

Hospital Registration Number

Demographics										
Service Name			Service No.	CACC/ACS		Call Number				Call Date YYYY / MM / DD
Last Name					First Name					
Age	Sex	Weight (kg)		Date of Birth YYYY / MM / DD		Health Insurance Number			Version	
Mailing Address										
Street No.	Street Name			City/Town			Province	Postal Code	Country	
Pick-up Location or Sending Facility (City/Town) <input type="checkbox"/> Same as Mailing Address Above							Pick-up Code			
Clinical Information										
Date of Occurrence YYYY / MM / DD		Time of Occurrence HH : MM		Chief Complaint				<input type="checkbox"/> Positive for FREI		
Incident History							MOHLTC DNR Confirmation Number			
							Trauma Problem Site/Type			
								Location	Type	Mechanism
							1			
							2			
3										
Relevant Past History										
Provided by: <input type="checkbox"/> Patient <input type="checkbox"/> Other: _____ <input type="checkbox"/> Previously Healthy <input type="checkbox"/> Cardiac <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Seizure <input type="checkbox"/> Psychiatric <input type="checkbox"/> Cancer <input type="checkbox"/> CNO <input type="checkbox"/> Respiratory <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Other (list below)										
Details _____										
Medications										
<input type="checkbox"/> None <input type="checkbox"/> Nitrates <input type="checkbox"/> Insulin/Oral Diabetic Meds <input type="checkbox"/> Phosphodiesterase Inhibitors <input type="checkbox"/> CNO <input type="checkbox"/> ASA <input type="checkbox"/> Blood thinner/Anticoagulants <input type="checkbox"/> Salbutamol <input type="checkbox"/> Furosemide										
Other _____										
Allergies										
<input type="checkbox"/> NKA <input type="checkbox"/> CNO <input type="checkbox"/> Other – list below										
Details _____										
Treatment Prior to Arrival										
<input type="checkbox"/> None <input type="checkbox"/> EFRT <input type="checkbox"/> Physician <input type="checkbox"/> Fire <input type="checkbox"/> Bystander <input type="checkbox"/> CNO <input type="checkbox"/> Midwife <input type="checkbox"/> Other Paramedic <input type="checkbox"/> Nurse <input type="checkbox"/> Police <input type="checkbox"/> Self <input type="checkbox"/> Other (list below)										
Details _____										
Cardiac Arrest Information										
Arrest Witnessed By <input type="checkbox"/> Bystander <input type="checkbox"/> Trained Responder <input type="checkbox"/> Paramedic <input type="checkbox"/> Unwitnessed						Date YYYY / MM / DD		Start Time HH : MM		
CPR Started By <input type="checkbox"/> Bystander <input type="checkbox"/> Trained Responder <input type="checkbox"/> Paramedic <input type="checkbox"/> None						YYYY / MM / DD		HH : MM		
First Shock By <input type="checkbox"/> Bystander <input type="checkbox"/> Trained Responder <input type="checkbox"/> Paramedic						YYYY / MM / DD		HH : MM		
Physical Exam										
General Appearance			Skin Colour _____			Skin Condition _____				

Head/Neck Trachea <input type="checkbox"/> - Midline <input type="checkbox"/> Shifted <input type="checkbox"/> - R <input type="checkbox"/> - L JVD <input type="checkbox"/> - Elevated <input type="checkbox"/> - Not Elevated										

Chest Air Entry <input type="checkbox"/> - Bilaterally <input type="checkbox"/> Decreased <input type="checkbox"/> - R <input type="checkbox"/> - L Breath Sounds <input type="checkbox"/> - Clear <input type="checkbox"/> - Wheezes <input type="checkbox"/> - Crackles <input type="checkbox"/> - Rub <input type="checkbox"/> - Absent										

Abdomen <input type="checkbox"/> - Soft <input type="checkbox"/> - Rigid <input type="checkbox"/> - Distended <input type="checkbox"/> - Tender <input type="checkbox"/> - Mass <input type="checkbox"/> - Pulsatile <input type="checkbox"/> - RU <input type="checkbox"/> - LU <input type="checkbox"/> - LL <input type="checkbox"/> - RL <input type="checkbox"/> - Center										

Back/Pelvis <input type="checkbox"/> - Unremarkable										
Extremities <input type="checkbox"/> - Unremarkable Peripheral Edema <input type="checkbox"/> - Absent <input type="checkbox"/> - Present Pedal Pulse <input type="checkbox"/> - Absent <input type="checkbox"/> - Present										

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Mailing Address						
Street No.	Street Name		City/Town		Province	Postal Code Country
Pick-up Location or Sending Facility (City/Town)			<input type="checkbox"/> Same as Mailing Address Above			Pick-up Code
Billing Information						
Charge <input type="checkbox"/> Patient <input type="checkbox"/> Employer <input type="checkbox"/> W.S.I.B. <input type="checkbox"/> D.V.A. <input type="checkbox"/> D.N.D. <input type="checkbox"/> Coroner <input type="checkbox"/> Chargeable Welfare <input type="checkbox"/> Other		No Charge <input type="checkbox"/> Inter-Hospital Transfer <input type="checkbox"/> Home Care <input type="checkbox"/> Homes for Special Care <input type="checkbox"/> Nusing Home Patient <input type="checkbox"/> Home for the Aged <input type="checkbox"/> Recipient General Welfare Assistance <input type="checkbox"/> Other		Billing Evaluation In my professional medical opinion ambulance use was: <input type="checkbox"/> Essential: a medical/other necessity <input type="checkbox"/> Non essential: not a medical necessity/other transport suitable Signature (medical practitioner/approved authority)		<input type="checkbox"/> Payment Received Initials
DND/RCMP Social Insurance No.		Basic Fee Patient's portion		Billed by <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Operator <input type="checkbox"/> Other		Disposition in Hospital Emergency Dept. <input type="checkbox"/> Refused treatment and released <input type="checkbox"/> treated (observed) and released <input type="checkbox"/> Admitted <input type="checkbox"/> Morgue <input type="checkbox"/> Transferred to another hospital
Registration No.		Hospital Code		Charge for km over 40 Other charge Amount billed		Out Patient <input type="checkbox"/> O.P. Clinic <input type="checkbox"/> Ca. Clinic <input type="checkbox"/> X-Ray <input type="checkbox"/> Other <input type="checkbox"/> In-patient returning <input type="checkbox"/> In-patient discharged

Station Codes

Station #
00
01
02
etc.

Status Codes

00 At Base
77 Mobile
88 Standby Location
99 Maintenance

Dispatch Priority Codes

1 Deferrable
2 Scheduled
3 Prompt
4 Urgent
8 Standby
9 Out of Service/Administration

Return Priority Codes

1 Deferrable
2 Scheduled
3 Prompt
4 Urgent
6 Transport of Deceased Patient

Return Priority-No Transport

71 No Patient Found
72 Patient Refused
73 Patient Deceased
74 Patient in Police Custody
75 Transported by Other Ambulance
8 Standby
9 Out of Service/Administration

Special Transport Codes

01 Pt. Meets Trauma Criteria
02 No Trauma Bypass – Pt. Condition
03 No Trauma Bypass – Hospital Refusal
04 Pt. Meets Stroke Criteria
05 No Stroke Bypass – Pt. Condition
06 No Stroke Bypass – Hospital Refusal
07 Pt. Meets STEMI Criteria
08 No STEMI Bypass – Pt. Condition
09 No STEMI Bypass – Hospital Refusal

Pick-up Codes

A Airport/Heliport
B Apartment/Condo. Building
C Construction Site
D Medical Office/Clinic
E Nursing Outpost
F Factory/Industrial Site/
Railway/Dockyard
G Hotel
H Hospital (Acute and Non-Acute)
I Indoor Shopping Mall
J Jail/Prison
K Single Store/Strip Mall
L School/College/University
M Mining Site/Quarry
N Long-Term Care Home
O Office Building
P Sports Facility/Arena
Q Farm
R House/Town House
S Street/Highway/Road
T Fairground/Park
U Retirement Home
V Golf Course
W Water/Boat
X Restaurant/Bar
Y Casino
Z Other (Describe in Remarks)

Problem Codes**VSA**

01 Cardiac/Medical
02 Traumatic

Airway

11 Obstruction (Partial/Complete)

Breathing

21 Dyspnea
24 Respiratory Arrest

Circulation

31 Hemorrhage
33 Hypotension
34 Suspected Sepsis

Neurological

41 Stroke/TIA
42 Temp. Loss of Consciousness
43 Altered Level of Consciousness
44 Headache
45 Behaviour/Psychiatric
46 Active Seizure
47 Paralysis/Spinal Trauma
48 Confusion/Dissorientation
49 Unconscious
50 Post-ictal

Cardiac

51 Ischemic
53 Palpitations
54 Pulmonary Edema
55 Post Arrest
56 Cardiogenic Shock
57 STEMI
58 Hyperkalemia

Non-Traumatic

60 Non Ischemic Chest Pain
61 Abdominal/Pelvic/Perineal/
Rectal Pain
62 Back Pain

Gastrointestinal

63 Nausea/Vomiting/Diarrhea

Musculoskeletal/Trauma

66 Musculoskeletal
67 Trauma/Injury

Obstetrical/Gynecological

71 Obstetrical Emergency
72 Gynecological Emergency
73 Newborn/Neonatal

Endocrine/Toxicological

81 Drug/Alcohol Overdose
82 Poisoning/Toxic Exposure
83 Diabetic Emergency
84 Allergic Reaction
85 Anaphylaxis
86 Adrenal Crisis

General and Minor

87 Novel Medications
88 Home Medical Technology
89 Lift Assist
90 Inter-facility Transfer
91 Environmental Emergency
92 Weakness/Dizziness/Unwell
93 Treatment/Diagnosis & Return
94 Convalescent/Invalid/Return Home
95 Infectious Disease
96 Organ Retrieval/Transfer
98 Organ Recipient
99 Other Medical/Trauma (see remarks)

Site/Type Codes**A Location**

10 Head/Face/Ear/Scalp
11 Eye
12 Neck
13 Shoulder
14 Back/Flank
15 Chest
16 Abdomen
17 Pelvis
18 Genitourinary
19 Buttocks/Perineum/Rectum
20 Arm (Upper/Elbow/Forearm/
Wrist)
21 Hand/Finger
22 Thigh
23 Leg (Knee/Lower Leg/Ankle)
24 Foot/Toes
25 Hip

B Type

30 Abrasion
31 Amputation
32 Avulsion
33 Burn
34 Blunt
35 Crush
36 Contusion
37 Penetrating/Perforation
38 Possible Fracture/Dislocation
39 Laceration
40 Sprain/Strain
41 Paralysis/Paresthesia
42 Other (Detail in Incident Hx)

C Mechanism

50 Assault
51 Drowning
52 Electrocutation
53 Fall (Same Level)
54 Fall from Height/Diving
55 Gunshot
56 Hanging
57 Machinery
58 MVC
59 Motorcycle/Recreational Vehicle
60 Pedal Bicycle
61 Pedestrian Struck
62 Sports
63 Stabbing
64 Fire/Explosion/Thermal
65 Smoke/Chemical Exposure
66 Other (detail in Mechanism of Incident Hx)

Rhythm Codes

10 Sinus Tachycardia
11 PSVT/SVT/Atrial Tachycardia
12 Atrial Flutter
13 Atrial Fibrillation
14 Ventricular Tachycardia
20 Sinus Bradycardia
21 First Degree Block

22 Second Degree Block
23 Third Degree Block
30 Ventricular Fibrillation
31 Pulseless Ventricular Tachycardia
32 PEA
33 Asystole
40 NSR
42 Paced Rhythm
43 Junctional Rhythm
44 Sinus Dysrhythmia
46 Other (Detail in Procedures)

Procedures

010 Vital Signs
020 Patient Assessment
025 Blood Sampling-Glucose Determination
100 Dressing
101 Control Bleeding
102 Arterial Tourniquet
105 Immobilization-Head
110 Splint Other
111 Cervical Collar
112 Spinal Board
113 Spinal Immobilization Extrication Device
114 Traction Splint
115 Adjustable Break Away Stretcher
116 Lifting Chair
120 Suction
129 Oxygen – Filtered High Conc. Mask
130 Oxygen – High Conc. Mask
131 Oxygen – Simple Face Mask
132 Oxygen – Nasal Cannula
133 Oxygen – Other
141 Oxygen – BVM
142 Oxygen – Mechanical Ventilator
144 Oxygen – Pocket Mask
150 Extricate Patient – e.g., Remove from small room where care cannot be provided
160 OB Delivery
161 External Uterine Massage
162 Placental Delivery
163 Umbilical Cord Management
164 Apgar Score
170 Oro/Nasopharyngeal Airway
180 Restrain Patient-Physical
190 Abdo/Chest/Back Thrusts
211 Symptom Assist Medication (e.g., Assisted Pt. with own meds)
231 Pt. Transported Supine
232 Pt. Transported Semi-Prone
233 Pt. Transported Prone
234 Pt. Transported Semi-Sitting
235 Pt. Transported Sitting
236 Ambulatory
237 Pt. Transported Lateral
239 Infant Restraint Device
Cardiac Arrest Procedures
297 Therapeutic Hypothermia
298 Defibrillation – Pads On
299 Automated CPR Device
300 CPR
301 Rhythm Interpretation
302 Cardioversion
303 Valsalva Manoeuvre
306 Defibrillation – Manual
307 Defibrillation – Semi-Automated
308 Analyze – SAED
309 External Pacing
313 12-Lead Acquisition
316 Return of Spontaneous Circulation

Airway/Breathing Procedures

317 Return of Spontaneous Respirations
318 Supraglottic/Alternate Airway
319 Supraglottic/Alternate Airway Unsuccessful
320 Needle Thoracostomy
321 Needle Thoracostomy Unsuccessful
322 Needle/Surgical Cricothyrotomy
323 Needle/Surgical Cricothyrotomy Unsuccessful
324 Nasotracheal Intubation
325 Nasotracheal Intubation Unsuccessful
326 Orotacheal Intubation
327 Orotacheal Intubation Unsuccessful
328 ETT Suctioning
329 Tracheostomy Tube Suctioning
331 Magill Forceps/Foreign Body Removal
332 Magill Forceps/Foreign Body Removal Unsuccessful
333 Extubation – Any Advanced Airway (intentional)
334 Extubation – Any Advanced Airway (Unintentional)
335 Needle Thoracostomy One-way Valve Monitored
336 Respiratory System Eval. (ETCO₂ and SAO₂)
337 ETT Confirmation
338 SpO₂
339 PEEP
376 Electronic Control Device Removal
380 Alternative Airway
381 Alternative Airway – Unsuccessful
382 Airway Adjunct/Bougie
383 CPAP
384 CPAP - unsuccessful

IV Procedures

340 IV Monitoring
341 IV Cannulation
342 Lock
345 Normal Saline
349 Other IV Solutions
350 IV Cannulation Unsuccessful
351 Fluid Bolus
353 Blood Sampling
355 IV Discontinued (Intentional)
356 IV Discontinued (Unintentional)
358 Intraosseous Cannulation Successful
359 Intraosseous Cannulation Unsuccessful
360 Blood/Blood Product Administration
361 CVAD Access

Miscellaneous Procedures

366 Termination of Resuscitation – Medical
367 Termination of Resuscitation – Trauma
370 Other Procedure (Detail in Procedures)
372 Carboxyhemoglobin (SpCO)
375 Emerg. Dialysis Disconnect
390 Transfer of Care – Crew to Crew
400 Base Hospital Physician Patch
401 Receiving Hospital Notified
402 BHP Patch Failure (Detail in Results)
403 BHP Patch – No BHP Contact
404 Coroner Notified
405 Study Procedure (Detail in Procedures)
406 Non Dialysis – CVAD Disconnect
407 Health Screening Tool

Medications

498 Acetaminophen
500 Adenosine
502 Amiodarone
503 Antibiotic
504 ASA
505 Atropine
525 Calcium Gluconate
528 Dextrose D10W
529 Dextrose D25W
530 Dextrose D50W
531 Diazepam
533 Dimenhydrinate
534 Diphenhydramine
536 Dopamine
540 Epinephrine 1:1,000
541 Epinephrine 1:10,000
550 Fentanyl
551 Furosemide
560 Glucagon
561 Glucose-Oral
562 Hydroxocobalamin
593 Lidocaine
603 Midazolam
604 Morphine
610 Naloxone
615 Nitroglycerin
620 Oxytocin
650 Salbutamol
651 Sodium Bicarbonate
682 Xylometazoline
700 Other Drugs – Detail in Procedures
701 Anaesthetic Eye Drops
704 Ibuprofen
706 Ketorolac
708 Obidoxime
710 Pralidoxime Chloride
711 Hydrocortisone
712 Sodium Thiosulfate
800-899 Study Drugs – Details in Procedures
900-999 User Defined

Routes of Administration

AE Aerosol
BU Buccal
ET Endotracheal
IM Intramuscular
IN Intranasal
IO Intraosseous
IV Intravenous
NB Nebulized
PO Oral
PR Rectal
SL Sublingual
SC Subcutaneous
TO Topical

Paramedic Designation

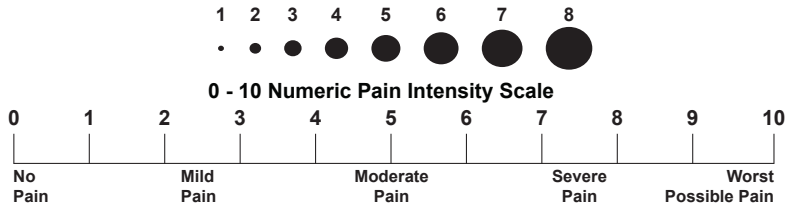
1 Student
2 EMA
3 PCP
4 ACP
5 CCP

CTAS Codes

1 Resuscitation
2 Emergent
3 Urgent
4 Less Urgent
5 Non Urgent
0 Obviously Dead/TOR

Reference Information

Skin	
Colour	Condition
Flushed	Dry
Pale	Clammy
Cyanosis	Diaphoretic
Jaundice	Unremarkable
Unremarkable	



Glasgow Coma Scale		
Eye Opening	Verbal Response	Motor Response
4 Spontaneous	5 Orientated	6 Obeys commands
3 To Voice	4 Confused	5 Localize (pain)
2 To Pain	3 Inappropriate words	4 Withdraw (pain)
1 None	2 Incomprehensible sounds	3 Flexion (pain)
	1 None	2 Extension (pain)
		1 None

Pediatric Coma Scale		
Eye Opening	Verbal Response	Motor Response
4 Spontaneous	5 Coos or babbles	6 Obeys commands
3 To Speech	4 Irritable & constantly cries	5 Withdraws from touch
2 To Pain	3 Cries to pain	4 Withdraws from pain
1 None	2 Moans to pain	3 Flexion to pain
	1 None	2 Extension to pain
		1 None

APGAR Score			
Parameter	0	1	2
Appearance	Blue or Pale	Pink body with blue extremities	Completely pink
Pulse (BPM)	0 (absent)	slow (<100)	≥100
Grimace Response	None	Some grimace	Good grimace
Activity and Muscle Tone	None, limp	Some flexion	Active, motion
Respiratory Effort	absent	<60 min	Good, crying
APGAR performed at 1 & 5 minutes after delivery Don't wait for APGAR to make decision on resuscitation			

Normal Pediatric Vital Signs		
Age	Respiratory Rate	Heart Rate
0 – 3 months	30 - 60	90 - 180
3 – 6 months	30 - 60	80 - 160
6 – 12 months	25 - 45	80 - 140
1 – 3 years	20 - 30	75 - 130
6 years	16 - 24	70 - 110
10 years	14 - 20	60 - 90
Systolic Blood Pressure (for children 1-10 yrs) ≥ 90 + (2x age in years) Weight (kg) = (age x 2) + 10		

Definition of Hypoglycemia

≥2 years Glucometry <4.0 mmol/L
<2 years Glucometry <3.0 mmol/L

Aid to Capacity Evaluation (Record Details in 'Remarks' Section)

Indicate to whom this assessment refers if not the patient [e.g., parent, or substitute decision 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

Refusal of Service – I have been advised that treatment and/or transportation is available immediately. I refuse such treatment and/or transportation to hospital having been informed of the risks involved. I assume full responsibility arising out of such refusal.

Refus de service – On m'a avisé que je pouvais être traité ou transporté à l'hôpital immédiatement. Je refuse d'être traité ou transporté à l'hôpital. J'ai été informé des risques auxquels cette décision m'expose. J'assume l'entière responsabilité de ce refus.

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

If SDM, relationship to Patient / Si MS, relation avec le patient

Time	Date	Signature of Patient or SDM / Signature du patient ou du MS
HH : MM	YYYY / MM / DD	

I have advised this patient or SDM of the risks to the patient's health that are involved.
J'ai avisé le patient ou le MS des risques de cette décision pour la santé du patient.

Time	Date	Attending Paramedic Signature
HH : MM	YYYY / MM / DD	

I was witness to the above-mentioned refusal and that the person has been informed of the risks involved.
J'ai été témoin du refus susmentionné et du fait que la personne a été informée des risques de ce refus.

Time	Date	Non Paramedic Witness Name Nom du témoin autre qu'un ambulancier paramédical	Witness/Paramedic 2 Signature Signature du témoin/d'un 2 ^e ambulancier paramédical
HH : MM	YYYY / MM / DD		