



Disposition Instruction Form

Instructions

The EMS Patient Disposition Information (PDI) form has been designed to be used by EMS personnel to legally document a variety of situations. This duplicate form consists of a single page. The front of the page is used to describe the situation and the back lists a variety of specific patient instructions by complaint.

The form should be used to document any refusal of care by a patient (complete refusal or refusal of specific aspects of care) and to document the patient / guardian's understanding of medical instructions.

To understand the intent of this form, it is probably simplest to walk through several common patient encounter situations.

1. Complete refusal of EMS care or transport: The first box "Patient Refusal" should be marked. In the first section, the appropriate blocks for "paramedic recommendation" should also be marked. This section should be explained to the patient or guardian, who should understand that their refusal may result in complications up to and including death. The patient or guardian should be asked to sign the form, indicating that he/she understands the seriousness of the situation and the information provided. If the situation warrants, the paramedic should explain the risks of the refusal using the patient instructions section and the back of the form for assistance. If the instructions section is used, the appropriate blocks should also be checked.

2. Refusal of a specific procedure (IV therapy, for example): The first box "Patient Refusal" should be marked. In the first section, the specific refused procedure should be marked. The first section should be explained to the patient or guardian, who should understand the potential consequences of their refusal. The patient or guardian should be asked to sign the form, indicating that he/she understands the seriousness of the situation.

3. The box "Patient Instructions" and the appropriate blocks in that section should be marked. This section and the specific instructions (on the back) should all be carefully explained to the patient and/or guardian, who must understand them. The patient or guardian should be asked to sign the form, indicating that he/she understands the instructions and the seriousness of the situation.

In all situations, the top part of the form should be completed, and as much of the signature portion as necessary. It is preferable to have witnesses, particularly if the patient or guardian refuses to sign. The original form should be kept on file, while a duplicate copy should be provided for the patient or guardian.

Emergency Medical Services (EMS) Patient Disposition Information

PCR Number	Emergency Medical Services (EMS) Patient Disposition Information		
Patient's name	Date of Birth	Date	
Patient's Address	Phone	EMS Professionals Name	No.

PATIENT REFUSAL	<input type="checkbox"/>	<i>This section only applies if this box is marked</i>
	<p>The Paramedic has recommended:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Measuring the patient's blood pressure</p> <p><input type="checkbox"/> A backboard and neck collar for the patient</p> <p><input type="checkbox"/> Ambulance transportation for the patient</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> A complete physical exam of the patient</p> <p><input type="checkbox"/> Giving the patient oxygen</p> <p><input type="checkbox"/> Starting an IV for the patient</p> <p><input type="checkbox"/> Giving the patient medicine _____</p> <p><input type="checkbox"/> Other _____</p> </div> </div> <p>I refuse the care that the Paramedic has recommended. I understand that my refusal may result in serious injury or death to the patient. I accept full responsibility for this decision. I assume all risks and consequences resulting from my refusal of care. I will not hold the EMS service or its officers, agents, or employees responsible for any bad things that happen to the patient because of my refusal.</p> <p>My signature below attests that I understand what has been recommended, what the consequences may be if that is not done, and I still refuse to have the recommended care provided by the EMS service.</p>	

PATIENT INSTRUCTIONS	<input type="checkbox"/>	<i>This section only applies if this box is marked</i>
	<p>You have not been evaluated by a doctor.</p> <p>You should contact or see your doctor immediately.</p> <p>The patient is being released to:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><input type="checkbox"/> Family member</p> <p><input type="checkbox"/> Guardian</p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Law Enforcement Officer</p> <p><input type="checkbox"/> Other: _____</p> </div> </div> <p>Follow the instructions (printed on the back of this form) indicated:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><input type="checkbox"/> Abdominal Pain</p> <p><input type="checkbox"/> Head Injury</p> <p><input type="checkbox"/> Extremity Injury</p> </div> <div style="width: 30%;"> <p><input type="checkbox"/> Back Pain</p> <p><input type="checkbox"/> Insect Bite/Sting</p> <p><input type="checkbox"/> Vomiting / Diarrhea</p> </div> <div style="width: 35%;"> <p><input checked="" type="checkbox"/> Universal</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Respiratory Distress</p> <p><input type="checkbox"/> Wound Care</p> </div> </div> <p>Other instructions: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Guardian's name (printed)	<input type="checkbox"/> Patient	Patient / Guardian Signature	
Guardian's address	<input type="checkbox"/> Guardian	Date of Signatures	EMS Personnel's Signature
<input type="checkbox"/> Same as Patient	<input type="checkbox"/> Refused to Sign		
Witness Signature	Witness Signature	Patient's Physician Name / Phone Number	

Discharge Instructions

UNIVERSAL INSTRUCTIONS:

- YOU HAVE NOT RECEIVED A COMPLETE MEDICAL EVALUATION. SEE A PHYSICIAN AS SOON AS POSSIBLE.
- IF AT ANY TIME AFTER YOU HAVE TAKEN ANY MEDICATION, YOU HAVE TROUBLE BREATHING, START WHEEZING, GET HIVES OR A RASH, OR HAVE ANY UNEXPECTED REACTION, CALL 911 IMMEDIATELY.
- IF YOUR SYMPTOMS WORSEN AT ANY TIME, YOU SHOULD SEE YOUR DOCTOR, GO TO THE EMERGENCY DEPARTMENT OR CALL 911.

ABDOMINAL PAIN:

- Abdominal pain is also called belly pain. Many illnesses can cause abdominal pain and it is very difficult for EMS to identify the cause.
- Take your temperature every 4 hours.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Your pain gets worse or is now only in 1 area
- You vomit (throw up) blood or find blood in your bowel movement
- You become dizzy or faint
- Your abdomen becomes distended or swollen
- You have a temperature over 100° F
- You have trouble passing urine
- You have trouble breathing

BACK PAIN:

- Apply heat to the painful area to help relieve pain. You may use a warm heating pad, whirlpool bath, or warm, moist towels for 10 to 20 minutes every hour.
- Stay in bed as much as possible the first 24 hours.
- Begin normal activities when you can do them without causing pain.
- When picking things up, bend at the hips and knees. Never bend from the waist only.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- You have shooting pains into your buttocks, groin, legs, or arms or the pain increases.
- You have trouble urinating or lose control of your stools or urine.
- You have numbness or weakness in your legs, feet, arms, or hands.

FEVER:

- Always take medications as directed. Tylenol and Ibuprofen can be taken at the same time.
- If you are taking antibiotics, take them until they are gone, not until you are feeling better.
- Drink extra liquids (1 glass of water, soft drink or gatorade per hour of fever for an adult)
- If the temperature is above 103° F, it can be brought down by a sponge bath with room temperature water. Do not use cold water, a fan, or an alcohol bath.
- Temperature should be taken every 4 hours .

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F for 24 hours
- A child becomes less active or alert.
- The Temperature does not come down with Acetaminophen (Tylenol) or Ibuprofen with the appropriate dose.

HEAD INJURY:

- Immediately after a blow to the head, nausea, and vomiting may occur.
- Individuals who have sustained a head injury must be checked, and if necessary awakened, every 2 hours for the first 24 hours.
- Ice may be placed on the injured area to decrease pain and swelling.
- Only drink clear liquids such as juices, soft drinks, or water the first 12 hours after injury..
- Acetaminophen (Tylenol) or Ibuprofen only may be used for pain.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- The injured person has persistent vomiting, is not able to be awakened, has trouble walking or using an arm or leg, has a seizure, develops unequal pupils, has a clear or bloody fluid coming from the ears or nose, or has strange behavior.

INSECT BITE/STING:

- A bite or sting typically is a red lump which may have a hole in the center. You may have pain, swelling and a rash. Severe stings may cause a headache and an upset stomach (vomiting).
- Some individuals will have an allergic reaction to a bite or sting. Difficulty breathing or chest pain is an emergency requiring medical care.
- Elevation of the injured area and ice (applied to the area 10 to 20 minutes each hour) will decrease pain and swelling.
- Diphenhydramine (Benadryl) may be used as directed to control itching and hives.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- You develop any chest pain or difficulty breathing.
- The area becomes red, warm, tender, and swollen beyond the area of the bite or sting.
- You develop a temperature above 101° F.

RESPIRATORY DISTRESS:

- Respiratory Distress is also known as shortness of breath or difficulty breathing.
- Causes of Respiratory Distress include reactions to pollen, dust, animals, molds, foods, drugs, infections, smoke, and respiratory conditions such as Asthma and COPD. If possible avoid any causes which produce respiratory distress.
- If you have seen a physician for this problem, take all medication's as directed.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F.
- The cough, wheezing, or breathing difficulty becomes worse or does not improve even when taking medications.
- You have Chest Pain.
- Sputum (spit) changes from clear to yellow, green, grey, or becomes bloody.
- You are not able to perform normal activities.

EXTREMITY INJURY:

- Extremity Injuries may consist of cuts, scrapes, bruises, sprains, or broken bones (fractures).
- Apply ice on the injury for 15 to 20 minutes each hour for the first 1 to 2 days.
- Elevate the extremity above the heart as possible for the first 48 hours to decrease pain and swelling.
- Use the extremity as pain allows.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F.
- The bruising, swelling, or pain gets worse despite the treatment listed above.
- Any problems listed on the **Wound Care instructions** are noted.
- You are unable to move the extremity or if numbness or tingling is noted.
- You are not improved in 24 to 48 hours or you are not normal in 7 to 10 days.

VOMITING/DIARRHEA:

- Vomiting (throwing up) can be caused by many things. It is common in children, but should be watched closely.
- Diarrhea is most often caused by either a food reaction or infection.
- Dehydration is the most serious problem associated with vomiting or diarrhea.
- Drink clear liquids such as water, apple juice, soft drinks, or gatorade for the first 12 hours or until things improve. Adults should drink 8 to 12 glasses of fluids per day with diarrhea. Children should drink 1 cup of fluid for each loose bowel movement.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F.
- Vomiting or Diarrhea lasts longer than 24 hours, gets worse, or blood is noted.
- You cannot keep fluids down or no urination is noted in 8 hours.

WOUND CARE:

- Wounds include cuts, scrapes, bites, abrasions, or puncture wounds.
- If the wound begins to bleed, apply pressure over the wound with a clean bandage and elevate the wound above the heart for 5 to 10 minutes.
- Unless instructed otherwise, clean the wound twice daily with soapy water, and keep the wound dry. It is safe to take a shower but do not place the wound in bath or dish water.
- See a physician for a tetanus shot if it has been 10 years or more since your last one.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- See the **Extremity Injury instructions**.
- Temperature is greater than 101° F.
- Bruising, swelling, or pain gets worse or bleeding is not controlled as directed above.
- Any signs of infection, such as redness, drainage of yellow fluid or pus, red streaks extending from the wound, or a bad smell is noted.



On-Scene Physician Form

This EMS service would like to thank you for your effort and assistance. Please be advised that the EMS Professionals are operating under strict protocols and guidelines established by their medical director and the State of North Carolina. As a licensed physician, you may assume medical care of the patient. In order to do so, you will need to:

1. Receive approval to assume the patient's medical care from the EMS Agencies Online Medical Control physician.
2. Show proper identification including current North Carolina Medical Board Registration/ Licensure.
3. Accompany the patient to the hospital.
4. Carry out any interventions that do not conform to the EMS Agencies Protocols. EMS personnel cannot perform any interventions or administer medications that are not included in their protocols.
5. Sign all orders on the EMS Patient Care Report.
6. Assume all medico-legal responsibility for all patient care activities until the patient's care is transferred to another physician at the destination hospital.
7. Complete the "Assumption of Medical Care" section of this form below.

Assumption of Medical Care

I, _____, MD; License #: _____
(Please Print your Name Here)

have assumed authority and responsibility for the medical care and patient management for

(Insert Patient's Name Here)

I understand that I must accompany the patient to the Emergency Department. I further understand that all EMS personnel must follow North Carolina EMS Rules and Regulations as well as local EMS System protocols.

_____, MD Date: ____/____/____ Time: ____ AM/PM
(Physician Signature Here)

_____, EMS _____ Witness
(EMS Lead Crew Member Signature Here) (Witness Signature Here)



Apgar Score

The Apgar score should be obtained and recorded initially and at 5 minutes with the birth of delivery of any infant.

- Each of the 5 parameters should be scored and then totaled.
- The Minimum score is 0
- The Maximum score is 10

Sign	0	1	2
Heart Rate	Absent	<100 min.	>100 min.
Respiratory Effort	Absent	Weak Cry	Strong Cry
Muscle Tone	Limp	Some Flexion	Good Flexion
Reflex Irritability (when feet stimulated)	No Response	Some Motion	Cry
Color	Blue; Pale	Body Pink Extremities Blue	Pink



Los Angeles Prehospital Stroke Screen (LAPSS)

1. Patient Name: _____
(last name) (first name)

2. Information/History from: Patient Family Member Other

(name - if other than patient) (phone)

3. Last known time patient was at baseline or deficit free and awake:

(military time) (date)

SCREENING CRITERIA

	Yes	Unknown	No
4. Age > 45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. History of seizures or epilepsy absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Symptom duration less than 24 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. At baseline, patient is not wheelchair bound or bedridden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Blood glucose between 60 and 400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Exam: LOOK FOR OBVIOUS ASYMMETRY			
	Normal	Right	Left
Facial smile/grimace	<input type="checkbox"/>	<input type="checkbox"/> Droop	<input type="checkbox"/> Droop
Hand grip	<input type="checkbox"/>	<input type="checkbox"/> Weak	<input type="checkbox"/> Weak
		<input type="checkbox"/> No grip	<input type="checkbox"/> No grip
Arm strength	<input type="checkbox"/>	<input type="checkbox"/> Drifts dn	<input type="checkbox"/> Drifts dn
		<input type="checkbox"/> Falls fast	<input type="checkbox"/> Falls fast

Based on exam, patient has only unilateral (not bilateral) weakness: YES NO

10. Items 4, 5, 6, 7, 8, 9 all YES's (or unknown) --- LAPSS screening criteria met:

YES NO

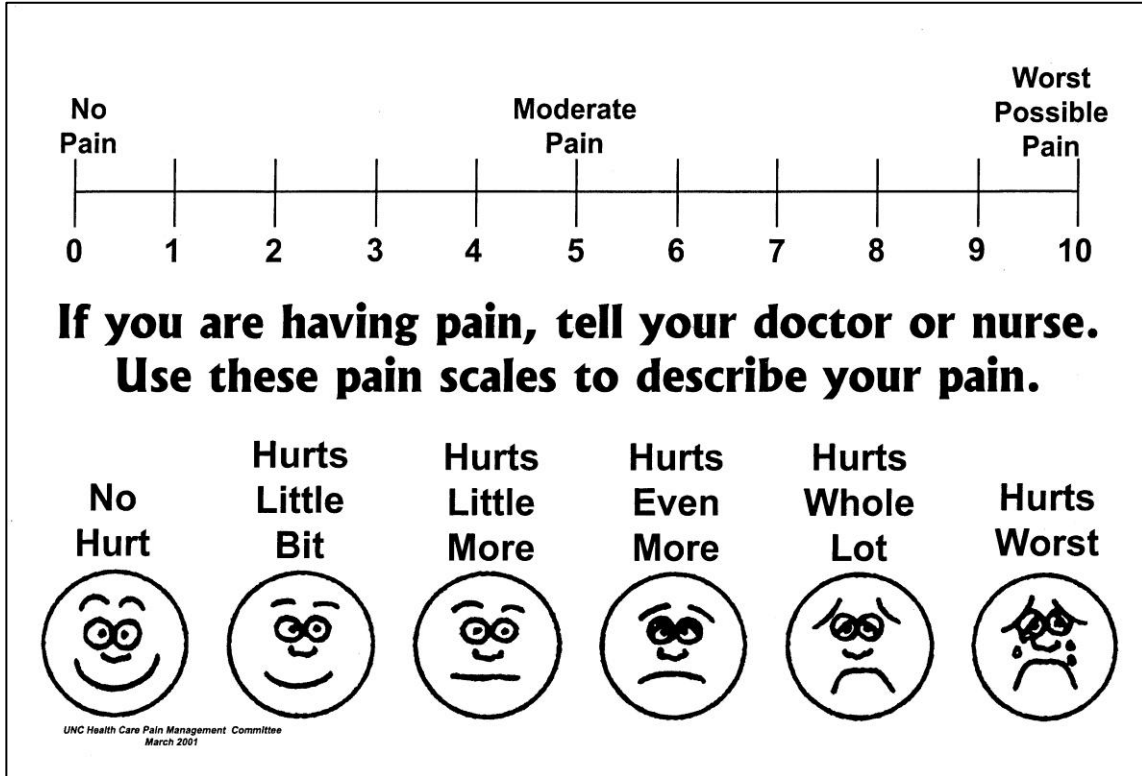
11. If LAPSS criteria for stroke are met, alert the receiving hospital of a possible stroke patient. If not, then return to the appropriate treatment protocol.

(Note: the patient may be experiencing a stroke even if the LAPSS criteria are not met.)

12. Time LAPSS Exam Performed: Military Time: _____

13. Form Completed by: _____







Pain Scale Forms



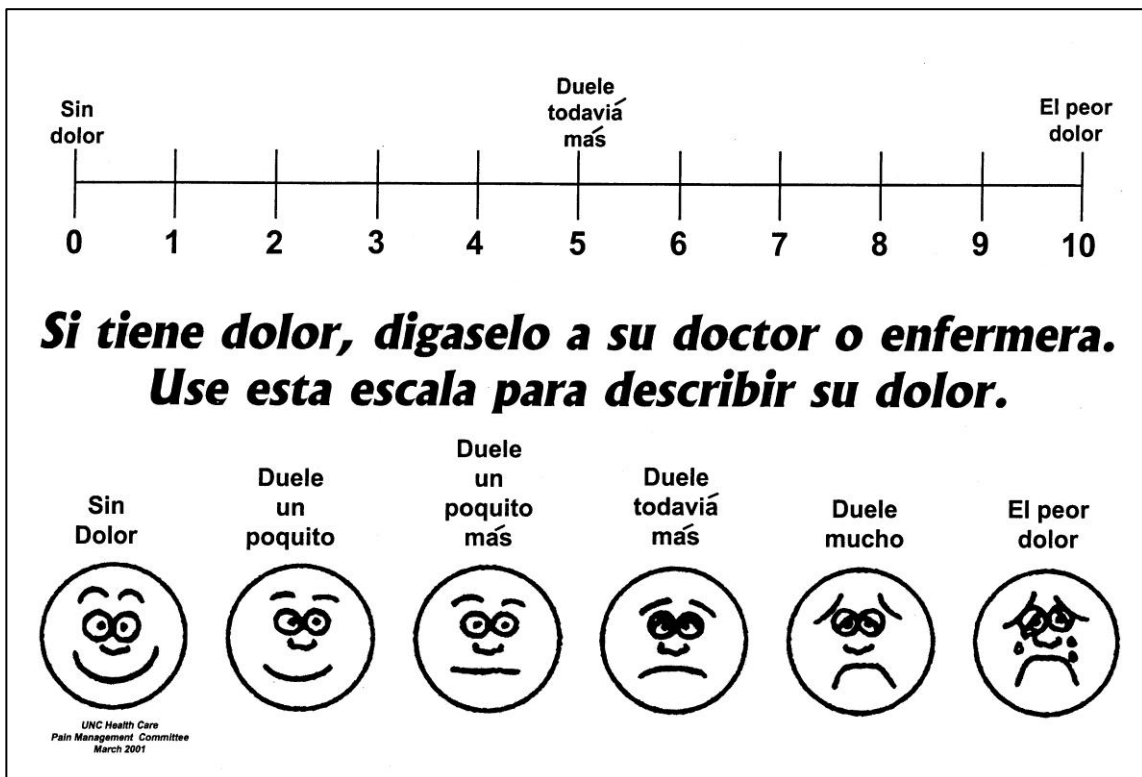
No Pain Moderate Pain Worst Possible Pain

0 1 2 3 4 5 6 7 8 9 10

**If you are having pain, tell your doctor or nurse.
Use these pain scales to describe your pain.**

No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst
					







UNC Health Care Pain Management Committee
March 2001



Sin dolor Duele todavía más El peor dolor

0 1 2 3 4 5 6 7 8 9 10

**Si tiene dolor, dígaselo a su doctor o enfermera.
Use esta escala para describir su dolor.**

Sin Dolor	Duele un poquito	Duele un poquito más	Duele todavía más	Duele mucho	El peor dolor
					

UNC Health Care
Pain Management Committee
March 2001

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Restraint Checklist

Patient's Name: _____

PCR Number: _____ Date: _____

It is recommended that a Restraint Checklist be completed with any restraint use.

1. Reason for restraint (check all that apply):

- Patient attempting to hurt self
- Patient attempting to hurt others
- Patient attempting to remove medically necessary devices

2. Attempted verbal reassurance / redirection?

- Yes
- No

3. Attempted environmental modification? (i.e. remove patient from stressful environment)

- Yes
- No

4. Received medical control order for restraints?

- Yes _____, MD
- No (Medical Control Physician Name Here)

5. Time and Type of restraint applied (check all that apply):

Date: ____/____/____ Time: ____AM/PM

Limb restraints:

- LUE
- RUE
- LLE
- RLE

Chemical Restraint:

- Yes
- No

If Yes: Drug Used: _____

Total Dose: _____

6. Vital signs and extremity neurovascular exam should be taken every 15 minutes.

7. Transport Position (Patient should NOT be in prone position)

- Supine position for transport
- Lateral recumbent position for transport

Signature: _____

(EMS Lead Crew Member)



Approved Medical Abbreviations

The following is a list of approved medical abbreviations. Providers should use only these abbreviations in medical documentation or other agency specific approved abbreviations.

Most commonly used abbreviations:

(list most common abbreviations used in your agency for quick reference)

Agency specific hospital/ facilities abbreviations:

(list medical facilities (hospitals, offices, rehabilitation, skilled nursing facilities, etc. used in your agency)



Approved Medical Abbreviations

The following is a list of approved medical abbreviations. Providers should use only these abbreviations in medical documentation or other agency specific approved abbreviations.

A:

AAA	Abdominal Aortic Aneurysm
AAL	Anterior Axillary Line
ABC	Airway, Breathing, Circulation
ABD	Abdomen or Abdominal
ABCH	Airway, Breathing, Circulation, Hemorrhage
AC	Antecubital fossa
ACLS	Advanced Cardiac Life Support
ACV	Assist-Control Volume
ACP	Assist-Control Pressure
A/O x 3	Alert and oriented to person, place, and time
A/O x 4	Alert and oriented to person, place, time, and situation
AED	Automated External Defibrillator
AEMT	Advanced Emergency Medical Technician
AFIB	Atrial Fibrillation
AFLT	Atrial Flutter
AFIBRVR	Atrial Fibrillation with Rapid Ventricular Response
AFLTRVR	Atrial Flutter with Rapid Ventricular Response
AI	Adrenal Insufficiency
AICD	Automated Internal Cardioverter – Defibrillator
AIDS	Acquired Immunodeficient Syndrome
AIVR	Accelerated Idioventricular Rhythm
AKA	Above Knee Amputation
ALS	Advanced Life Support
AOSTF	Arrived on scene to find
AM	Morning
AMA	Against Medical Advice
AMB	Ambulance
AMI	Anterior Myocardial Infarction
AMS	Altered Mental Status
AMT	Amount
APGAR	Appearance, Pulse, Grimace, Activity, Respiratory
APPROX or ~	Approximately



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A:

ASA	Aspirin
ASSOC	Associated or Association
AVB	AV Block / Atrioventricular Block
AVPU	Alert, Responsive to Verbal, Responsive to Pain, Unresponsive

B:

BB	Beta-blockers
BBS	Bilateral Breath Sounds
BILAT or B/L	Bilateral
BIAD	Blind Insertion Airway Device
BI-VAD	Bi-Ventricular Assist Device
BG or BGL	Blood Glucose
BKA	Below Knee Amputation
BL	Bilevel Positive Airway Pressure
BLS	Basic Life Support
BM	Bowel Movement
BP	Blood Pressure
BPM	Breaths per Minute or Beats per Minute
BS	Breath Sounds
BSI	Body Substance Isolation
BVM	Bag-Valve-Mask

C:

CA	CANCER
CABG	Coronary Artery Bypass Graft
CAD	Coronary Artery Disease
CATH	Catheter
Cap refill	Capillary refill
CBG	Capillary Blood Glucose
CC or C/C	Chief Complaint



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C:

CCP	Casualty Collection Point
CCU	Coronary Care Unit
CHF	Congestive Heart Failure
CHI	Closed Head Injury
CKD	Chronic Kidney Disease
CNA	Certified Nursing Assistant
CNS	Central Nervous System
COMM	Command
COMMP	Command Post
CO2	Carbon Dioxide
C/O	Complains Of
COPD	Chronic Obstructive Pulmonary Disease
CO	Carbon Monoxide
CP	Chest Pain
CPAP	Continuous Positive Airway Pressure
CPR	Cardiopulmonary Resuscitation
CVA	Cerebrovascular Accident (Stroke)
CS	Cervical Spine
CSIC	Cervical Spine Immobilization Collar
CSF	Cerebrospinal Fluid
C-SECT	Cesarean Section
CT	Cat Scan
CTA	Clear to Auscultation

D:

D5W	5% Dextrose in Water
D5NS	5% Dextrose in Normal Saline
D5LR	5% Dextrose in Lactate Ringers
D10	10% Dextrose in Water or 10% Dextrose
D50	50% Dextrose



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D:

D25	25% Dextrose
DBP	Diastolic Blood Pressure
DC or D/C	Discontinue
DCAPBTLs	Deformities, contusions, abrasions, penetrations, burns, tenderness, lacerations and swelling
Defib	Defibrillation
DKA	Diabetic Ketoacidosis
DL	Direct Laryngoscopy
DNEB	DuoNeb
DNI	Do Not Intubate
DNR	Do Not Resuscitate
DM	Diabetes Mellitus
DOA	Dead on Arrival
DOB	Date of Birth
DOE	Dyspnea on Exertion
DAA	Drug Assisted Airway
DT	Delirium Tremens
DVT	Deep Venous Thrombosis
DX or Dx	Diagnosis

E:

EBL	Estimated Blood Loss
ECG or EKG	Electrocardiogram
ED	Emergency Department
eFAST	Enhanced Focused Assessment with Sonography in Trauma
EEG	Electroencephalogram
EGA	Extra-glottic Airway
EJ	External Jugular
eKit	Emergency (Hospice) Kit
EQ or =	Equal



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E:

EMD	Emergency Medical Dispatcher
EMR	Emergency Medical Responder
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
ePCR	Electronic Patient Care Report
ESRD	End Stage Renal Disease
ET	Endotracheal
ETA	Estimated Time of Arrival
ETCO ₂	End-Tidal Carbon Dioxide
ETT	Endotracheal Tube
ETOH	Ethanol or Alcohol
EXT	External or Extension

F:

F or ♀	Female
FAST	Focused Assessment with Sonography in Trauma
FB	Foreign body
FF	Firefighter
FiO ₂	Fraction of Inspired Oxygen Concentration
FR	First Responder
FSBS	Finger Stick Blood Sugar
FLEX	Flexion
FX	Fracture

G:

g	Gram(s)
G	Gravida
gtts	Drops
>	Greater
≥	Greater than or equal to



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G:

GCS	Glasgow Coma Score
GI	Gastrointestinal
GIB	Gastrointestinal Bleed (ing)
GSW	Gunshot wound
GU	Genitourinary
GYN	Gynecology or Gynecological

H:

HA	Headache
HazMat	Hazardous Material(s)
HCPOA	Health Care Power of Attorney
HEENT	Head, Eyes, Ears, Nose, Throat
HD	Hemodialysis
HI	Homicidal Ideation
HIV	Human Immunodeficiency Virus
HOB	Head of Bed
HOSP	Hospital
HR	Heart rate
HTN	Hypertension
HTX	Hemothorax
HX	History

I:

IABP	Intra-Aortic Balloon Pump
ICP	Intracranial pressure
ICS	Incident Command System
ICU	Intensive care unit
I:E	Inspiratory to Expiratory Ratio
IM	Intramuscular
IN	Intranasal



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I:

IO	Intraosseous
IU	International Unit
IUD	Intrauterine Device
IV	Intravenous
IVP	Intravenous Push
IVR	Idioventricular Rhythm
IVPB	IV Piggy Back
IOP	Intraosseous Push

J:

J	Joules
JVD	Jugular Vein Distension

K:

KED	Kendrick Extrication Device
Kg or kg	Kilogram
KTD	Kendrick Traction Device
KVO	Keep Vein Open

L:

L	Liter
LAC	Laceration
LBBB	Left Bundle Branch Block
LEO	Law Enforcement Officer
<	Less
≤	Less than or equal to
LKW	Last Known Well
L-SPINE	Lumbar spine
LS	Lumbosacral spine
L&D	Labor and delivery



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L:

LAT	Lateral
Lbs.	Pound or Pounds
LLE	Left Lower Extremity
LLQ	Left Lower Quadrant
LUE	Left Upper Extremity
LMA	Laryngeal Mask Airway
LMP	Last Menstrual Period
LOC	Level of Consciousness
LPN	Licensed Practical Nurse
LR	Lactated ringers
LS	Lumbar Spine
LSB	Long Spine Board
LSN	Last Seen Normal
LUQ	Left Upper Quadrant
LVAD	Left Ventricular Assist Device

M:

M or ♂	Male
MAE	Moves All Extremities
MAP	Mean Arterial Pressure
MCI	Mass Casualty Incident
MCL	Mid Clavicular Line
mcg	Microgram(s)
MDI	Metered Dose Inhaler
ME	Medical Examiner
MED	Medicine
MERT	Medical Emergency Response Team
mEq	Milliequivalent
Mg or mg	Milligram(s)
mg/dL	milligrams per deciliter



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The following is a list of approved medical abbreviations. Providers should use only these abbreviations in medical documentation or other agency specific approved abbreviations.

M:

MI	Myocardial Infarction (heart attack)
min	Minute
mL	Milliliter
MOI	Mechanism of Injury
MOST	Medical Order for Scope of Treatment
mm	Millimeter
MS	Mental status
MSC	Mental status change
msec	Miliseconds
MV	Mechanical Ventilation
MVC	Motor Vehicle Crash

N:

N/A	Not applicable
N/V	Nausea/Vomiting
N/V/D	Nausea/Vomiting/Diarrhea
NAD	No Apparent (or Acute) Distress
NAEMSP	National Association of EMS Physicians
NC	Nasal Cannula
NCCEP	North Carolina Chapter of Emergency Physicians
NCOEMS	North Carolina Office of EMS
NEB	Nebulizer
NEG or -	Negative
NGT	Nasogastric Tube
NH	Nursing Home
NIPPV	Non-Invasive Positive Pressure Ventilation
NKDA	No Known Drug Allergies
NO	Nitrous Oxide
NPO	Nothing by Mouth
NPA	Nasopharyngeal Airway



Approved Medical Abbreviations

The following is a list of approved medical abbreviations. Providers should use only these abbreviations in medical documentation or other agency specific approved abbreviations.

N:

NRB	Non-rebreather Face Mask
NREMT	National Registry of EMT
NS	Normal Saline
NSAID	Non-steroidal Anti-inflammatory Drug
NSR	Normal Sinus Rhythm
NSTEMI	Non ST-Segment Myocardial Infarction
NTG	Nitroglycerin
NTI	Nasotracheal Intubation

O:

O2	Oxygen
OBGYN	Obstetrics and Gynecology
OHCA	Out-of-Hospital Cardiac Arrest
OD	Overdose
OGT	Orogastric Tube
OME	Oral Morphine Equivalents
OPA	Oropharyngeal Airway
OPO	Organ Procurement Organization
OTI	Orotracheal Intubation
OTC	Over-the-counter (medications)
OZ	Ounces

P:

P	Para
PA	Physician Assistant
PALP	Palpation
PAC	Premature Atrial Contraction
PBW	Predicted Body Weight
PCI	Percutaneous Coronary Intervention
PCP	Primary Care Provider
PCR	Patient Care Report



Approved Medical Abbreviations

The following is a list of approved medical abbreviations. Providers should use only these abbreviations in medical documentation or other agency specific approved abbreviations.

P:	
PD	Peritoneal Dialysis
PE	Pulmonary embolus
PEA	Pulseless Electrical Activity
PEEP	Positive End Expiratory Pressure
PEARL	Pupils equal and reactive to light
PICC	Peripheral Inserted Central Catheter
PIP	Peak Inspiratory Pressure
PJC	Premature Junctional Contraction
PMH	Past Medical History
PM	Evening
PMS	Pulse, Motor, Sensory
PO	Oral or By Mouth
POCUS	Point of Care Ultrasound
POS or +	Positive
POV	Privately Owned Vehicle
PP	Plateau Pressure
PPE	Personal Protective Equipment
PPH	Post partum Hemorrhage
PRN	As needed
PSVT	Paroxysmal Supraventricular Tachycardia
PSY or Ψ	Psychiatric
PT	Patient
PTA	Prior to Arrival
PTX	Pneumothorax
PVC	Premature Ventricular Contraction
Q:	
q	Every
QRV	Quick Response Vehicle
QUES or ?	Question or questionable



Approved Medical Abbreviations

The following is a list of approved medical abbreviations. Providers should use only these abbreviations in medical documentation or other agency specific approved abbreviations.

R:

RBBB	Right Bundle Branch Block
ROM	Range of Motion
RLE	Right Lower Extremity
RLQ	Right Lower Quadrant
RUE	Right Upper Ex
ROSC	Return of Spontaneous Circulation
RN	Registered Nurse
RR	Respiratory Rate
RSA	Rapid Sequence Airway
RSI	Rapid Sequence Intubation
RT or RCP	Respiratory Therapist or Respiratory Care Provider
RTF	Rescue Task Force
RUQ	Right Upper Quadrant
RVAD	Right Ventricular Assist Device
RXN	Reaction

S:

SA	Sinus Arrhythmia
SBP	Systolic Blood Pressure
SCBA	Self-Contained Breathing Appartus
S/P	Status Post
sec	Seconds
SGA	Supraglottic Airway
SI	Suicidal Ideation
SIx	Shock Index
SIMV	Synchronized Intermittent Mandatory Ventilation
SL	Sublingual
SOB	Shortness of Breath
SQ	Subcutaneous
SNF	Skill Nursing Facility



Approved Medical Abbreviations

The following is a list of approved medical abbreviations. Providers should use only these abbreviations in medical documentation or other agency specific approved abbreviations.

S:

SOG	Standard Operating Guideline(s)
SOP	Standard Operating Procedure(s)
SPO2	Pulse Oximetry
SMR	Spinal Motion Restriction
SSB	Short Spine Board
SSN	Social Security Number
SSS	Sick Sinus Syndrome
ST	Sinus Tachycardia
STEMI	ST Segment Elevation Myocardial Infarction
SVD	Spontaneous Vaginal Delivery
SVT	Supraventricular Tachycardia
SWAT	Special Weapons and Tactics Team
SX or Sx	Symptom(s)
Sync	Synchronized
SZ or Sz	Seizure

T:

T	Temperature
TAH	Total Artificial Heart
TBSA	Total Body Surface Area
TCP	Transcutaneous Pacing
TFCPR	Team Focused Cardiopulmonary Resuscitation
TIA	Transient Ischemic Attack
TK or TQ	Tourniquet
TKO	To Keep Open
TOB	Time of Birth
TOD	Time of Death
TOI	Time of Ingestion
TOO	Time of Onset
TOR	Termination of Resuscitation



Approved Medical Abbreviations

The following is a list of approved medical abbreviations. Providers should use only these abbreviations in medical documentation or other agency specific approved abbreviations.

T:

tPA	Tissue Plasminogen Activator
T-POD	Trauma Pelvic Orthotic Device
TS	Thoracic Spine
TTP	Targeted Temperature Management
TV	Tidal Volume
TX or Tx	Treatment
TXA	Tranexamic Acid

U:

UOA	Upon Our Arrival
URI	Upper Respiratory Infection
US	Ultrasound
USIV	Ultrasound IV
UTI	Urinary Tract Infection

V:

VAD	Ventricular Assist Device
VF	Ventricular Fibrillation
VL	Video Laryngoscopy
VS or V/S	Vital Signs
VSS	Vital Signs Stable
VT	Ventricular Tachycardia

W:

WAP	Wandering Atrial Pacemaker
WCD	Wearable Cardio-Defibrillator Vest
WMD	Weapon of Mass Destruction
WNL	Within Normal Limits
WPW	Wolf Parkinson White syndrome
W/S	Watts per Second



Approved Medical Abbreviations

The following is a list of approved medical abbreviations. Providers should use only these abbreviations in medical documentation or other agency specific approved abbreviations.

W:

WT or Wt Weight

Y:

Y/O Year(s) Old

YOF Year Old Female

YOM Year Old Male

YONB Year Old Nonbinary

Y:

Y/O Year(s) Old

YOF Year Old Female

YOM Year Old Male

YONB Year Old Nonbinary

Z:

ZED Zee Extrication Device

Symbol Chart:

~	Approximate, approximately, approximation
&	And
@	At
Δ	Change
°	Degree (s)
=	Equal (s)
♀	Female
>	Greater than
≥	Greater than or equal to
<	Less than
≤	Less than or equal to
♂	Male
-	Negative
#	Number
%	Percent, percentage
+	Positive
ψ	Psychiatry, psychiatric
?	Question, questionable



Reperfusion Checklist

The Reperfusion Checklist is an important component in the initial evaluation, treatment, and transport of patients suffering from an acute ST-elevation myocardial infarction (STEMI) or acute Stroke. Both of these conditions can be successfully treated using fibrinolysis (thrombolytics) if the patient arrives at the appropriate hospital within the therapeutic window of time.

This form should be completed for all acute STEMI and acute Stroke patients.

Patient's Name: _____

PCR Number: _____ Date: _____

1. Has the patient experienced chest discomfort for greater than 15 minutes and less than 12 hours?

Yes No

2. Has the patient developed a sudden neurologic deficit with a positive Los Angeles Prehospital Stroke Screen?

Yes No

3. Are there any contraindications to fibrinolysis?

If any of the following are checked "Yes", fibrinolysis MAY be contraindicated.

- Yes No Systolic Blood Pressure greater than 180 mm Hg
- Yes No Diastolic Blood Pressure greater than 110 mm Hg
- Yes No Right vs. Left Arm Systolic Blood Pressure difference of greater than 15 mm Hg
- Yes No History of structural Central Nervous System disease (tumors, masses, hemorrhage, etc.)
- Yes No Significant closed head or facial trauma within the previous 3 months
- Yes No Recent (within 6 weeks) major trauma, surgery (including laser eye surgery), gastrointestinal bleeding, or severe genital-urinary bleeding
- Yes No Bleeding or clotting problem or on blood thinners
- Yes No CPR performed greater than 10 minutes
- Yes No Currently Pregnant
- Yes No Serious Systemic Disease such as advanced/terminal cancer or severe liver or kidney failure.

4. (STEMI Patients Only) Does the patient have severe heart failure or cardiogenic shock?

These patients may benefit more from a percutaneous coronary intervention (PCI) capable hospital.

- Yes No Presence of pulmonary edema (rales greater than halfway up lung fields)
- Yes No Systemic hypoperfusion (cool and clammy)

If any contraindication is checked as "Yes" and an acute Stroke is suspected by exam or a STEMI is confirmed by ECG, activate the EMS Stroke Plan or EMS STEMI Plan for fibrinolytic ineligible patients. This may require the EMS Agency, an Air Medical Service, or a Specialty Care Transport Service to transport directly to an specialty center capable of interventional care within the therapeutic window of time.



Difficult Airway Evaluation

Evaluating for the difficult airway

Between 1 – 3% of patients who require endotracheal intubation have airways that make intubation difficult. Recognizing those patients who may have a difficult airway allows the paramedic to proceed with caution and to keep as many options open as possible. It also allows the paramedic to prepare additional equipment (such as a cricothyrotomy kit) that may not ordinarily be part of a standard airway kit. The mnemonic LEMON is useful in evaluating patients for signs that may be consistent with a difficult airway and should raise the paramedic's index of suspicion.

Look externally

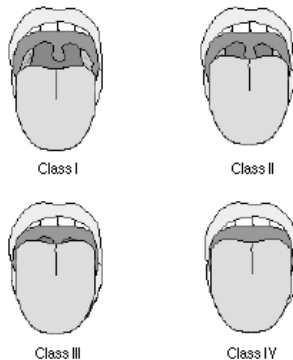
External indicators of either difficult intubation or difficult ventilation include: presence of a beard or moustache, abnormal facial shape, extreme cachexia, edentulous mouth, facial trauma, obesity, large front teeth or "buck teeth", high arching palate, receding mandible, short bull neck.

Evaluate 3-3-2 Rule

- 3 fingers between the patient's teeth (patient's mouth should open adequately to permit three fingers to be placed between the upper and lower teeth)
- 3 fingers between the tip of the jaw and the beginning of the neck (under the chin)
- 2 fingers between the thyroid notch and the floor of the mandible (top of the neck)

Mallampati

This scoring system is based on the work of Mallampati et al published in the Canadian Anaesthesia Society Journal in 1985. The system takes into account the anatomy of the mouth and the view of various anatomical structures when the patient opens his mouth as wide as possible. This test is performed with the patient in the sitting position, the head held in a neutral position, the mouth wide open, and the tongue protruding to the maximum. Inappropriate scoring may occur if the patient is in the supine position (instead of sitting), if the patient phonates or if the patient arches his or her tongue.



Class I (easy) = visualization of the soft palate, fauces, uvula, anterior and posterior pillars.

Class II = visualization of the soft palate, fauces and uvula.

Class III = visualization of the soft palate and the base of the uvula.

Class IV (difficult) = soft palate is not visible at all.

Obstruction?

Besides the obvious difficulty if the airway is obstructed with a foreign body, the paramedic should also consider other obstructers such as tumor, abscess, epiglottitis, or expanding hematoma.

Neck Mobility

Ask the patient to place their chin on their chest and to tilt their head backward as far as possible. Obviously, this will not be possible in the immobilized trauma patient.



Burns Resources

Fluid Formula

Formula for Fluid Resuscitation of the Burn Patient (Also known as the Parkland Formula)

Pts Wt kg x %TBSA x 4.0cc LR infused over 24 hours with half given in the first 8 hours.

(For the equation, the abbreviations are: PW x TBSA x 4.0 cc)

EMS focuses on the care given during the 1st hour or several hours following the event. Thus the formula as adapted for EMS and the first 8 hours is:

$$PW \times TBSA \times 4.0 \text{ cc, divide by 2}$$

to take this to the hourly rate, divide that solution by 8 and the equation becomes:

$$PW \times TBSA \times 4.0\text{cc} / 2 / 8 = \text{total to be infused for each of the first 8 hours.}$$

Another way to state the equation is to use:

$$PW \times TBSA \times 0.25\text{cc} = \text{total to be infused for each hour of the first 8 hours.}$$

Example. 80 kg patient with 50 %TBSA x 0.25 cc = 1000 cc/hr.

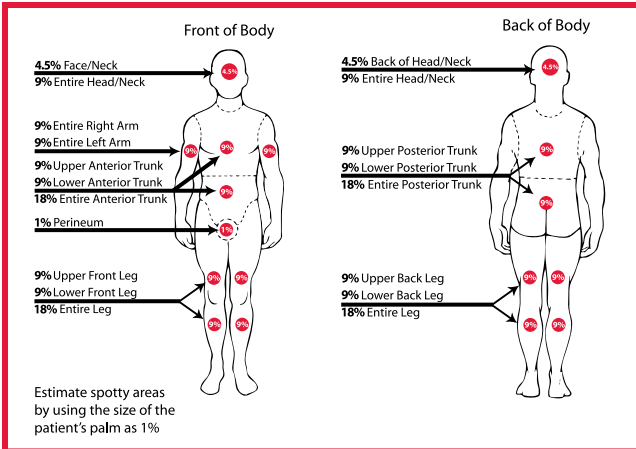
Remember:

Patient's Weight in kg (2.2 lbs = 1.0 kg) example: 220 lbs adult = 100 kg

% TSBA = Rule of Nine Total Body Surface Area

Factor for the 1st hr. and each hr. for the 1st 8 hrs. = 0.25

(Reminder, if two IV's are running, divide total amount to be infused each hr. by 2)



Wt (kg)	% TBSA	Factor	/Hr for 1st 8 Hrs of Care	60 gtt set, gtt/min	20 gtt set, gtt/min	15 gtt set, gtt/min	10 gtt set, gtt/min
10	10	0.25	25	25	8.3	6.3	4.2
10	20	0.25	50	50	16.7	12.5	8.3
10	30	0.25	75	75	25.0	18.8	12.5
10	40	0.25	100	100	33.3	25.0	16.7
10	50	0.25	125	125	41.7	31.3	20.8
20	10	0.25	50	50	16.7	12.5	8.3
20	20	0.25	100	100	33.3	25.0	16.7
20	30	0.25	150	150	50.0	37.5	25.0
20	40	0.25	200	200	66.7	50.0	33.3
20	50	0.25	250	250	83.3	62.5	41.7
30	10	0.25	75	75	25.0	18.8	12.5
30	20	0.25	150	150	50.0	37.5	25.0
30	30	0.25	225	225	75.0	56.3	37.5
30	40	0.25	300	300	100.0	75.0	50.0
30	50	0.25	375	375	125.0	93.8	62.5
40	10	0.25	100	100	33.3	25.0	16.7
40	20	0.25	200	200	66.7	50.0	33.3
40	30	0.25	300	300	100.0	75.0	50.0
40	40	0.25	400	400	133.3	100.0	66.7
40	50	0.25	500	500	166.7	125.0	83.3
50	10	0.25	125	125	41.7	31.3	20.8
50	20	0.25	250	250	83.3	62.5	41.7
50	30	0.25	375	375	125.0	93.8	62.5
50	40	0.25	500	500	166.7	125.0	83.3
50	50	0.25	625	625	208.3	156.3	104.2
60	10	0.25	150	150	50.0	37.5	25.0
60	20	0.25	300	300	100.0	75.0	50.0
60	30	0.25	450	450	150.0	112.5	75.0
60	40	0.25	600	600	200.0	150.0	100.0
60	50	0.25	750	750	250.0	187.5	125.0
70	10	0.25	175	175	58.3	43.8	29.2
70	20	0.25	350	350	116.7	87.5	58.3
70	30	0.25	525	525	175.0	131.3	87.5
70	40	0.25	700	700	233.3	175.0	116.7
70	50	0.25	875	875	291.7	218.8	145.8
80	10	0.25	200	200	66.7	50.0	33.3
80	20	0.25	400	400	133.3	100.0	66.7
80	30	0.25	600	600	200.0	150.0	100.0
80	40	0.25	800	800	266.7	200.0	133.3
80	50	0.25	1000	1000	333.3	250.0	166.7
90	10	0.25	225	225	75.0	56.3	37.5
90	20	0.25	450	450	150.0	112.5	75.0
90	30	0.25	675	675	225.0	168.8	112.5
90	40	0.25	900	900	300.0	225.0	150.0
90	50	0.25	1125	1125	375.0	281.3	187.5
100	10	0.25	250	250	83.3	62.5	41.7
100	20	0.25	500	500	166.7	125.0	83.3
100	30	0.25	750	750	250.0	187.5	125.0
100	40	0.25	1000	1000	333.3	250.0	166.7
100	50	0.25	1250	1250	416.7	312.5	208.3



Critical (Red)

>15% TBSA 2nd/3rd Degree Burn
 Burns with Multiple Trauma
 Burns with definitive airway compromise
 (When reasonable accessible, transport to a Burn Center)



Serious (Yellow)

5-15% TBSA 2nd/3rd Degree Burn
 Suspected Inhalation injury or requiring intubation for airway stabilization
 Hypotension
 GCS < 14
 (When reasonable accessible, transport to either a Level I Burn Center or a Trauma Center)



Minor (Green)

< 5% TBSA 2nd/3rd Degree Burn
 No inhalation injury, Not Intubated,
 Normotensive
 GCS > 14
 (Transport to the Local Hospital)