-Term Care** 



To all users of this publication:

The information contained herein has been carefully compiled and is believed to be accurate at date of publication.

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### **Document Control**

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## Ambulance Call Report Completion Manual

Version 3.0

Part 1 - Preface

### Part 1 – Preface

# Preface

The *Ambulance Call Report* (ACR) is an essential medical record for documenting information about circumstances and events relevant to the proper provision of ambulance services.

The information contained on a completed ACR can be used in several ways. These include:

### Clinical

Information about the call history, patient assessment findings, patient care provided and the response to treatment is very useful to receiving facilities which have to plan the ongoing care for the patient.

### Administrative

Statistics can assist in maintaining effective ambulance services and provide valuable information for future planning.

### Research

ACR information can be used to help answer quality assurance and research oriented questions, which in turn can contribute to advances in prehospital care.

### Legal

ACRs may be may be required as part of an investigation and/or legal proceeding.

# Part 2 – Definitions of Terms Used Throughout the Manual



# Part 2 – Definitions of Terms Used Throughout the Manual

# Definitions of Terms Used Throughout the Manual

### Patient

Patient refers to an individual for whom a request for ambulance service was made and who a paramedic has made contact with for the purpose of assessment, patient care and/or transport, regardless of whether or not an assessment is conducted, patient care is provided, or the patient is transported by ambulance.

### eACR

Electronic Ambulance Call Report - refers to a means of collection and retention of patient and patient care documentation using an electronic format and includes all information that is included on the paper ACR. The eACR is considered equivalent to the paper ACR.

### Call

Refers to a request for ambulance service.

### Page

The front side of the ACR is considered one page. The use of subsequent pages for additional documentation is discussed later in the manual. For ease of description within this manual, the front of the ACR has been divided into left and right sides. The left side consists of the Demographics, Clinical Information and Physical Exam sections. The right side includes the Clinical Treatment/Procedures, Results and General Administration sections. Any reference to "page(s)" refers to the paper ACR only.

### Section

Refers to an area of the ACR where similar types of information are grouped.

### Field

Refers to a specific location within a section of the ACR where a paramedic enters various types of information.

**Part 3 – Introduction** 



### Part 3 – Introduction

# Introduction

The *Ambulance Call Report Completion Manual* provides a detailed section-by-section orientation to the ACR and provides direction regarding the information to be documented within specific fields on the form. The layout of the ACR as described in this manual refers specifically to the paper ACR. The section and fields listed in this manual are applicable to both the paper ACR and eACRs; however, the data fields on the eACR may be in a different order than outlined in this manual. In all instances, the required information must be documented regardless of the method of data input on the eACR.

This manual applies equally to both, paper based ACR and eACR. Where ACR is stated in this document, the statement applies equally to the eACR unless stated otherwise.

# **Electronic Ambulance Call Reports**

If an Ambulance Service Operator utilizes an electronic version of the ACR, the Operator shall ensure that the eACR includes all components of the paper ACR. Although the format of the eACR may differ from the paper ACR, paramedics shall complete the eACR with the equivalent information required of the paper ACR as directed in this manual in accordance with the *Ontario Ambulance Documentation Standards*. Where applicable, copies of patient and patient care documentation completed in electronic format shall be made available and distributed in accordance with the completion and the distribution requirements listed in this document.

eACRs shall have equivalent sections/fields and paramedics shall utilize the appropriate data entry fields to document the required information. Additionally, eACRs shall have equivalent prompts, codes and reference information available to paramedics to assist them in correctly inputting data.

### Part 4 – Design Highlights of the ACR



### Part 4 – Design Highlights of the ACR

# **Design Highlights of the ACR**

The following information refers to the design highlights of the paper ACR. The eACR includes all information that is printed on the paper ACR but may display the information differently and in an order that is not consistent with the paper ACR. eACRs may only allow for treatment language to be accessed via dropdown window or other data input means without displaying a specific code. In such cases, the paramedic will input the equivalent information on the eACR as required by this manual.

### **Sequencing of Information**

The ACR has been designed to record information in a sequence that approximates the order in which call events occur and/or information is received. In addition, the size of the ACR has been designed to further facilitate its use and to allow for clinical documentation space and valuable resource information.

### **Grouping of Information**

Similar types of information have been grouped together under nine different sections:

### Front of the ACR

- Demographics
- Clinical Information
- Physical Exam
- Clinical Treatment/Procedures & Results
- General Administration

### **Reverse side of the ACR**

- Codes
- Reference Information
- Aid to Capacity Evaluation
- Refusal of Service

### **Prompts**

To further assist paramedics in completing an ACR, "check boxes" ( $\Box$ ) have been included in some sections. These "check boxes" allow a paramedic to simply mark commonly documented findings/information without having to write them out in full each time.

Ghosted scripts are included in all fields requiring a date and/or time to assist in ensuring that this information is documented in a consistent manner.

### Codes

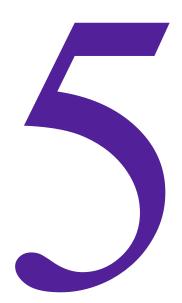
Some form fields have been designed to record specific codes that assist in capturing data related to various types and categories of information. All codes have been printed on the reverse side of the ACR form for quick reference

### **Reference Information**

Pediatric vital sign parameters, pain scales as well as Apgar and Glasgow Coma Scales are included on the reverse side of the ACR to assist paramedics in documenting findings in less common situations.

This page is intentionally left blank.

### **Part 5 – Completion Requirements**



### **Part 5 – Completion Requirements**

# **Completion Requirements**

ACRs and eACRs must be completed in accordance with the *Ontario Ambulance Documentation Standards*.

In addition to the completion requirements for patient and patient care documentation described in the *Ontario Ambulance Documentation Standards*, any associated biometric data shall be included with the ACR/eACR.

Biometric data may include but is not limited to:

- 1. Vital signs;
- 2. Electrocardiogram results;
- 3. Cardiopulmonary Resuscitation (CPR) process data;
- 4. Percentage of oxygen saturation; and
- 5. End-tidal carbon dioxide measure.

## **Distribution**

The ACR is a multi-part form comprised of four (4) copies. Each page is white and each copy is easily identifiable by name at the bottom right side of the form.

Copies of the ACR are to be distributed as follows:

- 1. Original **Patient Chart Copy**. This copy is left with the receiving hospital staff or the Coroner (with the exception of patient refusal of service calls).
- 2. 2<sup>nd</sup> Copy **Billing Office Copy**. This copy is distributed according to local policy/procedure. The design of the billing copy limits the clinical treatment details but allows for billing-specific information to be present.
- 3. 3<sup>rd</sup> Copy **Base Hospital Copy**. This copy is forwarded to the local Base Hospital according to local policy/procedure.
- 4. 4<sup>th</sup> Copy **Ambulance Service Copy**. This copy is retained by the Ambulance Service for their records.

The copies of the eACR are to be distributed accordingly.

### **Part 6 – General Rules**



### Part 6 – General Rules

# **General Rules**

- 1. This manual is consistent with the requirements for patient care documentation as found in the *Ontario Ambulance Documentation Standards*.
- 2. An ACR shall be completed for each request for ambulance service where the paramedics arrive at a scene as directed by a Central Ambulance Communications Centre/Ambulance Communication Service (CACC/ACS), whether or not an assessment is conducted, patient care is provided, or the patient is transported by ambulance.
- 3. All paramedics assigned to an ambulance call shall ensure that the ACR documentation requirements described in Part 4 of the *Ontario Ambulance Documentation Standards* are met.
- 4. The ACR shall be completed as soon as possible and no later the end of the scheduled shift or work assignment during which the call occurred.
- 5. Documentation must be accurate, legible and complete. Thorough documentation enhances the credibility of information contained on the ACR and of the paramedic crew who complete the form. Credibility is an important consideration during calls and during post-call inquiries.
- 6. Print clearly using block (capital) letters on the paper ACR.
- 7. In instances where more than one patient is assessed, an ACR shall be completed for each patient assessed by a paramedic.
- 8. If information applicable to a section/field cannot be obtained, document "CNO" (Could Not Obtain) in the section/field. An explanation as to why this information is not available should be documented in the "Remarks" section of the ACR or equivalent field of the eACR.
- 9. The information documented on an ACR is confidential.
- 10. The 24-hour clock format is to be used when documenting times (*e.g.* midnight is 00:00 hrs).
- 11. Ensure that defibrillators are synchronized with an atomic clock regularly so that documented times remain useful tools for clinical quality improvement.
- 12. When documenting on a paper ACR, use ink and press hard enough to make the required four (4) copies.
- 13. Unless otherwise stated, when documenting on a paper ACR all numbers and codes are to be entered in a "right justified" fashion.
- 14. When documenting on a paper ACR, draw a single line through any errors and initial.

- 15. Ensure all data entered on the eACR is correct prior to submitting the completed form to the receiving facility. If an error and/or omission is identified after submission of the completed eACR to the receiving facility, the paramedic will not revise the original eACR to make the edits. Instead, the paramedic will document the corrections and/or omissions in a clearly identified addendum to accompany the original eACR as per the distribution requirements listed in this document.
- 16. A paramedic who participates in the completion of any report shall sign the report.

This page is intentionally left blank.

**Part 7 – Section Details** 



### **Part 7 – Section Details**

# **Section Details**

Detailed descriptions of the fields contained within each section of the ACR as well as direction regarding how specific information must be documented have been included in this manual, where applicable.

Note: Images of specific fields/sections in this manual are visual representations of the paper ACR. eACRs may be displayed and organized differently than the paper version of the ACR. Paramedics are responsible for ensuring all required information as outlined in this manual is entered into the equivalent sections/fields of the eACR.

### **Hospital Registration Number**

lospital Reg	istration I	Number	

This field has been included on the ACR for hospital staff to document a patient's hospital registration/chart number directly to the form. This will facilitate the cross referencing of the hospital registration number and the ACR.

### **Demographics**

Demogra	phics																							
Service Nam	e		Sen	vice N	lo.	CAC	CC/AC	CS	Ca	l Nun	nber	·									Ca	all Da	te	
																						YYY	( / MI	1 / DD
Last Name									Fire	st Nar	me													
																								-
Age		Sex	Wei	ght (k	(g)		Dat	e of E	Birth				Hea	lth	nsu	ance	e Nu	nbe	er					Version
								YYY	Υ/Ι	/ MIV	DD										1		1	
Mailing Add		-																						
Street No.	Street Na	ame					City	/Tow	n						Pr	ovin	ce   F	ost	al C	ode	00	buntry		
Pick-up Loca	tion or Se	nding Facility (City/Town)		🗌 Sa	ame a	as Ma	ailing	Add	ress	Abo	ve										Pi	ck-up	Code	)

**Service Name** 

Service Name

Enter the name of the ambulance service assigned to the call.

Service No.

Service No.

Enter the Emergency Health Services Branch 3-digit number for the ambulance service assigned to the call.

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Enter the appropriate CACC/ACS ARIS identification number of the CACC/ACS dispatching the ambulance. The following table lists CACCs/ACS's and their designated ARIS numbers:

ARIS Number	CACC/ACS (listed alphabetically
921	Cambridge
930	Georgian
920	Hamilton
961	Kenora
942	Kingston
934	Lindsay
910	London
454	Mississauga
958	Muskoka
923	Niagara
953	North Bay
931	Oshawa
940	Ottawa
959	Parry Sound
941	Renfrew
951	Sault Ste. Marie
950	Sudbury
960	Thunder Bay
952	Timmins
933	Toronto
911	Wallaceburg
912	Windsor

	Call	Num	ber				
Call Number							

Enter the exact call number provided by the CACC/ACS. The "Call Number" is a key identifier and is required.

Call Date

Call Date

Last Name

First Name

Enter the date of the call numerically using YYYY/MM/DD format.

Last Name

Enter the complete last name of the patient.

### **First Name**

Age

Enter the complete first name of the patient. If the initial(s) of a middle name is known, it can be entered after the first name.

Age		

Enter the patient's age. If the actual age cannot be determined, an estimated age is acceptable if indicated as such (*e.g.* approx. 85,  $\sim 85$ ).

Enter the age unit beside the age. Age unit is entered as "Y" for years, "M" for months and "D" for days.

Enter the age of pediatric patients in the following manner:

```
<1 month, enter as days ("D")
1 month to <2 years, enter as months ("M")
>2 years, enter as years ("Y")
```

Sex

Enter the sex of the patient by entering "M" for male or "F" for female. Sex of the patient is indicated on the patient's health card.

Weight (kg)

Weight (kg)

Sex

Enter the weight of the patient in kilograms (1 kg = 2.2 lbs). If the actual weight cannot be determined, an estimated weight is acceptable if indicated as such (*e.g.* approx. 70,  $\sim$ 70).

	Date of Birth
Date of Birth	YYYY / MM / DD

Enter the patient's date of birth provided by the patient, through patient identification or by another credible source. Enter the full date of birth of the patient (year, month, day) whenever possible. If a full birth date is not available, a partial date is acceptable (*e.g.* year).

Enter the full 4-digit year of birth. For example, if a patient's year of birth is 2001 then enter "2001".

### Health Insurance Number

Enter the patient's 10-digit Ontario Health Insurance Number in the boxes provided. A patient's "Health Insurance Number" is an important tool that may be used to track a patient through the health care system. If a valid Ontario Health Insurance Number is neither available nor provided, enter CNO in the appropriate field. This field is reserved for Ontario Health Insurance Numbers only.

	Version
Version	

Enter the patient's 2-letter Ontario Health Insurance Version Code in the 2 boxes provided.

#### Mailing Address

Mailing Add	ress		· · · · · · ·		
Street No.	Street Name	City/Town	Province	Postal Code Co	ountry

Enter the complete mailing address of the patient (street, city/town, province, postal code and country), if available. If the patient has no fixed address, enter No Fixed Address in the "Street Name" field. If the patient is unable to provide a complete address, enter CNO in the appropriate fields.

#### Pick-up Location or Sending Facility

Pick-up Location or Sending Facility (City/Town)	Same as Mailing Address Above		

Enter the location at which the patient is picked up. Include as much detail as possible (*e.g.* street/city/location description). If the pick-up location is a highway, give the Hwy. # and the number of kilometers to the nearest crossroad, intersection or prominent landmark.

If the pick-up location is the same as the mailing address, check the box "Same as **Mailing address** Above".

If the patient is being picked up from a facility that you have already listed as the mailing address, provide the name of the facility and check the "Same as **Mailing Address** Above" box. If the patient is not being picked up at the sending facility, the name of the sending facility should be entered in this section of the form (*e.g.* hospital, clinic, etc.).

Pick-up Coo	de

**Pick Up Code** 

The "Pick-up Code" identifies the location where the patient is picked up. Choose one from the list of codes on the reverse side of the ACR that best describes the pick-up location. If none of the options describe the pick-up location, enter "Z" (other) and provide details regarding the location in the "Remarks" section.

Pick-up codes refer to the physical nature of the location rather than how it relates to the patient. For example, a pick-up in a hotel is coded "G" regardless of whether the patient was an employee or a guest in the hotel. In some cases, more than one code could apply. In these cases, choose the more general description (*e.g.* a restaurant or store in a hotel would still be coded ["G" hotel]).

### **Clinical Information**

Clinical Informa	ition							
Date of Occurence YYYY / MM / DD	Time of Occurence HH : MM	Chief Complaint			[	] Posit	ive for	FREI
Incident History	•	•	MC	HLTC	ONR (	Confirm	ation	Numbe
				Trau Locatio		roblem Type		<b>Type</b> chanism
			1					
			2			I		
			3					

The "Clinical Information" section is to be used to record the clinically significant information about the patient.

### **Date of Occurrence**

Date of Occurence	

Enter the date of the occurrence as obtained from the patient, bystander/family, first responders or other paramedics if present.

#### **Time of Occurrence**

Time	of Occurence	
	HH : MM	

Enter the actual or estimated time at which the patient's signs and symptoms started and necessitated the call for ambulance assistance (*e.g.* time of fall, time seizure started, time of onset of shortness of breath, etc.).

#### **Chief Complaint**

Enter a description of the nature of the call. For emergency calls, document the patient's chief complaint as determined by paramedics on arrival at the scene, not the dispatch information. Relate this information in the patient's "own words" whenever possible. For example: "chest pain after snow shovelling" or "woke up with the worst headache ever". Mechanisms of injury such as "MVC" or "fall" are not complaints and as such are not appropriate entries for this section.

For transfers, provide specific details regarding the type of transfer (*e.g.* "Returning to sending hospital following a CT scan").

#### **Positive for FREI**

Positive for FREI

This check box should be checked if the patient screens positive for a febrile respiratory/enteric illness. Current screening tools must be used when assessing patients for FREI.

#### **Incident History**

Enter information specifically related to the patient's current condition and the source of the information. Sources of information may include the patient, relatives or bystanders. A description of how and where the patient was found by paramedics should be documented. Include symptoms being experienced by the patient as well as events leading up to the illness/injury. Use as much detail as possible and include pertinent negative findings relating to the chief complaint, if applicable.

**Example:** "Patient's spouse advised crew that the patient had been shoveling snow for about 45 minutes (since 17:00 hrs) prior to complaining of chest pain (at 17:45 hrs). Patient states that the chest pain radiates down his left arm and rates the pain as 6 out of 10. Patient denies any shortness of breath".

### **MOHLTC DNR Confirmation No.**

The patient's unique *MOHLTC Do Not Resuscitate (DNR) Confirmation Form* serial number is documented in this section. The number is obtained from the *MOHLTC DNR Confirmation Form* (upper right hand corner of the form). This number shall be documented any time a patient with a valid *MOHLTC DNR Confirmation Form* is in the care of a paramedic crew regardless if the patient experiences a cardiac arrest or not.

MOHLTC DNR Confirmation Number

#### Trauma Problem Site/Type

	Trauma Location	Problem S Type	Site/Type Mechanism
1			
2			
3			

This area is used to identify the location, type and mechanism for traumatic injuries/problems identified during the assessment and management of a patient. For **example**, a knife wound to the chest would be coded as follows:

"Location": "15" (Chest) "Type": "37" (Penetrating/Perforation) "Mechanism": "63" (Stabbing)

A maximum of three problems can be entered in this area. The three (3) most serious problems are to be documented. If more than three (3) traumatic injuries/problems are identified, the others can be entered in the "Physical Exam" section of the ACR.

#### **Relevant Past History**

Relevant Past History	Provided by:	Patient	Other:		·		
	☐ Previously Healthy	☐ Cardiac ☐ Respiratory	☐ Stroke/TIA ☐ Hypertension	☐ Seizure ☐ Diabetes	<ul> <li>Psychiatric</li> <li>Anaphylaxis</li> </ul>	☐ Cancer ☐ Other (list b	CNO celow)
Details							

Check the appropriate check box/boxes to indicate the category of past illness. At a minimum, one (1) box must always be checked. These boxes provide quick reference in the event that medical staff are scanning the ACR and will also serve to simplify data entry for research purposes.

Use the blank lines to enter past historical information that is relevant to the current condition together with the sources of the information. For **example**; "Triple bypass three (3) years ago".

Medicatio	ons	None None	☐ Nitrates	Insulin/Oral Diabetic Meds	Phosphodiesterase Inhibitors		
	I		🗆 ASA	Blood thinner/Anticoagulants	Salbutamol	Eurosemide	
Other							

Check boxes have been included in this section to assist paramedics in documenting medications commonly prescribed to patients. Check the appropriate box to indicate medications that the patient is currently taking (include dosage if available for the medication checked). The form of medication should also be documented, (*e.g.* spray, tablet, paste, etc.).

If the patient is taking a medication not included in the check box options, enter the names of the medication(s) in the blank lines below the check boxes. If the patient is not currently taking medications, check the "None" box.

#### Allergies

Allergies	🗆 NKA	CNO	Other – list below
Details			

Check boxes have been included in this section as well as the ability to list any allergies (medication and environmental) that the patient may have in the space provided. Include details regarding the patient's response to the allergen, if possible.

If it is confirmed that the patient has no allergies, the "NKA" (No Known Allergies) check box is to be checked.

### **Treatment Prior to Arrival**

Treatment Prior to Arrival	None None	EFRT	Physician	Fire	Bystander	
	Midwife	Other Paramedic	□ Nurse	Police	Self	Other (list below)
Details						

This field is used to indicate whether or not care was provided to the patient prior to the arrival of the paramedics. If no care was provided, the "None" box must be checked. If care was provided to the patient, check the appropriate box to indicate who provided care prior to paramedic arrival. Use the blank lines to enter a description of the care provided to the patient. If more than one box is checked, provide as much detail as possible regarding the care provided.

Also record any response to the care provided. Indicate whether the patient was moved or repositioned before the arrival of paramedics (*e.g.* "Bystanders placed patient semi-prone and wrapped in a blanket at the scene").

Extended notes for any care rendered prior to the arrival of paramedics should be carried over to the "Remarks" section of the ACR.

### **Cardiac Arrest Information**

Cardiac Arrest Informa	Date	Start Time				
Arrest Witnessed By	Bystander	Trained Responder	Paramedic	Unwitnessed	YYYY / MM / DD	HH : MM
CPR Started By	Bystander	Trained Responder	Paramedic	None	YYYY / MM / DD	HH : MM
First Shock by	🗌 Bystander	Trained Responder	🗌 Paramedic		YYYY / MM / DD	HH : MM

#### Arrest Witnessed by

Arrest Witnessed By	Bystander	Trained Responder	Paramedic	Unwitnessed	YYYY / MM / DD	HH : MM
---------------------	-----------	-------------------	-----------	-------------	----------------	---------

A cardiac arrest is considered witnessed when a patient is seen or heard to collapse. Check the appropriate box to identify who witnessed the cardiac arrest.

A **Trained Responder** is defined as anyone who has a duty to act in an emergency as part of their employment and may include police officers, firefighters, security guards and hospital/long term care home staff, etc. A **Bystander** is defined as an individual who is not a tasked emergency responder with a duty to act (*e.g.* family member).

If more than one type of responder witnessed the cardiac arrest, check the box that corresponds to the witness with the highest level of training. Only one (1) box may be selected in this section.

If a bystander or trained responder is able to provide an actual or estimated time of arrest, enter it in this field. If the paramedic crew witnesses the arrest, document the actual time of the arrest including the year, month, day, hour and minute.

### **CPR Started by**

CPR Started By Bystander Trained Responder Paramedic None YYYY / MM / DD HH : MM
--

Check the appropriate box to identify who initiated CPR if applicable. Only one (1) box may be checked. For the purposes of this field, the definitions for a **Trained Responder** and a **Bystander** are the same as the "Arrest Witnessed By" field.

If there was a valid *MOHLTC DNR Confirmation Form*, but CPR was initiated, check the box that indicates who started CPR as well as ensuring that the *MOHLTC DNR Confirmation Form* serial number is documented in the appropriate field. If no CPR was started, check "None".

Enter the date and time CPR was initiated. Enter the year, month, day, hour and minute whenever possible.

#### First Shock by

First Shock By Dystander Trained Responder Paramedic YYYY	/ MM / DD	HH : MM
---	-----------	---------

Check the appropriate box to identify who delivered the first shock to the patient, if applicable. Only one (1) box may be checked. For the purposes of this field, the definitions for a **Trained Responder** and a **Bystander** are the same as the "Arrest Witnessed by" and the "CPR Started by" fields.

Enter the date and time that the first shock was delivered to the patient by any provider, if applicable. Document the year, month, day, hour and minute.

### **Physical Exam**

Physical B	Exam											
General App	earance		Skin (	Colour:		Skin Condition:						
Head/Neck	Trachea	🗌 - Midline	Shifted 🛛 - R	□-L	JVD 🗌 - Eleva	ted 🗌 - No	ot Elevated					
Chest Air	Entry 🔲 -	Bilaterally	Decreased	□-L	Breath Sounds	🗌 - Clear	□ - Wheezes	🗌 - Cra	ickles	🗌 - Rub	🗌 - Absent	
Abdomen	🗌 - Soft	🗌 - Rigid	- Distended	🗌 - Tender	🗌 - Mass	🗌 - Pulsatil	e 🗌 - RU	🗌 - LU	🗌 - LL	🗌 - RL	🗌 - Center	
Back/Pelvis	🗌 - Unre	emarkable										
Extremities	🗌 - Unre	emarkable	Peripheral Edema	🗌 - Absent	🗌 - Present	Pedal F	Pulse 🗌 - Abse	nt 🗌 - Pi	resent			

The "Physical Exam" section is sub divided into six categories:

- 1. General Appearance (Skin Colour/Skin Condition)
- 2. Head/Neck
- 3. Chest
- 4. Abdomen
- 5. Back/Pelvis
- 6. Extremities

The five anatomical locations include check boxes to aid the paramedic in documenting common assessment findings. In addition to check boxes, blank lines are provided to record both the physical examination that is performed on the patient and the resultant findings. Assessments must be based on the patient's chief complaint and history.

Minimum assessment requirements for specific categories based on a patient's presenting problem(s) may be found within the current versions of the *Basic Life Support Patient Care Standards* and the *Advanced Life Support Patient Care Standards*.

#### General Appearance (Skin Colour/Skin Condition)

General Appearance	Skin Colour:	Skin Condition:	

Enter the initial presentation of the patient. Include details regarding such information as where the patient was found (*e.g.* on the floor, in the car, *etc.*), level of consciousness and a general description of the patient's condition as it relates to their mental status (*e.g.* patient confused or disoriented), level of distress (mild, moderate, severe), obvious wounds and deformities.

Using the reference information provided on the reverse side of the ACR, enter the word that best describes the colour and condition of the patient's skin in the spaces provided.

#### Head/Neck

Head/Neck	Trachea	🗌 - Midline	Shifted □-R □-L	JVD 🗌 - Elevated	- Not Elevated

Trachea - I	/lidline Shifted	🗌 - R	🗌 - L
-------------	------------------	-------	-------

Check the most appropriate box to indicate the position of the trachea.

Check the most appropriate box to indicate whether jugular vein distension (JVD) is elevated or not elevated.

Utilize the blank lines to document any further remarkable/pertinent negative findings on the head and neck.

#### Chest

Chest	Air Entry	- Bilaterally	Decreased	]- R	🗆 - L	Breath Sounds	🗌 - Clear	- Wheezes	- Crackles	🗌 - Rub	🗌 - Absent

### Air Entry

Check the appropriate box to indicate normal or decreased air entry in the lungs. Use the blank lines to enter any further remarkable/pertinent negative findings regarding the patient's chest assessment and air entry.

### **Breath Sounds**

Check the appropriate box to indicate the quality of breath sounds and adventitious sounds (if present).

### Abdomen

Abdomen	🗌 - Soft	🗌 - Rigid	🗌 - Distended	🗌 - Tender	🗌 - Mass	🗌 - Pulsatile	🗆 - RU	🗆 - LU	🗆 - LL	🗆 - RL	🗌 - Center

Check the appropriate box to indicate abdominal examination findings and section of the abdomen that has abnormal characteristics. Use the blank lines to enter any further remarkable findings regarding the patient's abdomen.

### **Back/Pelvis**

Enter any positive or pertinent negative findings with regards to the back and/or pelvis (*e.g.* pain and/or crepitus noted on palpation of the pelvis) or check the "Unremarkable" box.

### **Extremities**

Extremities	- Unremarkable	Peripheral Edema 🛛 - Absent 🗋 - Present	Pedal Pulse 🛛 - Absent 🗋 - Present

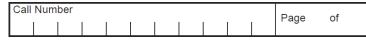
### **Peripheral Edema**

Check the appropriate box to indicate whether Peripheral Edema is absent or present.

### **Pedal Pulse**

Check the appropriate box to indicate whether a Pedal Pulse is absent or present.

### **Call Number/Page**



As the entire front side of the ACR is considered Page 1 of the document, if additional pages are required to document "Clinical Treatment/Procedures and Results", paramedics may use another ACR for this purpose. Paramedics are not required to complete the left side of the ACR ("Demographics", "Clinical Information" and "Physical Exam") on any additional pages. Additional pages, when completed are to be securely attached to Page 1 of the ACR. It is important that paramedics enter the call number for the call in the space provided at the top of the right hand corner of any additional pages.

Page numbers must be assigned to any additional pages added to an ACR. For example, if an additional page is completed, enter the "Call Number" and "Page 1 of 2" in the appropriate area in the upper right corner of the original form. On the second page enter the "Call Number" and "Page 2 of 2".

### **Clinical Treatment/Procedures & Results**

Clinical	Clinical Treatment/Procedures R									Results						
Time HH : MM	Procedure Code	Dose/Unit	Route	Pulse Rate	Resp. Rate	B/P Sys/Dia	Temp.	Reading/ Code	SpO <sub>2</sub>	EtCO <sub>2</sub>	GCS	Pu R±	pils L±	Pain Scale	Crew Mbr. No.	

All clinical treatments and procedures and the results of each are to be entered in this section of the ACR. The time that the treatment and /or procedure was completed must be entered for all.

Treatments and procedures must be documented in chronological order. Vital signs and other data are documented under the appropriate headings within the ghosted lines as outlined in the Vital Signs sections.

When a procedure code is used, provide a brief narrative to describe the procedure through the columns and across the ghosted lines. If extra space is required to document narratives, paramedics may continue the narrative on the line below, or use a second ACR if required.

Codes 800-899 are reserved for Study Drugs and should be detailed in Procedures. Codes 900-999 are reserved for User Defined procedures as directed by service operators.

For **example** (see "Sample" below), when a paramedic initiates an intravenous to Keep Vein Open, it would be documented as follows:

- The time in HH:MM format would be entered in the "Time" column.
- "341" the code for IV cannulation would be entered in the "Procedure Code" column.
- A narrative such as "20ga 1.16 Insyte Left forearm" would be written in the adjacent columns.
- "Successful and secured" would be written across the columns under "Results".

On a new line, the paramedic would then document a new procedure for connecting the intravenous line which is attached to a 500 ml bag of normal saline. This procedure would be documented as follows:

- The time in HH:MM format would be entered in the "Time" column.
- "345" the code for Normal Saline, would be entered in the "Procedure Code" column.
- A narrative such as "0.9% NaCl 500 ml bag TKVO at 30 ml/hr" would be entered across the ghosted lines adjacent to the procedure code.
- "Patent and running well" could be written across the columns under "Results".

### Sample

Clinical	Clinical Treatment/Procedures R									Results						
Time HH : MM	Procedure Code	Dose/Unit	Route	Pulse Rate	Resp. Rate	B/P Sys/Dia	Temp.	Reading/ Code	SpO <sub>2</sub>	EtCO <sub>2</sub>	GCS		pils L±	Pain Scale	Crew Mbr. No.	
1435	341	20ga 1.1	16" INSY	TE LEFT	FOREAR	М		SUCCE	SSFUL	AND S	SECUR	ED				
1436	345	0.9% Na	CI 500 m	I BAG TK	VO AT 3	0 ml/hr		PATEN	T AND	RUNN	NG WE	LL				

### Time

Enter the time at which a treatment or procedure was performed. If the time is an estimate use "~" or "approx." as well as the time.

### **Procedure Code**

Enter the appropriate procedure code for each medication, treatment or procedure. Codes are listed on the reverse side of the ACR. To assist paramedics in completing the ACR, procedure codes are divided into groups based on the type of procedure.

### Dose/Unit

Whenever a medication is given, the dose administered and unit of measure is to be documented.

For example (see sample below), when a paramedic administers 160 mg of ASA to a patient, this procedure should be documented as follows:

The time in HH:MM format would be entered in the "Time" column.

- "504" the code for ASA would be entered in the "Procedure Code" column.
- "160 mg" would be entered in the "Dose/Unit" column.
- "PO" would be entered in the "Route" column.

A narrative such as "Chewed and Swallowed" could be written starting under the "Results" heading

#### Sample

Clinical	Clinical Treatment/Procedures Re									Results						
Time HH : MM	Procedure Code	Dose/Unit	Route	Pulse Rate	Resp. Rate	B/P Sys/Dia	Temp.	Reading/ Code	SpO <sub>2</sub>	EtCO <sub>2</sub>	GCS	Pupils R ±   L ±	Pain Scale	Crew Mbr. No.		
0056	504	160 mg	PO					CHEW	ed ani	) SWAI	LOWE	D		1		

### Route

When a medication is given, the route of administration must be documented. The appropriate "Routes of Administration" code must be used from the list found on the reverse side of the ACR.

## **Vital Signs**

The assessment of vital signs is considered a procedure and as such must be documented in the "Clinical Treatment/Procedures & Results" section in chronological order. As with all treatments and procedures performed, the time at which the vital signs were measured must be entered in the appropriate field.

## Sample

Clinical Treatment/Procedures						Results									
Time HH : MM	Procedure Code	Dose/Unit	Route	Pulse Rate	Resp. Rate	B/P Sys/Dia	Temp.	Reading/ Code	SpO2	EtCO <sub>2</sub>	GCS		pils   L ±	Pain Scale	Crew Mbr. No.
0425	010	VITAL S	IGNS	100	16	120/76	36.7		99	40	15	4+	4+	0	1

The minimum vital signs, minimum number of sets and the frequency at which vital signs must be taken based on the patient's condition are described within the *Basic Life Support Patient Care Standards* and the *Advanced Life Support Patient Care Standards*. Paramedics may be required to follow Base Hospital and Ambulance Service policies with regards to the documentation of vital signs if these policies exceed the minimum requirements described in the *Basic* and *Advanced Life Support Patient Care Standards*.

If the minimum vital sign assessments are not obtained, paramedics must document the reasons in the "Remarks" section of the ACR.

## **Pulse Rate**

Enter a numeric value for the pulse rate. Descriptions of pulse rhythm (regular or irregular) and volume (strong or weak) should be documented in the "Physical Exam" section of the ACR.

## Resp. Rate

Enter a numeric value for the rate of respirations. Descriptions of respiratory patterns should be documented in the "Physical Exam" section of the ACR.

## **B/P Sys/Dia**

Enter a numeric value for the blood pressure. If the blood pressure measurement is taken by palpation, document the diastolic value as **"P"**.

## Temp.

Enter a numeric value for temperature in degrees Celsius when appropriate and if available. If the temperature has been assessed by touch, indicate "**H**"-hot, "**C**"-cool or "**N**"-unremarkable.

## **Reading/Code**

Enter the numeric results from diagnostic procedures or ECG rhythm codes. The Reading/Codes column allows paramedics to enter biometric data **not** captured in a standalone column.

"Reading" is a quantitative numeric value that is the result of a test or procedure such as blood glucose reading or carboxyhemoglobin.

"Code" is used for ECG rhythm codes only. The ECG codes can be found on the reverse side of the ACR. This column is design to allow for data entry for any future point of care procedures.

## Sample

Clinical Treatment/Procedures							Results								
Time HH : MM	Procedure Code	Dose/Unit	Route	Pulse Rate	Resp. Rate	B/P Sys/Dia	Temp.	Reading/ Code	SpO <sub>2</sub>	EtCO <sub>2</sub>	GCS	Pu R±		Pain Scale	Crew Mbr. No.
0030	025	BLOOD	GLUCOS	6E				5.2 mr	noL						1
0035	301	RHYTH	M INTER	PRETAT	ON			40	NORM	AL SIN	US RH	YTH	M AT	80	1

## SpO<sub>2</sub>

Enter a numeric value for oxygen saturation.

## EtCO<sub>2</sub>

Enter a numeric value for the End-tidal Carbon Dioxide reading. If a colorimetric  $CO_2$  indicator device is used, enter the approximate expired carbon dioxide level based on the comparison of the colour of the indicator to the colour scale provided with the device. Completion of this field is based on the paramedic's scope of practice and availability of equipment.

## GCS

Enter the total numeric value that corresponds to the patient's response for each indicator. Charts for adult and pediatric patients are provided in the "Reference Information" section on the reverse side of the ACR to assist paramedics in completing the GCS field.

The Glasgow Coma Scale provides a standardized method of recording the patient's level of awareness. Three indicators are assessed: eye opening, verbal and motor response.

If a GCS value cannot be determined because an indicator cannot be assessed, (*e.g.* eyes bandaged; patient intubated) enter "CNO". Enter the reason for not assessing the indicator in the "Remarks" section.

## **Pupils**

Enter the numeric value corresponding to the patient's pupil size. A scale is provided in the "Reference Information" section on the reverse side of the ACR to assist paramedics in completing this field. The reactivity to light for each pupil is also entered in this field. The plus (+) symbol indicates a reactive pupil and the minus (-) symbol indicate a non-reactive pupil.

## Pain Scale

Enter a numeric value that corresponds to the patient's reported level of pain as identified by the "Pain Intensity Scale", if possible. A scale is provided in the "Reference Information" section on the reverse side of the ACR to assist paramedics in completing this field. The range of the scale is from 0 to 10, with 0 being no pain to 10 being the worst possible.

## Crew Mbr. No.

Enter the number of the paramedic administering a medication or performing a procedure (both BLS and ALS). "Crew Member 1" is the attending paramedic and "Crew Member 2" is the second paramedic assigned to the ambulance. "Other" is any other Paramedic, EMA, Paramedic Student, RN, RT, Physician, etc. that assisted with the management of the patient.

For any controlled act performed, only one paramedic, the one who performed the actual controlled act, should be entered as the paramedic performing that procedure.

# Remarks

Remarks					to to	d d d b <b>d</b>
Disposition of Effects	Family	Other (list):				
Primary Problem				Problem Code	Sp Trans Code	CTAS Arrive Patient
Deceased			Pronounced by	on scene physicia	ın	CTAS Depart Scene
Physician/BHP Name (if	pronounced/TO	R)		Date YYYY / MM / DD	Time HH : MM	CTAS Arrive Destination

## Remarks

Enter any significant information about the call that has not already been entered in another section of the ACR (*e.g.* clinically significant information, name of physician at scene, unusual circumstances surrounding the call) in this section.

## **Disposition of Effects**

```
Disposition of Effects

Receiving Staff
Family
Other (list):
```

The disposition of any personal effects belonging to the patient (*e.g.* Ontario Health Card, medications, etc.) is to be documented in this section.

Use appropriate check box to indicate to whom the patient's personal effects were given. For "Other", indicate in writing who was given the patient's effects.

### **Primary Problem**

A description which best categorizes the patient's primary problem is to be documented in this field. This must reflect the patient's most immediate priority or obvious condition based on paramedic impression and assessment findings.

The "Primary Problem" must reflect in general terms, the underlying problem or most probable cause of the patient's presentation as found by the paramedic rather than the patient's chief complaint (*e.g.* the patient's chief complaint may be shortness of breath while the most likely cause may be congestive heart failure). Looking at the chronology of the call from the patient's perspective, and deciding what happened first can often identify the "Primary Problem".

## **Problem Code**

Problem Code	
Toblem Code	

Primary Problem

Enter a numeric problem code that corresponds to the "Primary Problem" documented in the space provided. Problem codes are listed on the reverse side of the ACR and are organized into broad categories based on body systems, etc.

## Sp Trans Code (Special Transport Code)

Sp Trans Code

The applicable two digit Special Transport Code listed on the reverse side of the ACR is to be documented in this field to capture ambulance calls that have utilized a bypass directive included in a specific guideline, standard or protocol. This code is to be documented if a patient meets the specific criteria for any of the following situations:

Field Trauma Triage Standard Acute Stroke Protocol STEMI Bypass

For each of the above situation, one of three possible codes is to be utilized if a patient meets the specific criteria:

## Trauma

- 01 To be used for patients who met the criteria outlined in the current version of the *Field Trauma Triage Standard* and <u>were</u> transported to a Lead Trauma Hospital (LTH).
- 02 To be used for patients who met the criteria outlined in the current version of the *Field Trauma Triage Standard*, but were **not** transported to a (LTH) due to patient condition reasons. Example: A patient met the criteria but developed an uncontrolled airway problem during transport and paramedics diverted to the closest ED.
- 03 To be used for patients who met the criteria outlined in the current version of the *Field Trauma Triage Standard*, but were **not** transported to a LTH due to a hospital reason. Example: A patient met the criteria, but the LTH was unable to accept the patient due to an emergent capacity/facilities issue.

## Stroke

- 04 To be used for patients who met the criteria outlined in the current version of the *Acute Stroke Protocol* and <u>were</u> transported to a designated Stroke Centre.
- 05 To be used for patients who met the criteria outlined in the current version of the *Acute Stroke Protocol*, but were <u>not</u> transported to a designated Stroke Centre due to patient condition reasons. Example: A patient initially met the criteria but became VSA enroute which resulted in paramedics diverting to the closest ED.
- 06 To be used for patients who met the criteria outlined in the current version of the *Acute Stroke Protocol*, but were **not** transported to a designated Stroke Centre due to a hospital reason. Example: A patient initially met the criteria, but the designated Stroke Centre was unable to accept the patient due to an emergent capacity/facilities issue.

## **STEMI**

- 07 To be used for patients who met the criteria outlined in the current version of the *STEMI* Hospital Bypass Protocol and were transported to a designated STEMI/PCI Centre.
- 08 To be used for patients who met the criteria outlined in the current version of the *STEMI Hospital Bypass Protocol*, but were <u>not</u> transported to a designated STEMI/PCI Centre due to patient condition reasons. Example: A patient met the criteria for STEMI bypass, but was not transported to the STEMI/PCI Centre due to clinical reasons as per the interventionalist.
- 09 To be used for patients who met the criteria outlined in the current version of the *STEMI Hospital Bypass Protocol*, but were <u>not</u> transported to a designated STEMI/PCI Centre due to a hospital reason. Example: A patient met the criteria for STEMI bypass, but was not transported to the STEMI/PCI Centre due to the hospital equipment/staff reasons.

Paramedic should document the specific reasons for 'No-Bypass' situations in the Remarks section of the ACR.

Ambulance Call Report Completion Manual – Version 3.0 Part 7 – Section Details

## Canadian Triage and Acuity Scale (CTAS)

CTAS Arrive P	atient		
CTAS Depart	Scene	9	
CTAS Arrive D	estina	ation	 

It is important that the CTAS score be carefully considered and entered in the fields provided on the ACR. CTAS is used to assign a level of acuity to a patient. Acuity refers to the gravity of the situation – the potential for death and/or irreversible illness. CTAS is a tool that more accurately defines the patient's need for care.

The intent of using a standardized acuity scale is to better communicate the severity of the patient's problem in a common language to both CACC/ACS and the receiving facility.

Assignment of the CTAS level is to be based upon not only the presenting complaint identified on the initial assessment made by the paramedic, but also on their examination findings and response to treatment.

## **CTAS Arrive Patient**

Enter the CTAS level of the patient as determined by the paramedic on arrival at the patient. "CTAS Arrived Patient" will reflect the initial condition of the patient prior to paramedic interventions and serve as a marker for response times as they relate to the patient's acuity. The additional information provided by the documentation of the "CTAS Arrive Patient" will be useful when reviewing dispatch procedures, vehicle resources and for patient care standards.

### **CTAS Depart Scene**

Enter the CTAS level of the patient as determined by the paramedic at the time of departure from the scene. The "CTAS Depart Scene" will aid in determining the destination (*e.g.* CTAS Level 1 and 2 to the closest most appropriate hospital) and will also reflect any change in the patient's condition as a result of prehospital interventions on scene prior to transport.

Note: CTAS 0 is used in situations of Obviously Dead/Termination of Resuscitation (TOR).

## **CTAS Arrive Destination**

Enter the CTAS level of the patient as determined by the paramedic upon arrival at destination. The "CTAS Arrive Destination" level will reflect the patient's acuity level upon arrival at the destination.

## Deceased

 Deceased

 Obviously dead
 DNR
 BHP TOR
 Pronounced by on scene physician

Check the appropriate box to indicate if:

- a paramedic determines that the patient is obviously dead.
- the patient has a DNR (with a valid *MOHLTC DNR Confirmation Form*) and resuscitation not initiated.
- a Base Hospital Physician has ordered the termination of resuscitation efforts.
- the patient is pronounced deceased on scene by a member of the College of Physicians and Surgeons of Ontario (document the physician's contact information in the "Remarks" section of the ACR).

## Physician Name/BHP (if pronounced/TOR)

Physician/BHP Name	(if pronounced/TOR)
--------------------	---------------------

Enter the name or number where applicable, of the on scene physician pronouncing the patient or the Base Hospital Physician ordering the termination of resuscitation in the space provided.

	Date	Time
Date/Time	YYYY / MM / DD	HH : MM

Enter the date and the time of pronouncement or the order for termination of resuscitation.

# **General Administration**

General Ad	ministration											
Vehicle Numbe	r Station	Status	Hospital	Number	Ĩ	Rece	eiving Facili	ty/Destination				
UTM Code		Dispatch	Return	Patient	Seq	uence	Warning Systems	To Scene To Destination	None None	Emergency		
Base Hospital Name				Base H	lospital N	umber	Base Hos	pital Physician Nan	ne/No. (if patch)			
Call Events	Call Received HH : MM : SS	Crew Not HH : N	tified IM:SS	Crew M	lobile MM : SS		e Scene : MM : SS	Patient Contact HH : MM : SS	Depart Scene HH : MM : SS			
Paramedic 1 (A	Paramedic 1 (Attending) No. Name							Designation	Signature No. 1		5	
Paramedic 2 No	o.	Name						Designation	Signature No. 2			
Other Name								Designation	Signature No. 3			
Other Name							Designation	Signature No. 4				
Date of ACR Completion YYYY / MM / DD Time of ACR Com HH : MM : SS		oletion			- Patient C - Base Hos		- Billing Office C - Ambulance Ser					

## Vehicle Number



Enter the 4-digit vehicle number assigned by the Ministry of Health and Long-Term Care, Emergency Health Services Branch.



Station

Enter the station number to which the vehicle has been assigned.

Status Status

Enter the two-digit code that identifies the status of the vehicle when it was dispatched:

- 00 At Base
- 77 Mobile
- 88 Standby Location
- 99 Maintenance

**Hospital Number** 

Hos	oital N	Numb	er	

Enter the Ministry of Health and Long-Term Care assigned hospital/institution number for the receiving facility. This information is available through CACC/ACS.

## **Receiving Facility/Destination**

Receiving Facility/Destination

Enter the name of the facility that received the patient from the paramedics.

## UTM Code (Universal Transverse Mercator)

UTM Co	de			

Enter the 7-digit UTM Code provided by the CACC/ACS. Completion of this field is not required for calls originating at a hospital.

Dispatch



Enter the appropriate "Priority Code" that corresponds to the assigned dispatched priority.

The Dispatch Priority Codes are used to identify:

- 1. the urgency of a response or transport.
- 2. other use of an ambulance when a patient is not carried.

This is the priority code number that is assigned to the call by the ambulance communications officer. It identifies the priority under which the ambulance responds to the call location (*e.g.* an urgent response would be entered as a Code "4").

Code 1	"Deferrable Call" – A non-emergency call that may be delayed without being physically detrimental to the patient.
Code 2	"Scheduled Call" – A non-emergency call which must be done at a specific time due to the limited availability of special treatment or diagnostic/receiving facilities. Such scheduling is not done because of patient preference or convenience.
Code 3	"Prompt Call" – An emergency call which may be responded with moderate delay. The patient is stable or under professional care and not in immediate danger.
Code 4	"Urgent Call" – An emergency call requiring immediate response. The patient is life, limb or function threatened, in immediate danger and time is crucial.
Code 8	"Standby Call" – Vehicle or paramedic utilization to provide emergency coverage or for anticipation of a call.
Code 9	"Out of Service/Administration" – A vehicle is either out of service for maintenance at base or is sent to a garage for servicing.

## Note: Completion of an ACR is not required for standby and maintenance calls

## Return



Enter the appropriate "Priority Code" that corresponds to the assigned return priority for the patient/call. In the event of multiple patient transports, enter the priority for each patient (see "Patient" and "Sequence").

This is the code that is assigned to the call by paramedics. It identifies the priority under which the patient is transported (*e.g.* a prompt return to a medical facility would be entered as a Code "3"). "Return Priority Codes" must not be confused with the CTAS code.

Code 1	"Deferrable Call" – A non-emergency call that may be delayed without being
	physically detrimental to the patient.

- Code 2 "Scheduled Call" A non-emergency call which must be done at a specific time due to the limited availability of special treatment or diagnostic/receiving facilities. Such scheduling is not done because of patient preference or convenience.
- Code 3 "Prompt Call" An emergency call which may be responded to with moderate delay. The patient is stable or under professional care and not in immediate danger.
- Code 4 "Urgent Call" An emergency call requiring an immediate response. The patient is life, limb or function threatened, in immediate danger and time is crucial.
- Code 6 "Deceased Patient" The transportation of a deceased patient where no resuscitation measures are being performed.

Return priorities for "Code 2" dispatched calls are not always return Code "2". The return priority could be a Code "1, 2, 3, or 4" based on the urgency of the transport and if the return portion of the trip is for a scheduled appointment. For example, a crew sent to meet an aircraft at a designated time would be dispatched Code "2". If the patient was being transported to a facility for a scheduled appointment, the return priority would remain a Code "2". If however, the patient was experiencing crushing chest pain, the return priority would be Code "4". An emergency call where the return priority is not a "3" or "4" (*e.g.* minor injuries only) should never be labeled as a Code "2", unless the patient has a 'scheduled' appointment.

If no patient is carried, one of the following return priority codes should be used:

- 71 No patient found
- 72 Patient Refused (ensure "Refusal of Service" documentation is completed)
- 73 Patient Deceased
- 74 Patient in Police Custody
- 75 Patient Transported by Other Ambulance (provide vehicle # in remarks section)

If an ambulance is on a return leg for Dispatch Code "8" or "9", use the following applicable Return Codes:

- Code 8 Standby Call
- Code 9 Out of Service/Administration

#### Patient



The paramedic will indicate the total number of patients carried in the ambulance during a given call in this field. If no patients were transported, enter "0".



Sequence

The "Sequence" indicates to which of the multiple patients the ACR information refers. For example, if two patients were transported using the same call number, one patient would be Sequence "1" and the other patient would be Sequence "2". If no patients were transported, enter "0".

A separate "Return Priority Code" must be indicated for each patient transported (*e.g.* Sequence "1" Return "4" / Sequence "2" Return "1").

Patients should be sequence numbered in the order of the severity of their condition, with the most serious patient documented as Sequence "1".

	Warning	To Scene	None None	Emergency Systems
Warning Systems	Systems	To Destination	None None	Emergency Systems
Training Official	+			21-2 2

Check the appropriate box for systems used while travelling to the scene and while travelling from the scene to a destination. If the public address system is used enter a narrative in the "Remarks" section.

### **Base Hospital**

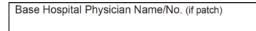
Base Hospital Name

Enter the name of the Base Hospital with which the paramedic is affiliated.

	Base	Hosp	ital Nu	umber
Base Hospital Number				

Enter the Base Hospital number with which the paramedic is affiliated.

### Base Hospital Physician Name/No. (if patch)



Enter the name or number, if applicable, of the base hospital physician, if contact was made. This field is completed even if no orders are given by the base hospital physician. Document failed patches in the "Remarks" section.

## Patch Log Number

ato	ch	Lo	٦g	Vur	nbe	er		
				_			 	 -

Enter the Base Hospital patch log number in this section if applicable.

## Call Events (Times)

Call Received

Call Events	Call Received	Crew Notified	Crew Mobile	Arrive Scene	Patient Contact	Depart Scene	Arrive Destination	TOC
	HH : MM : SS	HH : MM : SS	HH : MM : SS	HH : MM : SS	HH:MM:SS	HH : MM : SS	HH : MM : SS	HH:MM:SS

Time of call events must be completed on all calls.

Call	Recei	ved
HH	: MM	: SS

Enter the time the CACC/ACS received the request for service.

Crew	Notified
HH	: MM : SS

Enter the time the paramedics were notified of the call by the CACC/ACS.

-				
Crew	NЛ	~	hi	
CIEW	IVI	υ	UI.	IE.

**Arrive Scene** 

**Crew Notified** 

Crew Mobile HH : MM : SS

Enter the time the paramedics became mobile to the call scene.

Arrive	Scene
HH :	MM : SS

Enter the time the paramedics arrived at the call scene.

Patient	Contact
rallelli	Contact

**Depart Scene** 

**Arrive Destination** 



Enter the time the paramedics came into actual contact with the patient.

Depa	art Sc	ene
HH	: MM	: SS

Enter the time the paramedics departed the scene of the call.

If there is a large discrepancy in time between departing the location where the patient was found and when the paramedics depart the scene in the ambulance, make a record of this in the remarks section (include time and circumstances).

Arrive	Destination
HH :	MM:SS

Enter the time the paramedics arrived at the receiving destination (*e.g.* hospital, long term care home).

	100	
Transfer of Care (	TOC)	P

TOC HH : MM :SS

Enter the time at which the paramedic concludes the process of transferring the responsibility of patient care to the receiving facility as outlined in the *Basic Life Support Patient Care Standards*.

This process includes providing a verbal report to the receiving facility, transferring care of the patient and the patient's belongings to the receiving facility and can be considered to be complete when the patient is no longer dependent on ambulance service resources (excluding equipment that is being left with the patient, *e.g.* spinal board).

## Paramedic 1 (Attending) No.

Name

Enter the 5-digit MOHLTC assigned EHS Number for the paramedic attending on the call.

Paramedic 1 (Attending) No.

Name

Enter the attending paramedic's name. At a minimum the name must include the first initial and full last name.

Decignotion
Designation

Designation

Enter the designation that describes the paramedic's certification level. Paramedic Designation codes are found on the reverse of the ACR. If a paramedic is functioning as a preceptor on the call, the letter "P" must be documented after the Paramedic Designation.

Signature No. 1
-

The attending paramedic writes his/her signature in this field. By signing the ACR, the paramedic attests that to the best of their knowledge the information on the form is complete and accurate.

_			
Para	medi	ic 2	No.

Name

Signature No. 1

aram	nedic 2	No.	

Enter the 5-digit MOHLTC assigned EHS Number for the other paramedic assigned to the call.

Name

Enter the name of the other paramedic assigned to the call. At a minimum the name must include the first initial and full last name.



Enter the designation that describes the paramedic's certification level. Paramedic Designation codes are found on the reverse of the ACR. If a paramedic is functioning as a preceptor on the call, the letter "P" must be documented after the Paramedic Designation.

Signature No. 2

The other paramedic assigned to the call writes his/her signature in this field. By signing the ACR, the paramedic attests that to the best of their knowledge the information on the form is complete and accurate.

### Other

Designation

Signature No. 2



Space is provided on the ACR to enter the names and signatures for up to two (2) other individuals.

This section is only to be completed if an individual accompanies the patient in the ambulance to assist with or provide patient care (*e.g.* another paramedic, paramedic student, firefighter, nurse, etc.). It is not used to enter the names of individuals accompanying the patient in a non-patient care role (*e.g.* family members).

If another paramedic accompanies the transporting paramedics to assist with patient care, their 5digit MOHLTC assigned EHS Number and designation must be entered along with their name and signature in the space provided.

## **Date/Time of ACR Completion**

Date of ACR Completion	Time of ACR Completion
YYYY / MM / DD	HH:MM:SS

Enter the date and time that the ACR was completed and signed in this field.

# **Aid to Capacity Assessment**

## **Reverse side of ACR**

Aid to Capacity Evaluation (Record Details in 'Remarks' Section)		
Indicate to whom this assessment refers if not the patient [e.g., parent, or sul	bstitute decisi	on maker (SDM)]
Patient verbalizes/communicates understanding of clinical situation? (e.g., what is wrong with you?)	Yes	No - Requires consideration of capacity
Patient verbalizes/communicates appreciation of applicable risks? (e.g. what could happen if I don't help you?)	Yes	No - Requires consideration of capacity
Patient verbalizes/communicates ability to make alternative plan for care? (e.g. what will you do once I leave?)	Yes	No - Requires consideration of capacity
Responsible adult on scene	Yes	No

The "Aid to Capacity Assessment" found on the reverse side of the ACR is provided as a tool to assist paramedics in determining whether a patient or substitute decision maker (SDM) is capable of making decisions regarding their treatment.

A patient is presumed to be capable unless a crew has reasonable grounds to believe the patient is incapable to consent to the specific treatment proposed, on the basis of:

- Confused or delusional thinking.
- Unable to make a settled choice.
- Severe pain, acute fear/anxiety.
- Judgement impaired by drugs or alcohol.
- Other observations causing concern.

The patient should be able to demonstrate this understanding and acknowledge the consequences of the decision and this decision should not be based on delusional belief.

Indicate to whom this assessment refers if not the patient (*e.g.* parent, or other substitute decision-maker).

Enter the name of the substitute decision-maker on the line provided (the remainder of this capacity evaluation will then pertain to this substitute decision-maker).

If a substitute decision maker (*e.g.* authorized guardian, attorney for personal care, spouse or partner, child or parent, sibling, other relative) is present, he/she has the same authority as the incapable patient would have, if capable.

## Patient verbalizes/communicates understanding of clinical situation.

Does the patient understand the condition he/she has that requires treatment?

## Patient verbalizes/communicates appreciation of applicable risks.

Does the patient understand the nature and the risks of their condition and the risks/benefits of the proposed treatment?

## Patient verbalizes/communicates ability to make alternative plan for care.

Does the patient have a plan for self-care after your departure?

## Responsible adult on scene.

If a capable patient continues to refuse treatment, release the patient into the care of an apparently responsible adult. For the individual assuming responsibility of the patient, provide instructions regarding observation and patient management, physician follow-up, possible complications and other information as deemed appropriate.

## Responses in shaded sections require consideration of incapacity.

If "No" is checked to any of the questions indicated in the "Aid to Capacity Evaluation" paramedics must consider whether this patient is capable of consenting to or refusing treatment or being left at the scene and not transported to a medical facility.

A person <u>of any age</u> may be capable to consent to some things and incapable of consent with respect to others, depending on the complexity of the treatment (*e.g.* they may understand what you tell them about oxygen but not about other medications).

Document all findings related to the assessment and the proposed treatment and all findings with respect to the patient's capacity in the "Remarks" section of the ACR.

The "Refusal of Service" section is located on the reverse side of the ACR.

The "Refusal of Service" section must be completed any time there is a refusal of treatment and/or transportation by a patient or their substitute decision maker (SDM). In the event of a refusal of treatment and/or transport, the paramedic crew is to make every effort to have the patient or the patient's substitute decision maker complete and sign the appropriate areas of the "Refusal of Service" section.

## Patient/SDM

Patient/ Substitute decision maker (SDM) - print name and address / Patient/mandataire spécial (MS) - Nom et adresse en lettres moulées

Enter the name of the patient or SDM along with their respective address. If the "Refusal of Service" section is completed by the SDM, record their relationship to the patient. Obtain the patient or SDM signature and enter the date and time.

## Attending Paramedic Signature

		the risks to the patient's health that are involved. ues de cette décision pour la santé du patient.
Time	Date	Attending Paramedic Signature
HH : MM	YYYY/ MM/ DD	

The attending paramedic will sign the ACR in the "Attending Paramedic Signature" within the "Refusal of Service" section and enter the time and date.

## Paramedic 2/Witness Signature

		refusal and that the person has been informed of the risks in et du fait que la personne a été informée des risques de ce r	
Time	Date	Non Paramedic Witness Name Nom du témoin autre qu'un ambulancier paramédical	Witness/Paramedic 2 Signature Signature du témoin/d'un 2 <sup>e</sup> ambulancier paramédical
HH : MM	YYYY/ MM/ DD		

The witness of the refusal will typically be the Paramedic 2 and therefore, is required to provide only a signature along with the time and date.

If there is only one paramedic attending a call, the paramedic is to make every effort to have a witness sign the form. If the witness is a non-paramedic, print the witnesses name under the 'Non Paramedic Witness Name' and have the witness sign the ACR.

If the patient, patient's substitute decision maker, or witness refuses to sign the form, the paramedic crew shall document the circumstances in the "Remarks" section of the ACR.

The paramedic crew shall complete and sign the bottom portion of the "Refusal of Service" section in all cases where treatment and/or transport are refused by the patient or their substitute decision maker.

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# Appendix A – Sample ACR



## Sample ACR (Front – Left)

					Hospital Registra	ation Number
Demographics						
Service Name		Service No. CAC	CC/ACS Call Number			Call Date
ast Name			First Name			YYYY / MM / DD
Age Sex		Weight (kg)	Date of Birth	Health Insur	ance Number	Versio
Mailing Address Street No. Street Name			City/Town	Pro	ovince Postal Code	Country
Pick-up Location or Sending	Facility (City/Town	n) 🗌 Same as Ma	alling Address Above			Pick-up Code
Clinical Information		Ohiof O survey into				
Date of Occurence Time YYYY / MM / DD	e of Occurence HH : MM	Chief Complaint				Positive for FREI
ncident History					MOHLTC D	NR Confirmation Numb
					Traun	na Problem Site/Type
					Locatio	
					1	
					2	
					3	
Relevant Past History	Provided by:	Patient	Other:			
the value rast history	Provided by.	Cardiac	Stroke/TIA	Seizure	Psychiatric	Cancer CNC
	Previously H	lealthy Respiratory				Other (list below)
Details						
Medications	🗌 None	Nitrates	Insulin/Oral Diabetic	Mada - E	Dhasphadiastore	
				c Meds	Phosphodiestera	ase inhibitors
		🗆 ASA	Blood thinner/Antico		Salbutamol	E Furosemide
Other		ASA				
			Blood thinner/Antico			
Allergies						
Allergies			Blood thinner/Antico			
Allergies Deteils	□ NKA	CNO	Blood thinner/Antico     Other – list below	pagulants [	Salbutamol	☐ Furosemide
Allergies Deteils	□ NKA		Blood thinner/Antico			Furosemide     CNO
Allergies Deteils Treatment Prior to Arrival	NKA	CNO	Blood thinner/Antico     Other – list below     Physician	caguiants [	Selbutamol	☐ Furosemide
Allergies Deteils Treatment Prior to Arrival	NKA	CNO	Blood thinner/Antico     Other – list below     Physician	caguiants [	Selbutamol	Furosemide     CNO
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## Sample ACR (Front – Right)

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Clinical	Treatmen	t/Proced	IIIAS					Results				_	-		
Time	Procedure	Dose/Unit	Route	Pulse	Resp.	B/P	Temp.	-	SpO <sub>2</sub>	EtCO <sub>2</sub>	GCS	Pu	pils	Pain	Crew
H : MM	Code			Rate	Rate	Sys/Dia		Code		L.0.02			L±	Scale	Mbr. No
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## Sample ACR (Billing)

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Demographics			-											
Service Name		Service No.	CACC/AC	s	Call N	umber	· .						Call Date	
Last Name				-	First	lame							SANAA TI	wini / DD
Age	Sex	Weight (kg)	Date	of B	irth			Hea	alth ir	nsurance	e Nur	nber		Version
				YYYY	7 / MN	/DD			1	[ ] [	1	1.1	1.1.1	1
Mailing Address Street No. Street N	ame		City/	Town						Provin	ce P	ostal Code	Country	
Pick-up Location or S	ending Facility (City/Town)	Same :	as Mailing	Addr	ess A	bove							Pick-up Co	de
Billing Informati	on								_		_			
bining informati														
Charge	No Charge	Billing Ev										] Payment	Received	
Charge Patient	No Charge	In my prof	essional me					euse	was	:		Initials		Emergenc
Charge Patient Employer	No Charge Inter-Hospital Transfer Home Care	In my prof	essional me ial: a medic	al/oth	erne	essity					C	Initials	Received In Hospital I	Emergenc
Charge Patient	No Charge	In my prof	essional me	al/oth a me	er neo dical r	essity	ity/oth	er tra	nspo			Initials Disposition Dept. Refused to	in Hospital I reament and	released
Charge Patient Employer W.S.I.B.	No Charge Inter-Hospital Transfer Home Care Homes for Special Care	In my prof	iessional me ial: a medic sential: not	al/oth a me	er neo dical r	essity	ity/oth	er tra	nspo			Initials Disposition Dept. Refused to treated (or	in Hospital I	released
Charge Patient Employer W.S.I.B. D.V.A.	No Charge Inter-Hospital Transfer Home Care Homes for Special Care Nusing Home Patient Home for the Aged Recipient General	In my prof	iessional me ial: a medic sential: not	al/oth a me	er neo dical r	essity	ity/oth	er tra	nspo			Initials Disposition Dept. Refused to treated (o Admitted	in Hospital I reament and	released
Charge Patient Employer W.S.I.B. D.V.A. D.N.D.	No Charge Inter-Hospital Transfer Home Care Homes for Special Carr Nusing Home Patient Home for the Aged Recipient General	In my prof Essent Non es Signature	iessional me ial: a medic sential: not (medical pr	al/oth a me	er neo dical r	essity	ity/oth	er tra	nspo			Initials Disposition Dept. Refused to treated (of Admitted Morgue	in Hospital I reament and	released
Charge Patient Employer W.S.I.B. D.V.A. D.N.D. Coroner Chargeable Welfar	No Charge Inter-Hospital Transfer Home Care Homes for Special Carr Nusing Home Patient Home for the Aged Recipient General	In my prof Essent Non es Signature Basic Fee	iessional me ial: a medic isential: not (medical pr	al/oth a me	er neo dical r	essity	ity/oth	er tra ority)	nspo	rt suitab		Initials Disposition Dept. Refused to treated (of Admitted Morgue	in Hospital I reament and bserved) and	released
Charge Patient Employer W.S.I.B. D.V.A. D.N.D. Coroner Chargeable Welfar	No Charge Inter-Hospital Transfer Home Care Homes for Special Carr Nusing Home Patient Home for the Aged Recipient General Welfare Assistance	In my prof Essent Non es Signature Basic Fee Patient's p	iessional me ial: a medic isential: not (medical pr oportion	a me ractitie	er neo dical r	essity	ity/oth	er tra ority)	nspo	nt suitab		Initials Disposition Dept. Refused to Admitted Morgue Transferre Dut Patient O.P. Clinic	In Hospital I reament and bserved) and ed to another	released
Charge Patient Employer W.S.I.B. D.V.A. D.N.D. Coroner	No Charge Inter-Hospital Transfer Home Care Homes for Special Carr Nusing Home Patient Home for the Aged Recipient General Welfare Assistance Other	In my prof Essent Non es Signature Basic Fee Patient's p	iessional me ial: a medic isential: not (medical pr	a me ractitie	er neo dical r	essity	ity/oth	er trai ority) E	Billed	rt suitab d by ital/Clinic		Initials Disposition Dept. Refused to Admitted Morgue Transferre Dut Patient O.P. Clinic Ca. Clinic	In Hospital I reament and bserved) and ed to another	released
Charge Patient Employer W.S.I.B. D.V.A. D.V.A. Coroner Chargeable Welfar Other	No Charge Inter-Hospital Transfer Home Care Homes for Special Carr Nusing Home Patient Home for the Aged Recipient General Welfare Assistance Other	In my prof Essent Non es Signature Basic Fee Patient's p	ressional me ial: a medic sential: not (medical pr (medical pr bortion r km over 4	a me ractitie	er neo dical r	essity	ity/oth	er trai ority) E	nspo	rt suitab d by ital/Clinic		Initials Disposition Dept. Refused to Admitted Morgue Transferre Dut Patient O.P. Clinic	In Hospital I reament and bserved) and ed to another	released
Charge Patient Employer W.S.I.B. D.V.A. D.V.A. Coroner Chargeable Welfar Other	No Charge Inter-Hospital Transfer Home Care Homes for Special Carr Nusing Home Patient Home for the Aged Recipient General Welfare Assistance Other	In my prof Essent Non es Signature Basic Fee Patient's p Charge fo	lessional me ial: a medic sential: not (medical pr (medical pr portion r km over 4 rge	a me ractitie	er neo dical r	essity	ity/oth	er trai ority)	Billed	nt suitab d by ital/Clinic ator		Initials Initia Init	in Hospital I reament and bserved) and ed to another c	released

## Sample ACR (Back – Left)

Stat							
	tion Codes		diac		thm Codes		Procedures
Stat	tion #	51	Ischemic	10	Sinus Tachycardia	340	IV Monitoring
00		53	Palpitations	11	PSVT/SVT/Atrial Tachycardia	341	IV Cannulation
01		54	Pulmonary Edema	12	Atrial Flutter	342	Lock Normal Saline
02		55 56	Post Arrest Cardiogenic Shock	14	Atrial Fibrillation Ventricular Tachycardia		Other IV Solutions
etc.		57	STEMI	20	Sinus Bradycardia		V Cannulation Unsuccessful
Stat	tus Codes	58	Hyperkalemia	21	First Degree Block	351	
	At Base	00	Typomatornia	22	Second Degree Block		Blood Sampling
77	Mobile	Nor	n-Traumatic	23	Third Degree Block	355	IV Discontinued (Intentional)
88	Standby Location	60	Non Ischemic Chest Pain	30	Ventricular Fibrillation	356	V Discontinued (Unintentional)
99	Maintenance	61	Abdominal/Pelvic/Perineal/	31	Pulseless Ventricular Tachycardia	358	
			Rectal Pain	32	PEA		Successful
	patch Priority Codes	62	Back Pain	33	Asystole	359	
1	Deferrable			40	NSR		Unsuccessful
23	Scheduled		strointestinal	42	Paced Rhythm	360	
	Prompt	63	Nausea/Vomiting/Diarrhea	43	Junctional Rhythm		Administration
4	Urgent			44	Sinus Dysrhythmia	361	CVAD Access
8	Standby		sculoskeletal/Trauma	46	Other (Detail in Procedures)		
9	Out of Service/Administration	66	Musculoskeletal			Mis	cellaneous Procedures
-		67	Trauma/Injury	Pro	cedures		Termination of Resuscitation -
	urn Priority Codes			010	Vital Signs		Medical
1	Deferrable		stetrical/Gynecological	020	Patient Assessment	367	Termination of Resuscitation -
2	Scheduled	70	Obstetrical <20 weeks	025			Trauma
3	Prompt	71	Obstetrical Emergency	100		370	Other Procedure
4	Urgent	72	Gynecological Emergency	101	Control Bleeding		(Detail in Procedures)
6	Transport of Deceased Patient	73	Newborn/Neonatal	102		372	
Pot	urn Briarity No Transport	74	Obstetrical ≥20 weeks	105	Immobilization-Head		Emerg. Dialysis Disconnect
71	urn Priority-No Transport No Patient Found		to only a Constant of a stand	110		390	Transfer of Care – Crew to
72	Patient Refused	81	locrine/Toxicological	111			Crew
73	Patient Deceased		Drug/Alcohol Overdose		Spinal Board		Base Hospital Physician Patch
74		82	Poisoning/Toxic Exposure	113	Spinal Immobilization Extrication	401	
75	Patient in Police Custody	83 84	Diabetic Emergency		Device	402	BHP Patch Failure
75	Transported by Other		Allergic Reaction	114	Traction Splint		(Detail in Results)
8	Ambulance	85	Anaphylaxis	115	Adjustable Break Away Stretcher	403	BHP Patch - No BHP Contact
	Standby	C	and and Miner	116	Lifting Chair	404	Coroner Notified
9	Out of Service/Administration		neral and Minor	120	Suction		Study Procedure
Spe	ecial Transport Codes	87	Novel Medications	129	Oxygen – Filtered High Conc. Mask		(Detail in Procedures)
01	Pt. Meets Trauma Criteria	88	Home Medical Technology	130	Oxygen – High Conc. Mask	406	Non Dialysis - CVAD
02	No Trauma Bypass -	89	Lift Assist	131	Oxygen - Simple Face Mask		Disconnect
02	Pt.Condition	90	Inter-facility Transfer	132	Oxygen – Nasal Cannula	407	Health Screening Tool
03	No Trauma Bypass -	91	Environmental Emergency	133	Oxygen - Other		
05	Hospital Refusal	92	Weakness/Dizziness/Unwell	141	Oxygen – BVM	Med	dications
04	Pt. Meets Stroke Criteria	93	Treatment/Diagnosis & Return	142	Oxygen – Mechanical Ventilator		Acetaminophen
05	No Stroke Bypass -	94	Convalescent/invalid/Return	144			Adenosine
05	Pt. Condition		Home		Extricate Patient - e.g., Remove from		Amiodarone
06		95	Infectious Disease		small room where care cannot be		Antibiotic
06	No Stroke Bypass -	96	Organ Retrieval/Transfer		provided		ASA
07	Hospital Refusal Pt. Meets STEMI Criteria	98	Organ Recipient	160	OB Delivery	505	Atropine
08	No STEMI Di pass	99	Other Medical/Trauma (see	170		525	Calcium Gluconate
00	No STEMI Bypass – Pt. Condition		remarks)	180	Restrain Patient-Physical		Dextrose
09	PL CONDITION				Abdo/Chest/Back Thrusts	531	Diazepam
09	No STEMI Bypass -	Site	/Type Codes	211			Dimenhydrinate
	Hospital Refusal	AL	ocation	211	(e.g., Assisted Pt. with own meds)	534	Dinhanhydrinale
Dist	to an Onder	10	Head/Face/Ear/Scalp	231	Pt. Transported Supine	534	Diphenhydramine Dopamine
	k-up Codes	11	Eye	232			
A	Airport/Heliport	12	Neck		Pt. Transported Prone	540	
в	Apartment/Condo. Building	13	Shoulder	233	Pt. Transported Semi-Sitting	541	
c	Construction Site	14	Back/Flank			550	Fentanyl
D	Medical Office/Clinic	15	Chest	235	Pt. Transported Sitting	551	Furosemide
E	Nursing Outpost	16	Abdomen	230		560	Glucagon
F	Factory/Industrial Site/	17	Pelvis			561	
	Railway/Dockyard	18	Genitourinary	239	Infant Restraint Device		Hydroxocobalamin
G	Hotel	19	Genicouninary Buttopics (Designation)				Lidocaine
н	Hospital (Acute and		Buttocks/Perineum/Rectum		diac Arrest Procedures		Midazolam
	Non-Acute)	20	Arm (Upper/Elbow/Forearm/ Wrist)	297			Morphine
- L	Indoor Shopping Mall	24		298		610	Naloxone
J	Jail/Prison	21	Hand/Finger	299		615	Nitroglycerin
к	Single Store/Strip Mall	22	Thigh	300			Oxytocin
L	School/College/University	23	Leg (Knee/Lower Leg/Ankle)	301			Salbutamol
M	Mining Site/Quarry	24 25	Foot/Toes	302			
N	Long-Term Care Home	25	Hip	303	Valsalva Manoeuver	651	Xylometazoline
0						682	
0	Office Building			306	Defibrillation – Manual	682	Other Drugs - Detail in
P	Sports Facility/Arena		lype Abrosion	307	Defibrillation – Manual Defibrillation – Semi-Automated	682 700	Procedures
PQ	Sports Facility/Arena Farm	30	Abrasion	307	Defibrillation – Manual Defibrillation – Semi-Automated	682 700 701	Procedures Anaesthetic Eye Drops
PQR	Sports Facility/Arena Farm House/Town House	30 31	Abrasion Amputation	307 308	Defibrillation – Manual	682 700 701 704	Procedures Anaesthetic Eye Drops Ibuprofen
PQR	Sports Facility/Arena Farm House/Town House Street/Highway/Road	30 31 32	Abrasion Amputation Avulsion	307 308 309	Defibrillation – Manual Defibrillation – Semi-Automated Analyze – SAED External Pacing	682 700 701 704 706	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac
PQRST	Sports Facility/Arena Farm House/Town House Street/Highway/Road Fairground/Park	30 31 32 33	Abrasion Amputation Avulsion Burn	307 308 309 313	Defibrillation – Manual Defibrillation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition	682 700 701 704 706 708	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Obidoxime
PQRSTU	Sports Facility/Arena Farm House/Town House Street/Highway/Road Fairground/Park Retirement Home	30 31 32 33 34	Abrasion Amputation Avulsion Burn Blunt	307 308 309 313	Defibrillation – Manual Defibrillation – Semi-Automated Analyze – SAED External Pacing	682 700 701 704 706 708 710	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Obidoxime Pralidoxime Chloride
PQRSTUV	Sports Facility/Arena Farm House/Town House Street/Highway/Road Fairground/Park Retirement Home Goff Course	30 31 32 33 34 35	Abrasion Amputation Avuision Bunn Blunt Crush	307 308 309 313 316	: Defibrillation – Manual Defibrillation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation	682 700 701 704 706 708 710 712	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Obidoxime Pralidoxime Chloride Sodium Thiosulfate
PQR%+U>≷	Sports Facility/Arena Farm House/Town House Street/Highway/Road Fairground/Park Retirement Home Golf Course Water/Boat	30 31 32 33 34 35 36	Abrasion Amputation Avulsion Burn Blunt Crush Contusion	307 308 309 313 316 Airv	: Defibrillation – Manual Defibrillation – Semri-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures	682 700 701 704 706 708 710 712	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Obidoxime Pralidoxime Chloride Socium Thiosulfate -899 Study Drugs – Details
PQRSTU≻¥X	Sports Facility/Arena Farm House/Town House Street/Highway/Road Fairground/Park Retiirement Home Golf Course Water/Boat Restaurant/Bar	30 31 32 33 34 35 36 37	Abrasion Amputation Avulsion Burn Blunt Crush Contusion Penetrating/Perforation	307 308 309 313 316 Airv 317	: Defibrillation - Manual Defibrillation - Semi-Automated Analyze - SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations	682 700 701 704 706 708 710 712 800	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Obidoxime Pralidoxime Chloride Socium Thiosulfate -899 Study Drugs – Details in Procedures
PQRSTUVVXY	Sports Facility/Arena Farm House/Town House Street/Highway/Road Fairground/Park Retirement Home Goff Course Water/Boat Restaurant/Bar Casino	30 31 32 33 34 35 36 37 38	Abrasion Amputation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Possible Fracture/Dislocation	307 308 309 313 316 Airv 317 318	: Defibrillation – Manual Defibrillation – Seni-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Anivay	682 700 701 704 706 708 710 712 800	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Obidoxime Pralidoxime Chloride Socium Thiosulfate -899 Study Drugs – Details
PQRSTU≻¥X	Sports Facility/Arena Farm House/Town House Street/Highway/Road Fairground/Park Retiirement Home Golf Course Water/Boat Restaurant/Bar	30 31 32 33 34 35 36 37 38 39	Abrasion Angutation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Possible Fracture/Dislocation Laceration	307 308 309 313 316 Airv 317	: Definitiation – Manual Definitiation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglottic/Alternate Airway Supraglottic/Alternate Airway	682 700 701 704 706 708 710 712 800 900	Procedures Anaesthetic Eye Drops Ibuprofen Ketoroloc Obidoxime Praildoxime Chloride Socium Thiosulfate -899 Study Drugs – Details in Procedures -999 User Defined
PORSTUNEXYN	Sports Faolity/Arena Farm House/Town House Street/HighwayRoad Fairground/Park Relirement Home Golf Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks)	30 31 32 33 34 35 36 37 38 39 40	Abrasion Amputation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain	307 308 309 313 316 Airv 317 318 319	: Defibrillation - Manual Defibrillation - Semi-Automated Analyze - SAED External Pacing 12-tead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful	682 700 701 704 706 708 710 712 800 900 <b>Rot</b>	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cbildaxime Pralidaxime Chloride Socium Thiosulfate -899 Study Drugs – Details in Procedures -999 User Defined tes of Administration
PORSTU>VXYZ	Sports Faolity/Arena Farm House/Town House Street/HighwayRoad Fairground/Park Retirement Home Gof Course Water/Boat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes	30 31 32 33 34 35 36 37 38 39 40 41	Abrasion Angutation Availsion Burn Blunt Crush Centusion Penetrating/Perforation Penetrating/Perforation Penetrating/Perforation Sprain/Strain Sprain/Strain	307 308 309 313 316 Airv 317 318 319 320	: Defiziliation – Manual Defiziliation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglottic/Alternate Airway Unsuccessful Needle Thoracostomy	682 700 701 704 706 708 710 712 800 900 <b>Rot</b> AE	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cobidoxime Praidoxime Chloride Socium Thiosulfate Socium Thiosulfate Study Drugs – Details in Procedures Sege User Defined User Of Administration Aerosol
PQRSTUV VVX Pro VS4	Sports FaolityiArena Farm House/Town House Street/HighwayRoad Fairground/Park Relirement Home Golf Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes A	30 31 32 33 34 35 36 37 38 39 40	Abrasion Amputation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain	307 308 309 313 316 <b>Airv</b> 317 318 319 320 321	: Defibrillation - Manual Defibrillation - Semi-Automated Analyze - SAED External Pacing 12-lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Ainway Unsuccessful Needle Thoracostomy Needle Thoracostomy Unsuccessful	682 700 701 704 706 708 710 712 800 900 <b>Rol</b> AE BU	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cbildoxime Pralidoxime Chloride Socium Thiosulfate -899 Study Drugs – Details in Procedures -999 User Defined tes of Administration Aerosol Buccel
PORSTU>VXYZ	Sports Faolity/Arena Farm House/Town House Street/HighwayRoad Fairground/Park Retirement Home Gof Course Water/Boat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes	30 31 32 33 34 35 36 37 38 39 40 41 42	Abrasion Angutation Availsion Burn Blunt Crush Penetrating/Perforation Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hx)	307 308 309 313 316 <b>Airv</b> 317 318 319 320 321	Defizitiation – Manual Defizitiation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglottic/Alternate Airway Unsuccessful Needle Thoracostomy Needle Thoracostomy Unsuccessful Needle Thoracostomy Unsuccessful	682 700 701 704 706 708 710 712 800 900 <b>Rol</b> AE BU ET	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cobidoxime Praidoxime Chloride Socium Thiosuifate Socium Thiosuifate Particological In Procedures Start Defined User Defined Aerosol Buccal Enclotracheal
PQRSTUV VVX Pro VS4	Sports FaolityiArena Farm House/Town House Street/HighwayRoad Fairground/Park Relirement Home Golf Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes A	30 31 32 33 34 35 36 37 38 39 40 41 42 C M	Abrasion Amputation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hx) Aechanism	307 308 309 313 316 <b>Airv</b> 317 318 319 320 321 322	: Defibrillation - Manual Defibrillation - Semi-Automated Analyze - SAED External Pacing 12-lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Ainway Unsuccessful Unsuccessful Needle Thoracostomy Needle Thoracostomy Unsuccessful Needle Thoracostomy Unsuccessful Needle/Surgical	682 700 701 704 706 708 710 712 800 900 800 900 RoL AE BU ET IM	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cbildaxime Pralidaxime Chloride Sacium Thiosulfate 8-99 Study Drugs – Details in Procedures 9-99 User Defined <b>tes of Administration</b> Aerosol Buccal Encotracheal Intramuscular
P Q R S T U V W X Y Z Pro 01 02	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Fairground/Park Retirement Home Gof Course Water/Boat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes A Cardiac/Medical Traumatic	30 31 32 33 34 35 36 37 38 39 40 41 42 C 50	Abrasion Angutation Availsion Burn Blunt Crush Penetrating/Perforation Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hk) <b>fechanism</b> Assault	307 308 309 313 316 <b>Airv</b> 317 318 319 320 321	Defizitiation – Manual Defizitiation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglottic/Alternate Airway Unsuccessful Needle Thoracostomy Needle Thoracostomy Needle Thoracostomy Needle Thoracostomy Needle Thoracostomy Needle Thoracostomy Needle Thoracostomy Needle/Surgical Cricothyroidotomy	682 700 701 704 706 708 710 712 800 900 <b>ROL</b> AE BU ET IM	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Obidoxime Pralidoxime Chloride Pralidoxime Chloride Sodium Thiosulfate -899 Study Drugs – Details in Procedures -999 User Defined utes of Administration Aerosoi Buccal Encotracheal Intramuscular Intranasal
P Q R S T U V W X Y Z <b>Pro</b> 01	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Fairground/Park Relirement Home Golf Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blom Codes A Cardiac/Medical Traumatic way	30 31 32 33 34 35 36 37 38 39 40 41 42 C 50 51	Abrasion Amputation Availsion Burn Burn Crush Cr	307 308 309 313 316 <b>Airv</b> 317 318 319 320 321 322 323	: Defibrillation - Manual Defibrillation - Semi-Automated Analyze - SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Feturn of Spontaneous Respirations Supraglottic/Alternate Ainway Unsuccessful Needle Thoracostomy Needle Thoracostomy Unsuccessful Needle Thoracostomy Unsuccessful Needle/Surgical Cricothyroidotomy Needel/Surgical Cricothyroidotomy Unsuccessful	682 700 701 704 706 708 710 712 800 900 <b>Rot</b> BU ET IN IO	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cbildaxime Pralidaxime Chloride Socium Thiosulfate 8-99 Sust Drugs – Details in Procedures 9-99 User Defined <b>tes of Administration</b> Aerosol Buccal Encotracheal Intramuscular Intramuscular
P Q R S T U V W X Y Z Pro 01 02	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Farground/Park Retirement Home Gof Course Water/Boat Restaurant/Bar Casho Other (Describe in Remarks) blem Codes A Cardiac/Medical Traumatic way Obstruction	30 31 32 33 34 35 36 37 38 39 40 41 42 C 50 51 52	Abrasion Angutation Availsion Burn Blunt Crush Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hx) <b>fechanism</b> Assault Drowning Electrocution	307 308 309 313 316 <b>Airv</b> 317 318 319 320 321 322 323 324	: Definitiation – Manual Definitiation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Thoracostomy Unsuccessful Needle Thoracostomy Unsuccessful Needle Thoracostomy Unsuccessful Needle Thoracostomy Unsuccessful Needle/Surgical Cricothyroidotcmy Unsuccessful Needle/Surgical Cricothyroidotomy Unsuccessful Nasofracheal Infubation	682 700 701 704 706 708 710 712 800 900 800 800 800 800 800 800 800 800	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Oblidaxime Pralidoxime Chloride Pralidoxime Chloride Socium Thiosulfate Parlidoxime Chloride Procedures In Procedures Sego Study Drugs – Details In Procedures Sego Study Drugs – Details In Procedures Sego Study Drugs – Details In Procedures Sego Study Drugs – Details Intranasal Intranesse Intravenous
P Q R S T U V W X Y Z Pro V S A I 02 Airv	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Farground/Park Retirement Home Gof Course Water/Boat Restaurant/Bar Casho Other (Describe in Remarks) blem Codes A Cardiac/Medical Traumatic way Obstruction	30 31 32 33 34 35 36 37 38 39 40 41 42 C 0 51 52 53	Abrasion Amputation Availsion Burn Blunt Crush Constrating/Perforation Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hx) <b>Iechanism</b> Assault Drowning Electrocution Fall (Same Level)	307 308 309 313 316 Airv 317 318 319 320 321 322 323 324 325	: Defibrillation - Manual Defibrillation - Semi-Automated Analyze - SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglottic/Alternate Ainway Unsuccessful Needle Thoracostomy Unsuccessful Needle Thoracostomy Unsuccessful Needle Thoracostomy Unsuccessful Needle/Surgical Cricothyroidotomy Needle/Surgical Cricothyroidotomy Unsuccessful Nasofracheal Infubation	682 700 701 704 706 708 710 800 900 <b>RoL</b> AE BU TIN IN NB	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cbildaxime Pralidaxime Chloride Socium Thiosulfate 8-99 Suso Drugs – Details in Procedures 9-99 User Defined <b>tes of Administration</b> Aerosol Buccal Encotracheal Intramuscular Intramuscular Intramesous Intravenous Nebulized
P Q R S T U V W X Y Z Pro V S A I 02 Airv	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Fairground/Park Relirement Home Golf Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blom Codes A Cardiac/Medical Traumatic way	30 31 32 33 34 35 36 37 38 39 40 41 42 50 51 52 53 54	Abrasion Angutation Availsion Burn Blunt Crush Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hk) <b>fechanism</b> Assault Drowning Electrocution Fall (Same Level) Fall from Height/Diving	307 308 309 313 316 Airv 317 318 319 320 321 322 323 324 325 326	: Definitiation – Manual Definitiation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Thoracostomy Unsuccessful Needle Thoracostomy Unsuccessful Cricothyroidotomy Needle Thoracostomy Unsuccessful Cricothyroidotomy Unsuccessful Nesofracheal Infubation Nasofracheal Infubation Nasocracheal Infubation	682 700 701 704 706 708 710 708 710 708 700 708 700 708 700 700 700 700 70	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Obidoxime Praidoxime Chloride Praidoxime Chloride Sodium Thiosulfate Sof Sudy Drugs – Details in Procedures Sugy Drugs – Details in Procedures Sugy Dugs – Details Buccal Endotracheal Intranscular Intransal Intranses Intravenous Nebulized Cral
P Q R S T U V W X Y Z Pro VSA 01 02 Airv 11	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Fairground/Park RestreutHome Gof Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) bibern Codes A Cardiac/Medical Traumatic way Obstruction (Partial/Complete) athing	30 31 32 33 34 35 36 37 38 39 40 41 42 50 51 52 53 55	Abrasion Amputation Availsion Burn Blunt Crush Consting/Perforation Penetrating/Perforation Paralysis/Paresthesia Other (Detail in Incident Hx) <b>Rechanism</b> Assault Drowning Electrocution Fall (Same Level) Fall from Height/Diving Gunshot	307 308 309 313 316 Airv 317 318 319 320 321 322 323 324 325 326 326 327	: Defibrillation - Manual Defibrillation - Semi-Automated Analyze - SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Ainway Unsuccessful Needle Thoracostomy Needle Thoracostomy Unsuccessful Needle Thoracostomy Unsuccessful Needle/Surgical Cricothyroidotomy Unsuccessful Nasodracheal Intubation Unsuccessful Orotracheal Intubation Unsuccessful	682 700 701 704 706 708 710 712 800 900 RoLAEU BUT INN PPR	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cbildaxime Pralidaxime Chloride Sacium Thiosulfate Sacium Thiosulfate Sago Study Drugs – Details In Procedures Sugo Subroget Subrosol Buccal Encotracheal Intramuscular Intramuscular Intramuscular Intranesal Intravenous Nebulized Oral Rectal
P Q R S T U V W X Y Z Pro VS2 01 02 Airu 11 Bree 21	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Farground/Park Retirement Home Gof Course Water/Boat Restaurant/Bar Casno Other (Describe in Remarks) blem Codes A Cardiac/Medical Traumatic Castiac/Medical Traumatic Obstruction (Partial/Complete) athing Dyspnea	31 32 33 34 35 36 37 38 39 40 41 2 50 51 52 53 55 56	Abrasion Amputation Availsion Burn Blunt Crush Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hx) <b>fechanism</b> Assault Drowning Electrocution Fall from Height/Diving Gunshot Hanging	307 308 309 313 316 <b>Airv</b> 317 317 317 318 319 320 321 322 323 324 325 326 327 328	Defizitiation – Manual Defizitiation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Thoracostomy Needle Surgical Circothyroidotomy Unsuccessful Orditacheal Intubation Orditacheal Intubation Orditacheal Intubation Unsuccessful ETT Suctioning	682 700 701 704 706 708 710 712 800 900 ROL AEU EIMINO VNB PPR SL	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Obidoxime Pralidoxime Chloride Pralidoxime Chloride Sodium Thiosulfate Sof Sudy Drugs – Details in Procedures Sugy Dugs – Details in Procedures Sugy Dugs – Details in Procedures Sof Administration Aerosol Buccal Encotracheal Intramuscular Intranesal Intranesal Intravenous Nebulized Cral Rectal Sublinguel
PQRSTUV WXYZ V01 02 Airv 11	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Fairground/Park RestreutHome Gof Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) bibern Codes A Cardiac/Medical Traumatic way Obstruction (Partial/Complete) athing	30 31 32 33 34 35 36 37 38 39 40 41 42 C 50 51 52 53 54 55 55 57	Abrasion Amputation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Penetrating/Perforation Paralysis/Paresthesia Other (Detail in Incident Hx) <b>Acchanism</b> Assault Drowning Electrocution Fall (Same Level) Fall from Height/Diving Gunshot Hanging Machinery	307 308 309 313 316 <b>Airv</b> 317 318 319 321 321 322 323 324 325 326 327 328 324 325 326 327 328 323	: Deficilitation – Manual Defibrillation – Semi-Automated Analyze – SAED External Pacing 12-tead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Ainway Unsuccessful Needle Thoracostomy Needle Thoracostomy Unsuccessful Needle/Surgical Circothyroidotomy Unsuccessful Nesdie/Surgical Circothyroidotomy Unsuccessful Nasofracheal Intubation Unsuccessful Orotracheal Intubation Unsuccessful Orotracheal Intubation Unsuccessful Orotracheal Intubation Unsuccessful Circothyroing Maguil Forcespi-Foreign Body Removal	682 700 701 704 706 708 710 712 800 900 RoLAEU BUT INN PPR	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cbildaxime Pralidaxime Chloride Sacium Thiosulfate 8-99 Situd Drugs – Details in Procedures 9-99 User Defined <b>tes of Administration</b> Aerosol Buccal Encotracheal Intramuscular Intramuscular Intramuscular Intranesal Intravenous Intravenous Nebulized Cral Rectal Subcingual Subcutanecus
P Q R S T U V W X Y Z Pro 2 A inv 012 02 012 02 012 02 02 02 02 02 02 02 02 02 0	Sports Facility/Arena Farm House/Town House Street/Highwa/Road Farground/Park Relitement Home Gof Course Water/Boat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes Cardiac/Medical Traumatic Cardiac/Medical Traumatic Obstruction (Partial/Complete) aathing Dyspnea Respiratory Arrest	30 31 32 33 34 35 36 37 38 39 40 41 42 50 51 52 53 54 55 55 57 58	Abrasion Angutation Availsion Burn Burn Crush Contusion Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hx) <b>Jechanism</b> Assault Drowning Electrocution Fall from Height/Diving Gunshot Hanging Machinery MyC	307 308 309 313 316 <b>Airv</b> 317 317 317 317 320 321 322 323 324 325 326 327 328	Defizitiation – Manual Defizitiation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Thoracostomy Needle Thoracostomy Needle/Surgical Cricothyroidotomy Unsuccessful Nasofracheal Intubation Orotracheal Intubation Orotracheal Intubation Unsuccessful Cricothyroidotomy Dortracheal Intubation Unsuccessful Cricothers Intubation Crittacheal Intubation Unsuccessful Critt Suctioning Magili Forceps/Forcing Body Removal	682 700 701 704 706 708 710 712 800 900 ROL AEU EIMINO VNB PPR SL	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Obidoxime Pralidoxime Chloride Pralidoxime Chloride Sodium Thiosulfate Sof Sudy Drugs – Details in Procedures Sugy Dugs – Details in Procedures Sugy Dugs – Details in Procedures Sof Administration Aerosol Buccal Encotracheal Intramuscular Intranesal Intranesal Intravenous Nebulized Cral Rectal Sublinguel
P Q R S T U V W X Y Z Pro 2 A inv 012 02 012 02 012 02 02 02 02 02 02 02 02 02 0	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Farground/Park RestreutHome Gof Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes A Cardiac/Medical Traumatic way Obstruction (Partial/Complete) athing Dyspnea Respiratory Arrest cutation	301 31 32 33 33 35 36 37 38 30 41 42 50 51 52 53 40 51 52 55 56 57 8 59	Abrasion Amputation Availsion Burn Burn Blunt Crush Crush Crush Crush Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hx) <b>Rechanism</b> Assault Drowning Electrocution Fall (Same Level) Fall from Height/Diving Gunshot Hanging Machinery MVC	307 308 309 313 316 <b>Airv</b> 317 318 319 320 321 322 323 324 325 326 326 327 328 331 332	: Defibrillation – Manual Defibrillation – Semi-Automated Analyze – SAED External Pacing 12-tead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Troracostomy Needle Troracostomy Needle Troracostomy Needle/Surgical Cricothyroidotomy Needle/Surgical Nesofracheal Inlubation Unsuccessful Nasofracheal Inlubation Unsuccessful Ordtracheal Inlubation Unsuccessful Ordtracheal Inlubation Unsuccessful Cortacheal Inlubation Unsuccessful Cortacheal Inlubation Unsuccessful ETT Suctioning Magili Forcespi-Foreign Body Removal Magili Forcespi-Foreign Body Removal	682 700 701 704 706 708 710 708 710 708 710 708 710 708 710 708 710 708 710 708 710 708 710 708 710 708 700 701 708 700 701 708 700 701 704 708 700 701 704 708 700 701 704 708 700 701 704 708 700 701 704 700 700 700 700 700 700 700 700 700	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cbildaxime Pralidaxime Chloride Sacium Thiosulfate 8-99 Situd Drugs – Details in Procedures 9-99 User Defined <b>tes of Administration</b> Aerosol Buccal Encotracheal Intramuscular Intramuscular Intramuscular Intranesal Intravenous Intravenous Nebulized Cral Rectal Subcingual Subcutanecus
P Q R S T U V W X Y Z Pro 2 A inv 012 02 012 02 012 02 02 02 02 02 02 02 02 02 0	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Farground/Park RestreutHome Gof Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes A Cardiac/Medical Traumatic way Obstruction (Partial/Complete) athing Dyspnea Respiratory Arrest cutation	301 323 334 355 367 39 401 412 C 0 501 552 535 556 57 58 960	Abrasion Angutation Availsion Burn Burn Blunt Crush Contusion Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hx) <b>fechanism</b> Assault Drowning Electrocution Fall from Height/Diving Gunshot Hanging Machinery MVC Motorcycle/Recreational Vehicle Pedal Bicycle	307 308 309 313 316 <b>Airv</b> 317 318 319 321 321 322 323 324 325 326 327 328 324 325 326 327 328 323	i Defiziliation – Manual Defiziliation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Thoracostomy Needle Thoracostomy Needle/Surgical Cricothyroidotomy Unsuccessful Nasofracheal Intubation Orotracheal Intubation Orotracheal Intubation Unsuccessful Cricothyroidotomy Dortracheal Intubation Unsuccessful Cricotherps/Foreign Body Removal Unsuccessful Data Data Newsal	682 700 701 704 706 708 710 800 900 RoLAE BUT INNO PR SCO	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cbildaxime Pralidaxime Chloride Sacium Thiosulfate 8-99 Sidu Drugs – Details in Procedures 9-99 User Defined <b>tes of Administration</b> Aerosol Buccal Encotracheal Intramuscular Intramuscular Intramuscular Intranesal Intravenous Nebulized Cral Rectal Subcingual Subcutanecus Topical
P Q R S T U V V X Y Z Proc 2010 P Y V X Y Z Proc 2010 Airr 11 Bree 21 24 Circ 313 33	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Farground/Park RestreutHome Gof Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes A Cardiac/Medical Traumatic way Obstruction (Partial/Complete) athing Dyspnea Respiratory Arrest cutation Hemorrhage	30 31 32 33 35 36 37 39 40 412 C 50 51 52 53 54 55 60 61	Abrasion Amputation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Possible Fracture/Dislocation Laceration Paralysis/Paresthesia Other (Detail in Incident Hx) <b>Acchanism</b> Assault Drowning Electrocution Fall (Same Level) Fall from Height/Diving Gunshot Hanging Machinery MVC Motorcycle/Recreational Vehicle Pedestina Struck	307 308 309 313 316 <b>Airv</b> 317 318 320 321 322 322 322 322 322 324 325 326 327 328 321 332 333	: Defibrillation – Manual Defibrillation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Feturn of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Troracostomy Needle Troracostomy Needle/Surgical Cricothyroldotomy Needle/Surgical Intubation Orotracheal Intubation Orotracheal Intubation Orotracheal Intubation Orotracheal Intubation Cortacheal Intubation Susteps/Foreign Body Removal Magill Forceps/Foreign Body Removal Unsuccessful Extubation – Any Advanced Airway (intentional)	682 700 701 704 706 708 710 800 900 RoLAE BUT INNO PR SCO	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cbildaxime Pralidaxime Chloride Sacium Thiosulfate 8-99 Situd Drugs – Details in Procedures 9-99 User Defined <b>tes of Administration</b> Aerosol Buccal Encotracheal Intramuscular Intramuscular Intramuscular Intranesal Intravenous Intravenous Nebulized Cral Rectal Subcingual Subcutanecus
P Q R S T U V W X Y Z Proo V S Z 01 02 N 11 Bre 21 24 Circo 31	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Farground/Park RestreutHome Gof Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes A Cardiac/Medical Traumatic way Obstruction (Partial/Complete) athing Dyspnea Respiratory Arrest cutation Hemorrhage	30 31 32 33 34 35 36 37 38 39 40 41 42 C C 51 52 34 55 567 58 59 601 62	Abrasion Angutation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hx) <b>fechanism</b> Assault Drowning Electrocution Fall from Height/Diving Gunshot Hanging Machinery MVC Motorcycle/Recreational Vehicle Pedal Bicycle	307 308 309 313 316 <b>Airv</b> 317 318 319 320 321 322 323 324 325 326 326 327 328 331 332	i Defiziliation – Manual Defiziliation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Thoracostomy Needle Thoracostomy Needle/Surgical Cricothyroidotomy Unsuccessful Orotracheal Intubation Orotracheal Intubation Orotracheal Intubation Cortacheal Intubation Unsuccessful Orotracheal Intubation Unsuccessful Data Schereign Body Removal Unsuccessful Data Schereign Body Removal Unsuccessful	682 700 701 704 706 708 708 700 700 800 800 800 800 800 800	Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cbildaxime Pralidaxime Chloride Socium Thiosulfate 8-99 Situd Drugs – Details in Procedures 9-99 User Defined <b>tes of Administration</b> Aerosol Buccal Encotracheal Intramuscular Intramuscular Intramuscular Intranesal Intravenous Netbulized Cral Reetal Subcutanecus Topical amedic Designation
P Q R S T U V V X Y Z Proc 2010 P Y V X Y Z Proc 2010 Airr 11 Bree 21 24 Circ 313 33	Sports Facility/Arena Farm House/Town House Street/Highwa/Road Farground/Park Relitement Home Gof Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes Cardiac/Medical Traumatic Cardiac/Medical Traumatic Obstruction (Partial/Complete) aathing Dyspnea Respiratory Arrest culation Hemorrhage	301 323 334 356 37 38 390 411 20 50 512 53 545 560 512 556 57 58 90 612 63	Abrasion Amputation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Penetrating/Perforation Paralysis/Paresthesia Other (Detail in Incident Hx) Mechanism Assault Drowning Electrocution Fall (Same Level) Fall from Height/Diving Gunshot Hanging Muccinery MUCC Motorcycle/Recreational Vehicle Pedestrian Struck Sports Stabbing	307 308 309 313 316 <b>Airv</b> 317 318 320 321 322 322 322 322 322 324 325 326 327 328 321 332 333	i Defiziliation – Manual Defiziliation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Thoracostomy Needle Thoracostomy Needle/Surgical Cricothyroidotomy Unsuccessful Orotracheal Intubation Orotracheal Intubation Orotracheal Intubation Cortacheal Intubation Unsuccessful Orotracheal Intubation Unsuccessful Data Schereign Body Removal Unsuccessful Data Schereign Body Removal Unsuccessful	682 700 701 704 706 708 708 700 700 800 800 800 800 800 800	Procedures Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cibidoxime Pralidoxime Chloride Socium Thiosulfate 499 Study Drugs – Details in Procedures 499 Study Drugs – Details in Procedures 499 Suby Drugs – Details in Procedures 499 Suby Drugs – Details intransocial Buccal Encotracheal Intramuscular Intranseous Nebulized Cral Rectal Subtingual Subcutanecus Topical amedic Designation Student EMA
P Q R S T U V V V V V V V V V V V V V V V V V V	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Farground/Park Restoret/HohwayRoad Gof Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes A Cardiac/Medical Traumatic Water/Roat Cardiac/Medical Traumatic Water/Complete Homory Chartal/Complete) athing Dyspnea Respiratory Arrest culation Hemorrhage Hypotension Suspected Sepsis	301 323 334 355 367 38 390 411 42 C 50 512 556 57 58 90 612 634 556 57 58 90 612 634	Abrasion Angutation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hk) <b>fechanism</b> Assault Drowning Electrocution Fall from Height/Diving Gunshot Hanging Machinery MVC Motorcycle/Recreational Vehicle Pedal Bicycle Pedastian Struck Sports Stabbing Fire/Explosion/Thermal	307 308 309 313 316 <b>Airv</b> 317 318 321 322 323 324 325 326 327 328 331 332 333 334	i Defiziliation – Manual Defiziliation – Semi-Automated Analyze – SAED External Pacing T2-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Thoracostomy Needle Thoracostomy Critochyroidotomy Unsuccessful Critochyroidotomy Unsuccessful Orotracheal Intubation Orotracheal Intubation Cortracheal Intubation Cortracheal Intubation Cortracheal Intubation Cortracheal Intubation Cortracheal Intubation Characesful Christian – Any Advanced Airway (intentional)	682 700 701 704 706 708 710 800 900 RoLAE BUT INNO PR SCO	Procedures Anaesthetic Eye Drops i buprofen Kedronac Cbildoxime Pralidoxime Chloride Socium Thiosulfate 8-99 Sludy Drugs – Details in Procedures 9-99 User Defined <b>tes of Administration</b> Aerosol Buccal Endotracheal Intramuscular Intramuscular Intramasai Intravenous Intravenous Intravenous Vebulized Oral Subcutanecus Topical amedic Designation Student EMA
P Q R S T U V V V V V V V V V V V V V V V V V V	Sports Facility/Arena Farm House/Town House Street/HighwayRoad Farground/Park RestreutHome Gof Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes A Cardiac/Medical Traumatic way Obstruction (Partial/Complete) athing Dyspnea Respiratory Arrest cutation Hemorrhage	30 31 323 34 356 37 38 90 41 2 C 50 52 556 578 590 61 62 63 465 55 567 589 60 162 63 65 55 55 55 55 55 55 55 55 55	Abrasion Amputation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Penetrating/Perforation Pessible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hx) <b>Achanism</b> Assault Drowning Electrocution Fall (Same Level) Fall from Height/Diving Gunshot Hanging Mucci Motorcycle/Recreational Vehicle Pedastina Struck Sports Stabbing Fire/Explosion/Thermal Smoke/Chemical Excosure	307 308 309 313 316 <b>Airv</b> 317 318 321 322 323 324 325 326 327 328 331 332 333 334	: Defibrillation – Manual Defibrillation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Februr of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Troracostomy Needle Industrion Oristracheal Intubation Nasofracheal Intubation Orotracheal Nadvanced Airway (Unintentional) Needle Troracostomy One-way Valve Mantored	682 700 7014 7068 7102 708 7102 708 708 708 700 7012 708 700 7012 708 700 7012 708 700 7012 708 700 7012 708 700 7012 708 700 7012 708 700 7012 708 700 7012 708 700 7012 708 700 7012 708 700 7012 708 700 7012 7012 7012 7012 7012 7012 7012	Procedures Anaesthetic Eye Drops Ibuprofen Kedroraloc Oblidxime Pralidoxime Chloride Socium Thiosulfate Bes Study Drugs – Details in Procedures Seys User Defined <b>tess of Administration</b> Aerosol Buccal Encotracheal Intramuscular Intranuscular Intranuscular Intraneous Nebulized Oral Rectal Subtingual Subcutanecus Topical amedic Designation Student EMA PCP
PQR STUV VX V2 Pro2 V1 02 Airv 11 Bre 21 24 Circ 31 33 4 Neu	Sports Facility/Arena Farm House/Town House Street/Highwa/Road Farground/Park Relitement Home Gof Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes Cardiac/Medical Traumatic Cardiac/Medical Traumatic Obstruction (Partial/Complete) aathing Dyspnea Respiratory Arrest culation Hemorthage Hypotension Suspected Sepsis urological	301 323 334 355 367 38 390 411 42 C 50 512 556 57 58 90 612 634 556 57 58 90 612 634	Abrasion Angutation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Possible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hk) <b>fechanism</b> Assault Drowning Electrocution Fall from Height/Diving Gunshot Hanging Machinery MVC Motorcycle/Recreational Vehicle Pedal Bicycle Pedestrian Struck Sports Stabbing Fire/Explosion/Thermal Smoke/Chemical Exposure Other (detail in Mechanism of	307 308 309 313 316 <b>Airv</b> 317 318 321 322 323 324 325 326 327 328 331 332 333 334	: Definitiation – Manual Definitiation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Return of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Thoracostomy Needle Thoracostomy Needle/Surgical Cricothyroidotomy Unsuccessful Orotracheal Intubation Orotracheal Intubation Orotracheal Intubation Cortracheal Cortracheal Cortracheal Co	682 700 7014 7004 7004 7004 7004 7004 7004	Procedures Procedures Anaesthetic Eye Drops Ibuprofen Ketorolac Cibidoxime Pradidoxime Chloride Sodium Thiosulfate 459 Study Drugs – Details in Procedures 459 Study Drugs – Details 1990 Study Drugs – D
P Q R S T U V V V X Y Z Pro 02 V S X 02 Airv 11 Bre 21 24 Circ 33 33 4 Neu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu	Sports Facility/Arena Farm House/Town House Street/Highwa/Road Farground/Park Relitement Home Gof Course Water/Roat Restaurant/Bar Casino Other (Describe in Remarks) blem Codes Cardiac/Medical Traumatic Cardiac/Medical Traumatic Costruction (Partial/Complete) aathing Dyspnea Respiratory Arrest culation Hemorrhage Hypotension Suspected Sepsis urological Stroker/T/A Temp. Loss of Consciousness	30 31 323 34 356 37 38 90 41 2 C 50 52 556 578 590 61 62 63 465 55 567 589 60 162 63 65 55 55 55 55 55 55 55 55 55	Abrasion Amputation Availsion Burn Blunt Crush Contusion Penetrating/Perforation Penetrating/Perforation Pessible Fracture/Dislocation Laceration Sprain/Strain Paralysis/Paresthesia Other (Detail in Incident Hx) <b>Achanism</b> Assault Drowning Electrocution Fall (Same Level) Fall from Height/Diving Gunshot Hanging Mucci Motorcycle/Recreational Vehicle Pedastina Struck Sports Stabbing Fire/Explosion/Thermal Smoke/Chemical Excosure	307 308 309 313 313 316 <b>Airv</b> 317 317 318 319 320 321 322 326 326 327 328 331 332 333 334 335	: Defibrillation – Manual Defibrillation – Manual Defibrillation – Semi-Automated Analyze – SAED External Pacing 12-Lead Acquisition Return of Spontaneous Circulation way/Breathing Procedures Februr of Spontaneous Respirations Supraglotic/Alternate Airway Unsuccessful Needle Troracostomy Needle Troracostomy Needle/Surgical Cricothyroidotomy Needle/Surgical Cricothyroidotomy Unsuccessful Nasofracheal Inlubation Nasofracheal Inlubation Unsuccessful Ordracheal Inlubation Unsuccessful Ordracheal Inlubation Ordracheal Inlubation Ordracheal Inlubation Ordracheal Inlubation Unsuccessful ETT Suctioning Magili Forceps/Foreign Body Removal Unsuccessful Extubation – Any Advanced Airway (intentional) Extubation – Any Advanced Airway (Unintentional)	682 700 7014 7004 7004 7004 7004 7004 7004	Procedures Anaesthetic Eye Drops Ibuprofen Kedroraloc Oblidxime Pralidoxime Chloride Socium Thiosulfate Bes Study Drugs – Details in Procedures Seys User Defined <b>tess of Administration</b> Aerosol Buccal Encotracheal Intramuscular Intranuscular Intranuscular Intraneous Nebulized Oral Rectal Subtingual Subcutanecus Topical amedic Designation Student EMA PCP
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## Sample ACR (Back – Right)

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Actitivity and Muscle Tone	None	e, limp	Some flexic	on	Active, mo	tion	6 y	ears			16 - 24			70 -	110	
Respiratory Effort	abse	ent	<60 min		Good, cryin	ng	10	years			14 - 20			60 -	90	
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ndicate to whom t	this assess	sment refe	ers if not the p	patient	≥2 years <2 years (s' Section) [e.g., parent;	Glucom	etry <4.0 etry <3.0	mmol/L mmol/L	5DM)]							
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