

KING COUNTY — BLS INCIDENT REPORT FORM

XXXXXXX

604333 TRIO NORTHWEST BUSINESS SOLUTIONS (206) 728-8181

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

Agency Use:

SAFETY EQUIPMENT <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Shoulder Belt <input type="checkbox"/> 3. Lap Belt <input type="checkbox"/> 4. Shoulder/Lap Belt <input type="checkbox"/> 5. Child Seat <input type="checkbox"/> 6. Airbag Only <input type="checkbox"/> 7. Airbag/Lap <input type="checkbox"/> 8. Airbag/Lap/Shoulder <input type="checkbox"/> 9. Airbag/Child Seat <input type="checkbox"/> 10. Helmet <input type="checkbox"/> 11. Eye Protection <input type="checkbox"/> 12. Protective Clothing/Gear <input type="checkbox"/> 13. Flotation Device <input type="checkbox"/> 88. N/A <input type="checkbox"/> 99. Unknown						EYE OPENING <input type="checkbox"/> 4. Spontaneously <input type="checkbox"/> 3. To Voice <input type="checkbox"/> 2. To Pain <input type="checkbox"/> 1. No Response		VERBAL RESPONSE <input type="checkbox"/> 5. Oriented <input type="checkbox"/> 4. Confused <input type="checkbox"/> 3. Inapprop. Words <input type="checkbox"/> 2. Incomprehensible <input type="checkbox"/> 1. No Response		MOTOR RESPONSE <input type="checkbox"/> 6. Obeys Commands <input type="checkbox"/> 5. Locates Pain <input type="checkbox"/> 4. W'draw from Pain <input type="checkbox"/> 3. Flexion to Pain <input type="checkbox"/> 2. Extension to Pain <input type="checkbox"/> 1. No Response		SUSPECTED ALCOHOL/DRUGS <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TIME →</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td rowspan="7" style="writing-mode: vertical-rl; transform: rotate(180deg);">FLOW CHART</td> <td>Blood Pressure</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pulse Rate</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Respiratory Rate</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ECG Rhythm</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Oxygen</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pulse Oximetry</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Glucometry</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DC Shock</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								TIME →								FLOW CHART	Blood Pressure							Pulse Rate							Respiratory Rate							ECG Rhythm							Oxygen							Pulse Oximetry							Glucometry							DC Shock							AFTERCARE <input type="checkbox"/> Not Transported <input type="checkbox"/> Low Blood Sugar <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Falls <input type="checkbox"/> Community Resources	
TIME →																																																																										
FLOW CHART	Blood Pressure																																																																									
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	Glucometry																																																																									
DC Shock																																																																										
Medications Taken By Patient At Home <input type="checkbox"/> None																																																																										
Allergies: <input type="checkbox"/> NKDA																																																																										
Narrative																																																																										

SIGNATURE OF PERSON COMPLETING REPORT	PRINTED NAME	EMS Number	DATE
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Refusal of Medical Evaluation, Treatment and/or Transportation

The patient is at least 18 years old and does not appear to be experiencing any altered mental status and appears to have the capacity to understand the current situation.

“I hereby acknowledge that I have been advised by emergency medical personnel that evaluation, treatment and/or transportation are necessary for my condition. I have also been informed that I risk medical consequences if I refuse to be examined, treated and/or transported by emergency medical personnel. I hereby state my refusal to follow this advice and refuse further evaluation, treatment and/or transportation to a medical facility.”

Patient’s Name: _____ Date: _____

Patient’s Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

EMT or Paramedic Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness EMS Agency Affiliation or Address: _____

Instructions for EMS Personnel

- 1) Complete this form in ink.
- 2) Fill in patient’s name, and the date.
- 3) Read the statement slowly and clearly to the patient. Ask if they understand what it says.
- 4) Have the patient sign on the “Patient Signature” line, or on the “Parent/Guardian” line if appropriate. If the patient or parent/guardian refuses to sign, or you are unable to obtain a signature for any other reason, simply make a note to that effect, sign the form and have it witnessed.
- 5) Obtain a signature from a witness (preferably someone from your agency), and note that person’s EMS agency affiliation or address.

MECHANISM & TYPE CODES - TRAUMA:

AC - Accident (non-MVA)
 AN - Animal
 AP - Aircraft
 AS - Assault
 BI - Bicycle
 BL - Blunt Instrument
 BU - Burn
 CH - Child Abuse
 DR - Drowning
 DV - Domestic Violence
 ES - Electric Shock
 EX - Explosives
 FA - Fall
 FI - Fireworks
 GS - Firearms
 KN - Sharp Instrument
 MC - Motorcycle
 ME - Machinery
 MV - Motor Vehicle
 PV - Pedestrian vs. vehicle
 SK - Skateboard, rollerblade
 SP - Sports Injury
 ST - Strangulation or suffocation
 SX - Sexual Assault
 UK - Unknown

First Digit (1 _____)

Second Digit (_____ * _____)

1 - Head
 2 - Face
 3 - Neck / Back
 4 - Chest
 5 - Arms
 6 - Legs
 7 - Abdomen
 8 - Pelvis / Hips / Genital
 9 - Multisystem

Third Digit (_____ * _____)

0 - Closed minor injury
 1 - Closed simple / single fracture
 2 - Closed multiple fracture
 3 - Open fracture(s)
 4 - Open minor injury
 5 - Open major injury
 6 - Burn
 7 - Closed major injury
 8 - Injury with neurovascular or respiratory impairment
 9 - Severe multiple injury

MECHANISM & TYPE CODES - MEDICAL

MD - Medical Illness (Use for all medical type codes)

Anaphylaxis / Allergy
 201 - Major Symptoms - hypotension, SOB
 202 - Minor Symptoms - rash, hives
 209 - Other anaphylaxis / allergy

Cardiovascular

211 - Hypotension / Shock
 212 - Suspected MI - STEMI
 220 - Suspected MI - Other
 213 - Angina
 214 - CHF
 215 - Hypertension
 216 - Cardiac arrhythmia, not arrest
 217 - Cardiac arrest due to presumed heart disease
 218 - Cardiac arrest due to other causes
 219 - Other cardiac

Respiratory

221 - Shortness of Breath
 222 - Choking / aspiration
 223 - Inhalation, gas, smoke, etc.
 224 - Respiratory arrest
 225 - Respiratory depression
 226 - Asthma
 227 - Emphysema / COPD
 228 - Hyperventilation
 229 - Other respiratory

Neurological

231 - Seizure
 232 - Syncope
 233 - Headache
 234 - Suspected CVA
 238 - Suspected TIA
 235 - Coma, unknown cause
 236 - Decreased LOC
 237 - Neuromuscular symptoms
 239 - Other neurologic

Abdominal / Genito-Urinary

241 - Abdominal pain
 242 - Internal bleeding
 243 - Internal bleeding with hypotension
 244 - Genito-urinary problem
 249 - Other abdominal

Metabolic/Endocrine

253 - Hypoglycemia, caused by insulin
 254 - Hyperglycemia (>300), patient is diabetic
 255 - Hypoglycemia (>300), patient is not diabetic or unknown
 256 - Dialysis problem
 259 - Other metabolic/endocrine (non-diabetic)

Alcohol / Drug

261 - Adverse Reaction
 262 - Accidental / Poisoning
 263 - Withdrawal
 264 - Overdose
 265 - Accidental overdose
 266 - Intoxication
 269 - Other alcohol / drug

Other Medical Illnesses

271 - Febrile Seizure
 272 - Dehydration
 274 - Possible SIDS
 281 - Non-cardiac chest pain
 282 - Undefined musculo-skeletal pain
 284 - Fever / Infection
 285 - Heat illness
 286 - Exhaustion
 287 - Hypothermia
 288 - Frostbite
 289 - Post-operative complication
 290 - Cancer
 291 - Hepatic problem
 292 - Bleeding problem / hemophilia / sickle cell
 293 - Other illness

Obstetric / Gynecological

301 - Active labor
 302 - Delivery at scene / enroute
 303 - Vaginal bleeding
 309 - Other OB / GYN

Psychiatric

401 - Anxiety
 402 - Depression
 403 - Hallucination / bizarre behavior
 404 - Agitation / combative behavior
 409 - Other psychiatric

MECHANISM & TYPE CODES - OTHER ALARMS:

501 - No injury or illness
 502 - DOA
 504 - Special service / other
 505 - Fire standby
 506 - False alarm
 507 - Cancelled enroute
 512 - Cancelled at scene
 511 - Resuscitation withheld / compelling reason

DESTINATION OF TRANSPORT CODES:

00 - No transport / Left at Scene
 01 - Auburn Regional Medical Center
 02 - Swedish / Ballard Campus
 03 - Highline Medical Center
 05 - Seattle Children's Hospital
 07 - Community Memorial Hospital
 08 - Evergreen Healthcare
 09 - Good Samaritan Hospital
 10 - Group Health / Central
 11 - Harborview Medical Center
 12 - St. Claire Hospital
 13 - Mary Bridge Hospital
 40 - Madigan Army Hospital
 14 - Monroe Valley General Hospital
 15 - St. Francis Hospital
 17 - Northwest Hospital
 18 - Overlake Hospital
 19 - Swedish / Cherry Hill
 20 - Highline Medical Center / Riverton
 21 - Group Health / Eastside
 22 - St. Joseph's Hospital
 23 - Snoqualmie Valley Hospital
 24 - Stevens Memorial Hospital
 25 - Swedish / First Hill
 26 - Tacoma General Hospital
 27 - UW Medical Center
 29 - Valley Medical Center
 30 - Veterans Hospital
 31 - Virginia Mason Medical Center
 32 - Fifth Avenue Medical Center
 45 - Group Health / Bellevue

DESTINATION OF TRANSPORT CODES

(continued)

34 - All Other Hospitals
 35 - Medical Clinics
 36 - Detoxification Center
 37 - Jail
 38 - County Morgue
 39 - Mortuary
 41 - Patient transfer point
 42 - Home
 43 - Swedish ER / Issaquah
 44 - Overlake Urgent Care / Issaquah
 98 - Unknown Location
 99 - Other

AGENCY CODES

(Fire Departments & Districts):

02 - KCFD #2
 04 - Shoreline FD
 10 - Eastside Fire & Rescue
 11 - North Highline FD (#11)
 13 - Vashon Island Fire & Rescue (#13)
 16 - Northshore FD (#16)
 20 - KCFD #20
 24 - SeaTac FD
 27 - KCFD #27
 36 - Woodinville Fire & Life Safety
 39 - South King Fire and Rescue
 43 - Maple Valley Fire & Life Safety (#43)
 44 - KCFD #44
 47 - KCFD #47
 49 - Snoqualmie Pass (#51)
 50 - KCFD #50
 51 - Valley Regional Fire Authority
 52 - Bellevue FD
 53 - Bothell FD
 54 - Duwail FD (#45)
 55 - Enumclaw FD
 57 - Kent FD
 58 - Kirkland FD
 59 - Mercer Island FD
 62 - Redmond FD
 63 - Renton Fire & Emergency Services
 64 - Seattle FD

AGENCY CODES

(Fire Departments & Districts): (continued)

65 - Snoqualmie FD
 66 - Tukwila FD
 69 - Port of Seattle FD
 81 - Outside fire district boundary, inside K.C.
 86 - Boeing
 99 - Outside King County

AGENCY CODES

(Paramedic Units):

03 - Bellevue MSO
 05 - Redmond MSO
 06 - King County MSO
 07 - Shoreline MSO
 08 - KC Specially Assigned Unit
 09 - King County Medic 90
 12 - King County Medic 112
 14 - Bellevue Medic 14
 15 - Shoreline Medic 65
 19 - Redmond Medic 19
 22 - Shoreline Medic 47
 23 - Redmond Medic 23
 28 - Bellevue Medic 3
 35 - Redmond Medic 35
 70 - King County Medic 11
 71 - Bellevue Medic 1
 72 - Bellevue Medic 2
 73 - Shoreline Medic 63
 74 - King County Medic 4
 75 - King County Medic 5
 76 - King County Medic 6
 77 - King County Medic 7
 78 - King County Medic 8
 79 - Vashon Medic 9
 80 - Seattle Medic Unit
 99 - Outside King County
 101 - King County Medic 13

AGENCY CODES

(Part-time ALS Units):

29 - Enumclaw Part-time ALS Unit
 30 - FD #43 Part-time ALS Unit
 31 - Duwail Part-time ALS Unit
 32 - King County Rescue 1
 33 - Eastside Part-time ALS Unit
 34 - Bellevue Part-time ALS Unit
 37 - Medic 50, Skykomish PT ALS

TRANSPORTING AGENCY CODES:

Same as agency codes plus:

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

