



Episode Information:

Date (mm/dd/yyyy)
 / /

Time call received at dispatch
 : : (hh:mm:ss; 24hr clock)
 dpinsr

From PCR/other From dispatch Unable to obtain (Non-ROC agency 1st arrival)

CTC Episode ID:
 - -

Incident Number (optional)

Site Linking ID (optional)

1. EMS response: (List vehicles in the order that they arrived at the scene)

	Agency Name	Vehicle Name	# of Personnel	Service level				Time of arrival	Source		
				BLS	BLS-D	BLS+	ALS		Watch	Dispatch	No Time
1:	<input type="text"/>	<input type="text"/>	<input type="text"/> rigmp	<input type="radio"/>	<input type="radio"/> rigsl	<input type="radio"/>	<input type="radio"/>	hh:mm:ss <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="radio"/> rigsr	<input type="radio"/>	<input type="radio"/>
2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 0

2. Episode characteristics: (check only one)

- Cardiac arrest -
 Out-of-hospital cardiac arrest (not associated with burn, blunt or penetrating trauma), evaluated by organized EMS personnel and:
 - Treated by EMS - receive attempts at external defibrillation by lay responders or EMS personnel, or receive chest compressions by organized EMS personnel; OR
 - Not treated by EMS - are pulseless but do not receive attempts to defibrillate or CPR by EMS personnel. This group will include patients with do not attempt resuscitative directive signed and dated by a physician, extensive history of terminal illness or intractable disease, or request from the patient's family.

- Traumatic injury -
 Out-of-hospital injury, evaluated by organized EMS personnel and:
 - 1 Meets one or more of the following physiologic criteria documented: (check all that apply)
 - Systolic blood pressure ≤ 90 mmHg
 - Respiratory rate < 10 or > 29
 - Advanced airway
 - Glasgow Coma Scale score ≤ 12
 - 2 Dead in field with EMS treatment and no physiologic criteria documented
 - 0 Dead at scene without EMS treatment

trtx2

Number of patients on scene including current patient: 0 One 1 Multiple 2 Not Recorded

3. Any indication that the patient was enrolled in another clinical trial?

- No
- Yes, ROC clinical trial
 - 1 Cardiac study → PRIMED Study ID: - PR -
 - 2 Trauma study → HS Study ID: - HS -
- Yes, non-ROC clinical trial → Specify: (60)

Person responsible for data on this form:

Complete this form:
 - for each trauma episode
 Main data source: PCR
 Other data source: Dispatch, family members, witnesses



Pre-hospital Time Record

Trauma

Version 2.00.00; Date: 11/13/2006

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Time Record:

-Fill in Event Order, Watch time, and/or Dispatch time for all events that occurred. If an event did not occur, enter "0" for Event Order.
 -If no documented time exists (from Watch or Dispatch) for an event that occurred, fill in event order, leave the time fields blank and check the "No Doc Time" box. The exception is "911 call received at primary PSAP" (enter the event order as "0" if you do not know the time).

-Additional Instructions/Documentation

Event	Event Order 1-16 0=NA	Time of Event		No Doc Time	Computer to generate (you may adjust)	
		Watch hh:mm:ss	Dispatch hh:mm:ss		Aligned Time hh:mm:ss	Adj
911 call received at primary PSAP	<input type="text"/> rd911	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> ndt911	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st 911 call received at dispatch	<input type="text"/> rdrcv	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> ndtrcv	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st vehicle dispatch time	<input type="text"/> rd dsp	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> ndtdsp	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st vehicle arrival at scene	<input type="text"/> rdarr	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> ndtarr	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
1st ALS arrival at scene	<input type="text"/> rdals	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> ndtals	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
Resus. stopped due to death	<input type="text"/> rdtrn	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> ndttrn	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
Patient transported from scene	<input type="text"/> rdlft	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> ndt1ft	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
Transferred to aero-medical	<input type="text"/> rdaer	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> ndaer	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>
ED or EMS destination arrival	<input type="text"/> rdeda	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> ndteda	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/>

Sort Event Order Align Times Turn Align Off Original Order Reset Form

Person responsible for data on this form:

Note: Time Intervals will be computed at data entry time

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1. Location of Episode:

a. Location (check one only)

- Census tract:
US: State County Tract Link <http://www.ffiec.gov/geocode/default.htm>
Toronto: CTName/CTUID (nnnn.nn/nnnnnnnn.nn)
- Lat/long:
Latitude → Decimal degrees DMS DM
Longitude → ₁ Decimal degrees ₂ DMS ₃ DM
Datum → NAD83 NAD27 WGS84
- UTM:
Easting → Meters Kilometers
Northing → Meters Kilometers
Zone
- Unknown/not noted

b. Public or non-public?

- 1 Public (check one only)
 - 1 Street/highway
 - 2 Public building (schools, government office)
 - 3 Place of recreation (park, stadium, lake)
 - 4 Industrial place (factory, warehouse, construction site)
 - 9 Other public property (sidewalk, store, church, restaurant, bar, hotel)
- 0 Non public (check one only)
 - 5 Home residence (inside or immediately surrounding)
 - Farm/ranch
 - 7 Healthcare facility
 - 8 Residential institution (assisted living, nursing home)
 - 10 Other private

2. Demographics:

a. Age:

- agep years months days
- 1 Calculated from DOB
 - 2 Estimated by EMS

If no age available use categories:

- 1 Infant (If < 1 year)
- 2 Child (1 - 11 years)
- 3 Adolescent (12 - 19 years)
- 4 Adult (20 - 39 years)
- 5 Middle age (40 - 60 years)
- 6 Older (61 - 75 years)
- 7 Elderly (> 75 years)
- 8 Unknown/not noted

b. Gender:

- sexp ₁ Male ₀ Female ₂ Unknown/not noted

c. Race/Ethnicity: (check all that apply)

- hispp Hispanic or Latino
- whitep White
- blackp African-American/Black
 - American-Indian/Alaska Native
- asianp Asian
 - Native Hawaiian/Pacific Islander
- othrcp Other
- unkrcp Unknown/not noted



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3. Prehospital intervention:

pnoint No EMS Prehospital interventions from the list below were recorded

NA/NR Done

- pbag2** Airway, bag-mask
- padair2** Airway, advanced → Check all attempted/used:
 - psga** Combitube/LMA/EOA (or other supraglottic airway)
 - petto** Oral ET
 - pettn** Nasal ET
 - Cricothyrotomy
 - pcpap** CPAP
 - Ventilator
 - prsi** RSI
- pcpr2** CPR
 - Hemorrhage control
- phyptx2** Hypothermia therapy → Method (optional) (check all) External Internal
- pfluid2** IV/IO line → Check all attempted: IO Initiation and/or continuation of an IV
 - Was fluid given? (check one only) **pio** **piv**
 - No
 - Unknown/not noted
 - TKO (to keep open)
 - Yes → (Check all given)

Fluid type	Total volume infused (optional)
<input type="checkbox"/> D5W	<input type="text"/> mls
pns <input type="checkbox"/> Normal Saline	<input type="text"/> mls
plr <input type="checkbox"/> Lactated Ringers	<input type="text"/> mls
pothfl <input type="checkbox"/> Other	<input type="text"/> mls
punkfl <input type="checkbox"/> Unknown/not noted	
- pmon2** Monitor, advanced → Check all attempted: 12-lead EtCO₂ Pacing

4. Disposition: (check one only)

- Died at scene or en route
- Treated by EMS:
 - Why was treatment halted? (check one) **pyhalt**
 - Considered futile
 - DNR (written or verbal)
 - Obviously dead
- Not treated by EMS:
 - Why? (check one) **pynotx**
 - Considered futile
 - DNR (written or verbal)
 - Obviously dead
- Transported by EMS to ED/hospital with ROSC or ongoing resuscitation → Complete the **ED hospital** form
 - Transported method: By land By air **ptrans**
 - Patient status at ED arrival: ROSC present Ongoing resuscitation Unknown/not noted
- Alive and not transported by EMS to ED/hospital **prosc**

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NA/NRDone

p1gcsr GCS: Eye p1gcse Verbal p1gcsv Motor p1gcsm or Total GCS p1gcstIndicate if: → Advanced airway? Yes p1intb NoIndicate if: → Chemically paralyzed or sedated? Yes p1para Nop1bpr SBP: p1sbp / DBP(optional) p1dbp SBP Not Detectable p1bpdp1hrr Pulse: p1hrp1rspr Resp: p1rspp1o2r SpO2 p1o2 → Supplemental oxygen? Yes p1soxy NoIndicate if more than one set vital signs recorded? Yes No (If No, skip to **item T2**)**Second Recorded Set**Patient in traumatic arrest or VSA? Yes No p2vsa

NA/NRDone

p2gcsr GCS: Eye p2gcse Verbal p2gcsv Motor p2gcsm or Total GCS p2gcstIndicate if: → Advanced airway? Yes p2intb NoIndicate if: → Chemically paralyzed or sedated? Yes p2para Nop2bpr SBP: p2sbp / DBP(optional) p2dbp SBP Not Detectable p2bpdp2hrr Pulse: p2hrp2rspr Resp: p2rspp2o2r SpO2 p2o2 → Supplemental oxygen? Yes p2soxy No**Worst Recorded**Patient in traumatic arrest or VSA for all recorded sets? Yes pwvsa No

NA/NRDone

pwgcsr GCS: Eye pwgcse Verbal pwgcsv Motor pwgcsm or Total GCS pwgcstIndicate if: → Advanced airway? Yes pwintb NoIndicate if: → Chemically paralyzed or sedated? Yes pwpara Nopwbpr Lowest SBP: pwsbp / DBP(optional) pwdbp SBP Not Detectable pwbpdpwlhrr Lowest Pulse: pwlhrpwhhrr Highest Pulse: pwhhrpwlrsr Lowest Resp: pwlrsppwhrsr Highest Resp: pwhrsppwo2r SpO2 pwo2 → Supplemental oxygen? Yes pwsoxy No

continue to next page

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CTC Episode ID: - - **Incident Number** (optional)**Site Linking ID** (optional)**T2. Injury characteristics****a. Type of injury:** (check one)

- 1 Blunt
2 Penetrating
3 Burn
4 Not known
5 Other (30)

injtyp

b. Mechanism of injury: (check one)

- 1 Motor vehicle occupant
2 Motorcyclist
3 Pedal cyclist
4 Pedestrian (struck by or against vehicle)
5 Other transport (includes off road vehicle crash, motor vehicle non-traffic accident)
6 Fall
7 Struck by/against or crushed (includes unarmed fight, rape, child battery, strike by blunt/thrown object)
8 Cut/pierce stab
9 Fire/burn (includes smoke inhalation)
11 Machinery
12 Firearm gunshot (includes BB/pellet gunshot, accidental assault, or self-inflicted)
13 Natural/environmental (includes dog bite, other bite/sting, overexertion)
15 Not known
14 Other (includes foreign body, poisoning, radiation exposure, aircraft related accident, water transport)
Specify: (30)

inmech2

T3. Safety equipment: (check all that apply)

- rstrnt Restraint use
airbag Air bag deployment
helmet Helmet
nosfty None
unksft Unknown
nasfty Not applicable
othsft Other: (30)

Person responsible for data on this form:

