

**Reference Sheet for Ohio generic patient care report**

A Microsoft Word version of this form is available from the EMS Office of Research & Analysis

**Incident Location Type**

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| <ul style="list-style-type: none"> <li>• Home/Residence</li> <li>• Farm</li> <li>• Mine or Quarry</li> <li>• Industrial Place and Premises</li> <li>• Place of Recreation or Sport</li> </ul> | <ul style="list-style-type: none"> <li>• Street or Highway</li> <li>• Public Building</li> <li>• Trade or Service</li> <li>• Health Care Facility</li> </ul> | <ul style="list-style-type: none"> <li>• Residential Institution (nursing home, jail/prison, group home)</li> <li>• Lake, River, Reservoir</li> <li>• Other Location</li> <li>• Unknown</li> </ul> |
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**Complaint Reported by Dispatch**

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| <ul style="list-style-type: none"> <li>• Abdominal Pain</li> <li>• Allergies</li> <li>• Animal Bite</li> <li>• Assault</li> <li>• Back Pain</li> <li>• Breathing Problem</li> <li>• Burns</li> <li>• CO Poisoning / HazMat</li> <li>• Cardiac Arrest</li> <li>• Chest Pain</li> </ul> | <ul style="list-style-type: none"> <li>• Choking</li> <li>• Convulsions / Seizures</li> <li>• Diabetic Problem</li> <li>• Drowning</li> <li>• Electrocution</li> <li>• Eye Problem</li> <li>• Fall Victim</li> <li>• Headache</li> <li>• Heart Problems</li> <li>• Heat / Cold Exposure</li> </ul> | <ul style="list-style-type: none"> <li>• Hemorrhage / Laceration</li> <li>• Illness not listed here</li> <li>• Industrial Accident</li> <li>• Ingestion / Poisoning</li> <li>• Injury not listed here</li> <li>• Mass Casualty Incident</li> <li>• Overexertion/Strenuous movement</li> <li>• Pregnancy / Childbirth</li> <li>• Psychiatric Problems</li> </ul> | <ul style="list-style-type: none"> <li>• Stab/Gunshot Wound</li> <li>• Stroke / CVA</li> <li>• Traffic Accident</li> <li>• Transfer</li> <li>• Unconscious / Fainting</li> <li>• Unknown Problem / Person Down</li> </ul> |
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**Primary Method of Payment**

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| <ul style="list-style-type: none"> <li>• Commercial Insurance</li> <li>• Medicaid</li> <li>• Medicare</li> </ul> | <ul style="list-style-type: none"> <li>• Not Billed (for any reason)</li> <li>• Other Government (not Medicare, Medicaid, or Worker's Comp)</li> </ul> | <ul style="list-style-type: none"> <li>• Self Pay / Patient Has No Insurance</li> <li>• Unknown</li> <li>• Worker's Compensation</li> </ul> |
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**Cause of Injury**

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| <ul style="list-style-type: none"> <li>• Aircraft related accident</li> <li>• Bicycle accident</li> <li>• Bites</li> <li>• Chemical poisoning</li> <li>• Child battering</li> <li>• Drowning</li> <li>• Drug poisoning</li> <li>• Electrocution (non-lightning)</li> </ul> | <ul style="list-style-type: none"> <li>• Excessive cold</li> <li>• Excessive heat</li> <li>• Fall</li> <li>• Fire and flames</li> <li>• Firearm, assault</li> <li>• Firearm, injury (accidental)</li> <li>• Firearm, self-inflicted</li> <li>• Lightning</li> </ul> | <ul style="list-style-type: none"> <li>• Machinery accident</li> <li>• Mechanical suffocation</li> <li>• Motor vehicle non-traffic crash (off-road motor vehicle)</li> <li>• Motor vehicle traffic crash</li> <li>• Motorcycle crash</li> <li>• Non-Motorized Vehicle Accident</li> </ul> | <ul style="list-style-type: none"> <li>• Pedestrian traffic accident</li> <li>• Radiation exposure</li> <li>• Rape</li> <li>• Smoke inhalation</li> <li>• Stabbing/Cutting Accidental</li> <li>• Stabbing/Cutting Assault</li> <li>• Struck by Blunt/Thrown Object</li> <li>• Venomous stings (plants, animals)</li> <li>• Water transport accident</li> </ul> |
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**Prior Aid Performed By**

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| <ul style="list-style-type: none"> <li>• EMS Provider</li> <li>• Law Enforcement</li> </ul> | <ul style="list-style-type: none"> <li>• Lay Person</li> <li>• Other Healthcare Provider</li> </ul> | <ul style="list-style-type: none"> <li>• Patient</li> <li>• Unknown</li> </ul> |
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**Outcome of the Prior Aid**

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| <ul style="list-style-type: none"> <li>• Improved</li> </ul> | <ul style="list-style-type: none"> <li>• Unchanged</li> </ul> | <ul style="list-style-type: none"> <li>• Worse</li> </ul> | <ul style="list-style-type: none"> <li>• Unknown</li> </ul> |
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**Medication Complication**

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| <ul style="list-style-type: none"> <li>• Altered Mental Status</li> <li>• Apnea</li> <li>• Bleeding</li> <li>• Bradycardia</li> <li>• Diarrhea</li> <li>• Extravasation / Infiltration</li> </ul> | <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Hyperthermia</li> <li>• Hypotension</li> <li>• Hypoxia</li> <li>• Injury</li> <li>• Itching / Urticaria</li> </ul> | <ul style="list-style-type: none"> <li>• Nausea</li> <li>• No medication complication</li> <li>• Other</li> <li>• Respiratory Distress</li> <li>• Tachycardia</li> <li>• Vomiting</li> </ul> |
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**Intervention / Procedure**

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| <ul style="list-style-type: none"> <li>• 12-Lead ECG</li> <li>• Airway-Bagged</li> <li>• Airway-Change Tracheostomy Tube</li> <li>• Airway-Cleared, Opened, or Heimlich</li> <li>• Airway-Combitube</li> <li>• Airway-CPAP/Bi-Pap</li> <li>• Airway-Endotracheal Intubation, Nasal</li> <li>• Airway-Endotracheal Intubation, Oral</li> <li>• Airway-Intubation Confirm CO2</li> <li>• Airway-Intubation Confirm Esophageal bulb</li> <li>• Airway-Laryngeal Mask</li> <li>• Airway-Nasopharyngeal</li> <li>• Airway-Needle Cricothyrotomy</li> <li>• Airway-Oropharyngeal</li> <li>• Airway-PEEP</li> <li>• Airway-Rapid Sequence Induction</li> <li>• Airway-Suctioning</li> <li>• Airway-Surgical Cricothyrotomy</li> <li>• Airway-Ventilator</li> <li>• Arterial Access/Blood Draw</li> <li>• Arterial Line Maintenance</li> </ul> | <ul style="list-style-type: none"> <li>• Blood Glucose Analysis</li> <li>• Capnography</li> <li>• Cardiac Monitor (3-Lead ECG)</li> <li>• Cardioversion</li> <li>• Carotid Massage</li> <li>• Cervical Collar</li> <li>• Chest Decompression</li> <li>• Childbirth</li> <li>• CNS Catheter-Epidural Maintenance</li> <li>• CNS Catheter-Intraventricular Maintenance</li> <li>• CPR</li> <li>• CPR – Automatic Compression Device</li> <li>• Defibrillator - Placement for Monitoring/Analysis</li> <li>• Defibrillation-Automated (AED)</li> <li>• Defibrillation-Manual</li> <li>• External Cardiac Pacing</li> <li>• Extrication</li> <li>• Impedance Threshold Device (ResQPod)</li> <li>• MAST</li> <li>• Nasogastric Tube</li> <li>• No interventions or procedures</li> </ul> | <ul style="list-style-type: none"> <li>• Pulse oximetry</li> <li>• Rescue</li> <li>• Restraints-Pharmacological</li> <li>• Restraints-Physical</li> <li>• Spinal Immobilization</li> <li>• Splinting</li> <li>• Splinting-Traction</li> <li>• Vagal Maneuver</li> <li>• Venous Access-Blood Draw</li> <li>• Venous Access-Existing Catheter</li> <li>• Venous Access-External Jugular Line</li> <li>• Venous Access-Extremity</li> <li>• Venous Access-Femoral Line</li> <li>• Venous Access-Intraosseous Adult</li> <li>• Venous Access-Intraosseous Pediatric</li> <li>• Venous Access-Maintain Central Line</li> <li>• Venous Access-Swan Ganz Maintain</li> <li>• Wound Care</li> <li>• Wound Care – Hemostatic Agent</li> <li>• Wound Care - Tourniquet</li> </ul> |
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| <ul style="list-style-type: none"> <li>• Altered Mental Status</li> <li>• Apnea</li> <li>• Bleeding</li> <li>• Bradycardia / Slow heart rate</li> <li>• Diarrhea</li> <li>• Esophageal Intubation-immediately detected</li> <li>• Esophageal Intubation-other</li> </ul> | <p><b><u>Intervention / Procedure Complication</u></b></p> <ul style="list-style-type: none"> <li>• Extravasation / Infiltration</li> <li>• Hypertension</li> <li>• Hyperthermia</li> <li>• Hypotension</li> <li>• Hypoxia</li> <li>• Injury</li> <li>• Itching / Urticaria</li> <li>• Nausea</li> </ul> | <ul style="list-style-type: none"> <li>• No complications</li> <li>• Other</li> <li>• Respiratory Distress</li> <li>• Tachycardia / Fast heart rate</li> <li>• Vomiting</li> </ul> |
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**Glasgow Coma Score**

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| <p><b><u>Eye Opening</u></b><br/><b><u>All Ages</u></b></p> <ol style="list-style-type: none"> <li>1. None</li> <li>2. To pain</li> <li>3. To voice</li> <li>4. Spontaneous</li> </ol> | <p><b><u>Verbal Response</u></b><br/><b><u>Adult / 1-5 years / &lt;1 year old</u></b></p> <ol style="list-style-type: none"> <li>1. None / No response / No response</li> <li>2. Incomprehensible sounds / Incomprehensible sounds / Moans to pain</li> <li>3. Inappropriate words / Inappropriate cries / Cries to pain</li> <li>4. Confused / Confused / Irritable cries</li> <li>5. Oriented / Oriented / Coos, babbles</li> </ol> | <p><b><u>Motor Response</u></b><br/><b><u>Adult &gt;5years / Infant to 5 years</u></b></p> <ol style="list-style-type: none"> <li>1. None / None</li> <li>2. Extends to pain / Abnormal extension</li> <li>3. Flexes to pain / Abnormal flexion</li> <li>4. Withdraws / Withdraws</li> <li>5. Localizes</li> <li>6. Obeys commands / Normal movement</li> </ol> |
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**Condition Codes**

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| <ul style="list-style-type: none"> <li>• Severe Abdominal Pain: <b>ALS-789.00</b></li> <li>• Abdominal Pain: <b>ALS-789.00</b></li> <li>• Abnormal Cardiac Rhythm/Cardiac Dysrhythmia: <b>ALS-427.9</b></li> <li>• Abnormal Skin Signs: <b>ALS-780.8</b></li> <li>• Abnormal Vital Signs: <b>ALS-796.4</b></li> <li>• Allergic Reaction: <b>ALS-995.0</b></li> <li>• Allergic Reaction: <b>BLS-692.9</b></li> <li>• Blood Glucose: <b>ALS-790.21</b></li> <li>• Respiratory Arrest: <b>ALS-799.1</b></li> <li>• Difficulty Breathing: <b>ALS-786.05</b></li> <li>• Cardiac Arrest-Resuscitation in Progress: <b>ALS-427.5</b></li> <li>• Chest Pain (non-traumatic): <b>ALS-786.50</b></li> <li>• Choking Episode: <b>ALS-784.9</b></li> <li>• Cold Exposure: <b>ALS-991.6</b></li> <li>• Cold Exposure: <b>BLS-991.9</b></li> <li>• Alt Level of Consciousness (non-traumatic): <b>ALS-780.01</b></li> <li>• Convulsions/Seizures: <b>ALS-780.39</b></li> <li>• Eye Symptoms (non-traumatic): <b>BLS-379.90</b></li> <li>• Non Traumatic Headache: <b>ALS-437.9</b></li> <li>• Cardiac Symptoms other than Chest Pain (palpitations): <b>ALS-785.1</b></li> <li>• Cardiac Symptoms other than Chest Pain (atypical pain): <b>ALS-536.2</b></li> <li>• Heat Exposure: <b>ALS-992.5</b></li> <li>• Heat Exposure: <b>BLS-992.2</b></li> <li>• Hemorrhage: <b>ALS-459.0</b></li> <li>• Infectious Diseases requiring Isolation/Public Health Risk: <b>BLS-038.9</b></li> <li>• Hazmat Exposure: <b>ALS-987.9</b></li> <li>• Medical Device Failure: <b>ALS-996.0</b></li> <li>• Medical Device Failure: <b>BLS-996.3</b></li> <li>• Neurologic Distress: <b>ALS-436.0</b></li> <li>• Pain (Severe): <b>ALS-780.99</b></li> <li>• Back Pain (non-traumatic possible cardiac or vascular): <b>ALS-724.5</b></li> <li>• Back Pain (non-traumatic with neurologic symptoms): <b>ALS-724.9</b></li> <li>• Poisons (all routes): <b>ALS-977.9</b></li> <li>• Alcohol Intoxication or Drug Overdose: <b>BLS-305.0</b></li> <li>• Severe Alcohol Intoxication: <b>ALS-977.3</b></li> <li>• Post-Operative Procedure Complications: <b>BLS-998.9</b></li> <li>• Pregnancy Complication/Childbirth/Labor: <b>ALS-650.0</b></li> </ul> | <ul style="list-style-type: none"> <li>• Psychiatric/Behavioral (abnormal mental status): <b>ALS-292.9</b></li> <li>• Psychiatric/Behavioral (threat to self or others): <b>BLS-298.9</b></li> <li>• Sick Person-Fever: <b>BLS-036.9</b></li> <li>• Severe Dehydration: <b>ALS-787.01</b></li> <li>• Unconscious/Syncope/Dizziness: <b>ALS-780.02</b></li> <li>• Major Trauma: <b>ALS-959.8</b></li> <li>• Other Trauma (need for monitor or airway): <b>ALS-518.5</b></li> <li>• Other Trauma (major bleeding): <b>ALS-958.2</b></li> <li>• Other Trauma (fracture/dislocation): <b>BLS-829.0</b></li> <li>• Other Trauma (penetrating extremity): <b>BLS-880.0</b></li> <li>• Other Trauma (amputation digits): <b>BLS-886.0</b></li> <li>• Other Trauma (amputation other): <b>ALS-887.4</b></li> <li>• Other Trauma (suspected internal injuries): <b>ALS-869.0</b></li> <li>• Burns-Major: <b>ALS-949.3</b></li> <li>• Burns-Minor: <b>BLS-949.2</b></li> <li>• Animal Bites/Sting/Envenomation: <b>ALS-989.5</b></li> <li>• Animal Bites/Sting/Envenomation: <b>BLS-879.8</b></li> <li>• Lightning: <b>ALS-994.0</b></li> <li>• Electrocution: <b>ALS-994.8</b></li> <li>• Near Drowning: <b>ALS-994.1</b></li> <li>• Eye Injuries: <b>BLS-921.9</b></li> <li>• Sexual Assault (major injuries): <b>ALS-995.83</b></li> <li>• Sexual Assault (minor injuries): <b>BLS-995.8</b></li> <li>• Cardiac/Hemodynamic Monitoring Required: <b>ALS-428.9</b></li> <li>• Advanced Airway Management: <b>ALS-518.81</b></li> <li>• Chemical Restraint: <b>ALS-293.0</b></li> <li>• Suctioning/Oxygen/IV fluids required: <b>BLS-496.0</b></li> <li>• Airway Control/Positioning Required: <b>BLS-786.09</b></li> <li>• Third Party Assistance/Attendant Required: <b>BLS-496.0</b></li> <li>• Patient Safety (restraints required): <b>BLS-298.9</b></li> <li>• Patient Safety (monitoring required): <b>BLS-293.1</b></li> <li>• Patient Safety (seclusion required): <b>BLS-298.8</b></li> <li>• Patient Safety (risk of falling off stretcher): <b>BLS-781.3</b></li> <li>• Special Handling (Isolation): <b>BLS-041.9</b></li> <li>• Special Handling (orthopedic device required): <b>BLS-907.2</b></li> <li>• Special Handling (positioning required): <b>BLS-719.45</b></li> </ul> |
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