

TEMSIS Elite Transition Training Practice Scenarios



Elite Practice Scenarios

Attached are practice training scenarios with all of the information preformatted for providers to practice using the new elite system. These scenarios provide structured information intended to take the provider through all of the various features of the runform, while also focusing on several key types of calls.

To use these scenarios:

- 1) Log onto the TEMSIS Elite Practice site using the information below.
- 2) Create a new incident, in either the web or field version, and
- 3) Enter the information on the scenario as if you were entering a regular runform. The system adds an incident number automatically. You can enter a unique call number that you and your training officer can recognize the give you credit for the practice.

The Scenarios currently include:

- Cardiac Arrest
- Chest Pain
- Stroke
- Minor Trauma

These are all transporting scenarios. We will be adding a couple more, to include at least one non-transport scenario.

Login information to the training site:

Training Site Web Address/URL:	https://www.imagetrend	elite.com/elite
	Organization ID	newhampshire (No Space!)
Training Login Information:	Username	provider
	Password	Provider#1 (Capital "P")

Or, You can log into your own account in Elite and enter Runs in your service. All practice runs will be delated before the system goes live for real patient data.

Elite Site Web Address/URL:	https://www.imagetrend	elite.com/elite
	Organization ID	newhampshire (No Space!)
Elite Login Information:	Username	Your TEMSIS Username
-	Password	Your TEMSIS Password

Elite Training Scenario Cardiac Arrest (Transport)

	Cardiac Arrest (Transport)
Element	Call Data to Enter
RESPONSE TIMES PANEL (On the	
Dispatch Notified	1700
Unit Dispatched	1701
Enroute	1704
Arrive Scene (1 st Resp.)	1708
Arrive Scene (Transp. Unit)	1712
Patient Contact	1713
En Route Hosp. / Left Scene	1758
Arrived Destination	1816 1900
Unit In Service DISPATCH INFO TAB	1900
DISPATCH INFO PANEL	
Type of Call	Emergency Response (Primary Coverage Area)
Dispatch Reason	Unknown Problem/Person Down
Dispatch Delays	None/No Delay
INCIDENT ADDRESS PANEL	Honorito Bolay
Location Type	Home / Residence (Single Family Private)
Street Address	99 TEMSIS Way
Incident Zip Code	03301 <click "set="" code"="" from="" postal=""></click>
INCIDENT NUMBERS PANEL	
Patient # for Incident	1
Service Use – Call # or ID	Enter something identifiable for you and your training officer
RESPONSE RESOURCES TAB	
RESPONDING UNIT PANEL	
INTENDED Role of Unit	Ground Transport
Highest Responder Level + Equip.	Paramedic (w/ALS Equip)
Resp. Unit Call Sign	Medic 1
Resp. Unit ID	Rescue 51
RESPONDING CREW PANEL	
Crew Members	<click "add"=""></click>
Crew Members	Click a Provider
Crew Response Role	Click on Response – Driver/Pilot
Crew Response Role	Click on Transport – Primary Patient Caregiver
Crew Members	<click "add"="">,</click>
Crew Members	Click another Provider
Crew Response Role	Click on Transport – Driver/Pilot
EMS Shift	Night
RESPONSE PRIORITY PANEL	Diamir
Delays to Response	Blank Immediate
Response Urgency Response Priority	
Response Priority Responding Traffic Alert	Emergent (Immediate Response) Lights and Sirens
SCENE/SITUATION TAB	Lights and offens
SITUATION PANEL	
Number of Patients at Scene	Single
Incident/Patient Disposition	Pt Eval & Tx in THIS EMS Unit (AMT/CCT Care)
# of Patients Treated and/or Tx by	
THIS EMS Unit	1
Injury Possible from Mechanism	No
Cardiac Arrest during this incident?	Yes, Prior to EMS Arrival
Is this Illness or Injury Work-	
Related?	No
SCENE PANEL	
Were You the First EMS Unit on	No
Scene?	No
Other Agencies on Scene	Lickity-Split First Responders
EMS Agency Patient Care was	Training3

Transferred To	
Incident # for Receiving Agency	Fire
Delays at Scene	None/No Delay
Incident # for Receiving Agency	15-6789
DELAYS DURING CALL PANEL	
Dispatch Delays	Blank
Delays to Response	Blank
Delays on Scene/At Patient	Blank
Delays During Transport	Blank
Turn-Around Delays	Blank
PATIENT INFO TAB	
PATIENT INFO PANEL	
Repeat Patient Look Up	Add a last name, first name, DOB greater than 1/1/59, gender and estimated body weight in lbs.
PATIENT ADDRESS PANEL	
Patient's Home Address	Add an address
Patient's Home Zip Code	Add a zip code
Set From Postal Code	<click code="" from="" postal="" set=""></click>
Patient Phone Numbers	<click add=""></click>
Patient's Phone Number	603 555 6598
Phone # Type	Mobile
GUARDIAN/EMERGENCY CONTAC	
Contact Last Name	Yeltsin
Contact First name	Boris
Contact Relationship	Other (Non-Relative)
HISTORY TAB	Other (North Clause)
PT COMPLAINTS PANEL	
Medical History Obtained From	Family
Patient Complaints	<click add=""></click>
Complain Type	<click> Primary</click>
Complaint	Unresponsive
Duration of Complaint	10
Duration of Complaints in Time	10
Units	Minutes
	Click "OK"
Location on Body of Chief Complaint	Chest
Organ/Body System of Chief Complaint	Cardiovascular
PT SIGNS AND SYMPTOMS PANE	L
Primary (Most Serious) Observed	Mine: Cardina Arrest
Sign or Report Symptom	Misc: Cardiac Arrest
Primary Sign/Symptom Onset	16:30
Other Signs/Symptoms	GI/GU: Incontinence, Urine
Signs of Suspected Alcohol/Drug Use	None Reported
PAST MEDICAL HISTORY PANEL	
Medical/Surgical History	Blank
Advance Directives	None
PATIENT ALLERGIES PANEL	
Medication Allergies	Avapro
Environmental Allergies	Blank
PATIENT MEDICATIONS PANEL	<u></u>
Patient's Current Medication	Amiloride / Hydrochlorothiazide
CARDIAC ARREST PANEL	Altillonue / Tryuroullioroullaziue
Cardiac Arrest Etiology	Cardiac (Presumed)
Date & Time of Cardiac Arrest	16:55
Arrest Witnessed By	Family Member
CPR Care Provided Prior to EMS Arrival	Yes
Who Used AED Prior to EMS	First Responders (FMS, Fire Law)
WITO USEG AED PHOF TO EMS	First Responders (EMS, Fire, Law)

A sectional	
AFR Has Private FMS Arrival	Ves Applied Without Defibulistics
AED Use Prior to EMS Arrival	Yes, Applied Without Defibrillation
Resuscitation Attempted by EMS	Initiated Chest Compressions & Attempted Ventilation & Attempted Defibrillation
Type of CPR Provided	Manual Compressions - Continuous
Initial Arrest Rhythm	PEA
Any Return of Spontaneous Circulation	Yes, Prior to Arrival at the ED
Date/Time Resuscitation	
Discontinued	18:15
Reason CPR/Resuc. Discontinued	ROSC (Pulse or BP Noted)
Cardiac Rhythm on Arrival at	,
Destination	STEMI Anterior Ischemia
End of EMS Cardiac Arrest Event	ROSC in the Field
ASSESSMENT TAB	
WORKING DIAGNOSIS PANEL	
Barriers to Patient Evaluation &	Nana Natad
Care	None Noted
Working Diagnosis	Cardiac: Cardiopulmonary Arrest
Additional Working Diagnosis/es	Cardiac: ST elevation (STEMI) MI of Anterior Wall
Initial Patient Status	Status 1
Final Patient Status	Status 1
Specialty Team Alert / Activation	Yes – Cardiac Arrest
Date/Time of Prearrival Alert	17:20
EXAM PANEL	
Date/Time of Assessment	17:13
Assessment	<click assessment="" on="" power="" tool=""> on right side/middle</click>
VITALS AND TREATMENT TAB	
PROTOCOLS USED PANEL	
	Openha a Amend
Protocol Used	Cardiac Arrest
Protocol Used VITALS PANEL	
Protocol Used VITALS PANEL Basic Vitals	Cardiac Arrest Add basic vitals pre and post arrest – Vitals Power Tool Available on right side
Protocol Used VITALS PANEL Basic Vitals ECG PANEL	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side
Protocol Used VITALS PANEL Basic Vitals ECG PANEL ECG	
Protocol Used VITALS PANEL Basic Vitals ECG PANEL ECG MEDICATIONS PANEL	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side Add ECG interpretations – ECG Power Tool Available on right side
Protocol Used VITALS PANEL Basic Vitals ECG PANEL ECG MEDICATIONS PANEL Medications	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side
Protocol Used VITALS PANEL Basic Vitals ECG PANEL ECG MEDICATIONS PANEL Medications PROCEDURES PANEL	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side Add ECG interpretations – ECG Power Tool Available on right side Add arrest medications – Medications Power Tool Available on right side
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Protocol Used VITALS PANEL Basic Vitals ECG PANEL ECG MEDICATIONS PANEL Medications PROCEDURES PANEL Procedures	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side Add ECG interpretations – ECG Power Tool Available on right side Add arrest medications – Medications Power Tool Available on right side
Protocol Used VITALS PANEL Basic Vitals ECG PANEL ECG MEDICATIONS PANEL Medications PROCEDURES PANEL Procedures INVASIVE AIRWAY PANEL	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side Add ECG interpretations – ECG Power Tool Available on right side Add arrest medications – Medications Power Tool Available on right side Add procedures for arrest – Procedures Power Tool Available on right side
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Protocol Used VITALS PANEL Basic Vitals ECG PANEL ECG MEDICATIONS PANEL Medications PROCEDURES PANEL Procedures INVASIVE AIRWAY PANEL Add Procedure TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side Add ECG interpretations – ECG Power Tool Available on right side Add arrest medications – Medications Power Tool Available on right side Add procedures for arrest – Procedures Power Tool Available on right side Add procedures for arrest – Airway Power Tool Available on right side PANEL Ground Ambulance Emergent(Immediate Response) Lights or Sirens
Protocol Used VITALS PANEL Basic Vitals ECG PANEL ECG MEDICATIONS PANEL Medications PROCEDURES PANEL Procedures INVASIVE AIRWAY PANEL Add Procedure TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side Add ECG interpretations – ECG Power Tool Available on right side Add arrest medications – Medications Power Tool Available on right side Add procedures for arrest – Procedures Power Tool Available on right side Add procedures for arrest – Airway Power Tool Available on right side PANEL Ground Ambulance Emergent(Immediate Response)
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Protocol Used VITALS PANEL Basic Vitals ECG PANEL ECG MEDICATIONS PANEL Medications PROCEDURES PANEL Procedures INVASIVE AIRWAY PANEL Add Procedure TRANSPORT TAB TRANSPORT STATUS & PRIORITY EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to Ambulance? Position Pt. Secured in During Transport TRANSFER OF CARE FOR TRANS	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side Add ECG interpretations – ECG Power Tool Available on right side Add arrest medications – Medications Power Tool Available on right side Add procedures for arrest – Procedures Power Tool Available on right side Add procedures for arrest – Airway Power Tool Available on right side PANEL Ground Ambulance Emergent(Immediate Response) Lights or Sirens None/No Delay 1 Stretcher Supine
Protocol Used VITALS PANEL Basic Vitals ECG PANEL ECG MEDICATIONS PANEL Medications PROCEDURES PANEL Procedures INVASIVE AIRWAY PANEL Add Procedure TRANSPORT TAB TRANSPORT STATUS & PRIORITY EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to Ambulance? Position Pt. Secured in During Transport TRANSFER OF CARE FOR TRANS Type of Destination	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side Add ECG interpretations – ECG Power Tool Available on right side Add arrest medications – Medications Power Tool Available on right side Add procedures for arrest – Procedures Power Tool Available on right side Add procedures for arrest – Airway Power Tool Available on right side PANEL Ground Ambulance Emergent(Immediate Response) Lights or Sirens None/No Delay 1 Stretcher Supine PORT Hospital –Emergency Department
Protocol Used VITALS PANEL Basic Vitals ECG PANEL ECG MEDICATIONS PANEL Medications PROCEDURES PANEL Procedures INVASIVE AIRWAY PANEL Add Procedure TRANSPORT TAB TRANSPORT STATUS & PRIORITY EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to Ambulance? Position Pt. Secured in During Transport TRANSFER OF CARE FOR TRANS	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side Add ECG interpretations – ECG Power Tool Available on right side Add arrest medications – Medications Power Tool Available on right side Add procedures for arrest – Procedures Power Tool Available on right side Add procedures for arrest – Airway Power Tool Available on right side PANEL Ground Ambulance Emergent(Immediate Response) Lights or Sirens None/No Delay 1 Stretcher Supine

NARRATIVE TAB	
NARRATIVE PANEL	
Narrative	Type your SOAP or CHART Narrative
PROVIDER CARE SIGNATURE PA	NEL
Provider Care Confirmation Sign	Add your signature
MILEAGE PANEL (On the Top Rigi	nt Side)
Loaded Miles/Destination	15
Odometer	15

Elite Training Scenario Chest Pain (Transport)

Flowant	Coll Date to Enter
Element	Call Data to Enter
RESPONSE TIMES PANEL (On the	
Dispatch Notified	1700
Unit Dispatched	1701
Enroute	1704
Arrive Scene (1 st Resp.)	Blank
Arrive Scene (Transp. Unit)	1712
Patient Contact	1713
En Route Hosp. / Left Scene	1758
Arrived Destination	1816
Unit In Service	1900
DISPATCH INFO TAB	
DISPATCH INFO PANEL	Francisco Brancisco (Britana Company Arra)
Type of Call	Emergency Response (Primary Coverage Area)
Dispatch Reason	Chest Pain (Non-Traumatic)
Dispatch Delays	None/No Delay
INCIDENT ADDRESS PANEL	Hama / Davidanaa / Cingla Fars !!- Diverta
Location Type	Home / Residence (Single Family Private)
Street Address	1 Myocardial Infarction BLVD
Incident Zip Code	03038 <click "set="" code"="" from="" postal=""></click>
INCIDENT NUMBERS PANEL	4
Patient # for Incident	Technology (Control of Control of
Service Use – Call # or ID	Enter something identifiable for you and your training officer
RESPONSE RESOURCES TAB	
RESPONDING UNIT PANEL	
INTENDED Role of Unit	
Highest Responder Level + Equip.	Paramedic (w/ALS Equip)
Resp. Unit Call Sign	Medic 1
Resp. Unit ID	Rescue 51
RESPONDING CREW PANEL	OL-1, (A.1.12)
Crew Members	<click "add"=""></click>
Crew Members	Click a Provider
Crew Response Role	Click on Response – Driver/Pilot
Crew Response Role	Click on Transport – Primary Patient Caregiver
Crew Members	<pre><click "add"="">,</click></pre>
Crew Members	Click another Provider
Crew Response Role	Click on Transport – Driver/Pilot
EMS Shift RESPONSE PRIORITY PANEL	Night
	Dionk
Delays to Response	Blank Immediate
Response Urgency Response Priority	Emergent (Immediate Response)
Response Phonty Responding Traffic Alert	Lights and Sirens
SCENE/SITUATION TAB	LIYIIIS AIIU SIIEIIS
SITUATION PANEL	
Number of Patients at Scene	Single
Incident/Patient Disposition	Single Pt Eval & Tx in THIS EMS Unit (AMT/CCT Care)
# of Patients Treated and/or Tx by	FILVALA IX III ITIIO EIVIO UIIII (AIVIT/OUT GAIE)
THIS EMS Unit	1
Injury Possible from Mechanism	No
Cardiac Arrest during this incident?	No
Is this Illness or Injury Work-	
Related?	No
SCENE PANEL	
Were You the First EMS Unit on	
	No
Scene?	l l
Scene? Other Agencies on Scene	Lickity-Split First Responders

EMS Agency Patient Care was Transferred To	Training4
Incident # for Receiving Agency	First Responder
Delays at Scene	None/No Delay
	15-6789
Incident # for Receiving Agency DELAYS DURING CALL PANEL	10-0709
	Diagle
Dispatch Delays	Blank
Delays to Response	Blank
Delays on Scene/At Patient	Blank
Delays During Transport	Blank
Turn-Around Delays	Blank
PATIENT INFO TAB	
PATIENT INFO PANEL	
Repeat Patient Look Up	Search for Donovan
PATIENT ADDRESS PANEL	
Patient's Home Address	
Patient's Home Zip Code	
Set From Postal Code	(Oliala Andala
Patient Phone Numbers	<click add=""></click>
Patient's Phone Number	603 555 6598
Phone # Type	Mobile
GUARDIAN/EMERGENCY CONTAC	
Contact Last Name	Yeltsin
Contact First name	Boris
Contact Relationship	Other (Non-Relative)
HISTORY TAB	
PT COMPLAINTS PANEL	
Medical History Obtained From	Patient
Patient Complaints	<click add=""></click>
Complain Type	<click> Primary</click>
Complaint	My chest hurts
Duration of Complaint	15
Duration of Complaints in Time Units	Minutes
	Click "OK"
Location on Body of Chief	Chest
Complaint Organ/Body System of Chief	
Complaint	Cardiovascular
PT SIGNS AND SYMPTOMS PANE	
Primary (Most Serious) Observed	
Sign or Report Symptom	Neuro: Hemiplegia (Paralysis on One Side of Body)
Primary Sign/Symptom Onset	16:30
Other Signs/Symptoms	Add 2 Additional Signs & Symptoms
Signs of Suspected Alcohol/Drug	
Use	None Reported
PAST MEDICAL HISTORY PANEL	
Medical/Surgical History	Blank
Advance Directives	None
PATIENT ALLERGIES PANEL	
Medication Allergies	Avapro
Environmental Allergies	Blank
PATIENT MEDICATIONS PANEL	
Patient's Current Medication	Amiloride / Hydrochlorothiazide
ASSESSMENT TAB	
WORKING DIAGNOSIS PANEL	
Barriers to Patient Evaluation &	
Care	None Noted
Working Diagnosis	Cardiac: Chest Pain, Acute Coronary Syndrome
Additional Working Diagnosis/es	HYPERtension, Nausea/Vomiting
	, J

Initial Patient Status	Status 2
Final Patient Status	Status 2
Specialty Team Alert / Activation	Yes – STEMI
Date/Time of Prearrival Alert	17:20
	17.20
EXAM PANEL	15.0
Date/Time of Assessment	17:13
Assessments Power Tool on right	Check "ALL NORMALS"
	Click on "Skin" and check off "Clammy" and "Diaphoretic"
side	Click "OK" at top of page
VITALS AND TREATMENT TAB	
PROTOCOLS USED PANEL	
Protocol Used	Aguta Caranary Syndroma
	Acute Coronary Syndrome
VITALS TAB	1000
	AOX3
Basic Vitals	Pulse 80
Dasic vitais	Resp. 18
	BP 220/110
ECG TAB	
ECG Vital Reading	<click add=""></click>
Date/Time Procedure Performed	17:15
Procedure Performed Prior to this	11.10
	No
Unit's EMS Care	
ECG Type	12 Lead-Left Sided (Normal)
Role/Type of Person Performing	EMT-Paramedic
the Procedure	
Procedure	Vascular: IV –Extremity Vein Catheterization
Attempts	1
Successful	Yes
PROCEDURES TAB	165
	<click add=""></click>
Add Procedure	Click Add>
Procedure Performed Prior to this	No
Unit's EMS Care	<u></u>
Date/Time Procedure Performed	17:15
Procedure Crew	Choose a provider
Role/Type of Person Performing	EMT-Paramedic
the Procedure	
Procedure	Vascular: IV –Extremity Vein Catheterization
Attempts	1
Successful	Yes
MEDICATIONS TAB	100
	<click add=""></click>
Add Procedure	NOTION AUU/
Procedure Performed Prior to this	Yes
Unit's EMS Care	47:00
Date/Time Procedure Performed	17:00
Procedure Crew	Blank
Role/Type of Person Performing	Blank
the Procedure	DIGITIV
Role/Type of Person Administering	Datient/Lay Person
Medication	Patient/Lay Person
Medication Given	Aspirin
Medication Dosage	324
Medication Dosage Units	MG (Milligrams)
Medication Administration Route	Oral (PO)
Finished	Click "ok" at top of page
Add Procedure	<click add=""></click>
Procedure Performed Prior to this	No
Unit's EMS Care	
Date/Time Procedure Performed	17:12
Procedure Crew	Choose a provider
Role/Type of Person Performing	Choose Role

the December	
the Procedure	
Role/Type of Person Administering	EMT-Paramedic
Medication	
Medication Given	Nitroglycerin
Medication Dosage	0.4
Medication Dosage Units	MG (Milligrams)
Medication Administration Route	Oral (PO)
Finished	Click "ok" at top of page
TRANSPORT TAB	
TRANSPORT STATUS & PRIORITY	Y PANEL
EMS Transport Method	Ground Ambulance
Transport Priority	Non-Emergent
Transport Traffic Alert	No Lights or Sirens
Delays During Transport	None/No Delay
PATIENT MOVEMENT	
Total Pts. Transported in this EMS	4
Unit	1
How was patient moved to	Stretcher
Ambulance?	Siletolei
Position Pt. Secured in During	Supine
Transport	·
TRANSFER OF CARE FOR TRANS	SPORT SPORT
Type of Destination	Hospital –Emergency Department
Reason for Choosing Destination	Closest Appropriate Facility
Destination/Transferred To, Name	Catholic Medical Center
NARRATIVE TAB	
NARRATIVE PANEL	
Narrative	Type your SOAP or CHART Narrative
PROVIDER CARE SIGNATURE PA	NEL
Provider Care Confirmation Sign	Add your signature
MILEAGE PANEL (On the Top Rig	ht Side)
Loaded Miles/Destination	15
Odometer	10

Elite Training Scenario Stroke (Transport)

	Stroke (Transport)
Element	Call Data to Enter
RESPONSE TIMES PANEL (On the	
Dispatch Notified	1700
Unit Dispatched	1701
Enroute	1704
Arrive Scene (1 st Resp.)	Blank
Arrive Scene (Transp. Unit)	1712
Patient Contact	1713
En Route Hosp. / Left Scene	1758
Arrived Destination	1816
Unit In Service	1900
Call Completed	Blank
DISPATCH INFO TAB	
DISPATCH INFO PANEL	
Type of Call	Emergency Response (Primary Coverage Area)
Dispatch Reason	Stroke/CVA
Dispatch Delays	None/No Delay
INCIDENT ADDRESS PANEL	
Location Type	Home / Residence (Single Family Private)
Street Address	1 Thrombocytosis Avenue
Incident Zip Code	03216 <click "set="" code"="" from="" postal=""></click>
INCIDENT NUMBERS PANEL	
Patient # for Incident	1
Service Use – Call # or ID	Enter something identifiable for you and your training officer
RESPONSE RESOURCES TAB	
RESPONDING UNIT PANEL	
INTENDED Role of Unit	Ground Transport
Highest Responder Level + Equip.	Paramedic (w/ALS Equip)
Resp. Unit Call Sign	Medic 1
Resp. Unit ID	Rescue 51
RESPONDING CREW PANEL	
Crew Members	<click "add"=""></click>
Crew Members	Click a Provider
Crew Response Role	Click on Response – Driver/Pilot
Crew Response Role	Click on Transport – Primary Patient Caregiver
Crew Members	<click "add"="">,</click>
Crew Members	Click another Provider
Crew Response Role	Click on Transport – Driver/Pilot
EMS Shift	Night
RESPONSE PRIORITY PANEL	
Delays to Response	Blank
Response Urgency	Immediate
Response Priority	Emergent (Immediate Response)
Responding Traffic Alert	Lights and Sirens
SCENE/SITUATION TAB	
SITUATION PANEL	
Number of Patients at Scene	Single
Incident/Patient Disposition	Pt Eval & Tx in THIS EMS Unit (AMT/CCT Care)
# of Patients Treated and/or Tx by	1
THIS EMS Unit	
Injury Possible from Mechanism	No
Cardiac Arrest during this incident?	No
Is this Illness or Injury Work-	No
Related?	
SCENE PANEL	
Were You the First EMS Unit on	No
Scene?	1.00

Other Agencies on Scene	Lickity-Split First Responders
EMS Agency Patient Care was	Training4
Transferred To	
Incident # for Receiving Agency	First Responder
Delays at Scene	
Incident # for Receiving Agency	15-6789
DELAYS DURING CALL PANEL	
Dispatch Delays	Blank
Delays to Response	Blank
Delays on Scene/At Patient	Blank
Delays During Transport	
Turn-Around Delays	Blank
PATIENT INFO TAB	
PATIENT INFO PANEL	
Repeat Patient Look Up	Add a last name, first name, DOB greater than 1/1/59, gender and estimated body weight in lbs.
PATIENT ADDRESS PANEL	
Patient's Home Address	
Patient's Home Zip Code	
Set From Postal Code	<click code="" from="" postal="" set=""></click>
Patient Phone Numbers	<click add=""></click>
Patient's Phone Number	603 555 6598
Phone # Type	Mobile
GUARDIAN/EMERGENCY CONTA	
Contact Last Name	
Contact First name	
Contact Relationship	Other (Non-Relative)
HISTORY TAB	
PT COMPLAINTS PANEL	
Medical History Obtained From	Patient
Medical History Obtained From Patient Complaints	<click add=""></click>
Medical History Obtained From Patient Complaints Complain Type	<click add=""> <click> Primary</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint	<click add=""> <click> Primary I think I'm having a stroke</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint	<click add=""> <click> Primary</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units	<click add=""> <click> Primary I think I'm having a stroke 30</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK"</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK"</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed Sign or Report Symptom	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro L Neuro: Hemiplegia (Paralysis on One Side of Body)</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaints Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed Sign or Report Symptom Primary Sign/Symptom Onset	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro L Neuro: Hemiplegia (Paralysis on One Side of Body) 16:30</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed Sign or Report Symptom Primary Sign/Symptom Onset Other Signs/Symptoms	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro Neuro: Hemiplegia (Paralysis on One Side of Body) 16:30 Add 2 Additional Signs & Symptoms</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed Sign or Report Symptom Primary Sign/Symptom Onset Other Signs/Symptoms Signs of Suspected Alcohol/Drug Use	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro L Neuro: Hemiplegia (Paralysis on One Side of Body) 16:30</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed Sign or Report Symptom Primary Sign/Symptom Onset Other Signs/Symptoms Signs of Suspected Alcohol/Drug Use PAST MEDICAL HISTORY PANEL	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro Neuro: Hemiplegia (Paralysis on One Side of Body) 16:30 Add 2 Additional Signs & Symptoms None Reported</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed Sign or Report Symptom Primary Sign/Symptom Onset Other Signs/Symptoms Signs of Suspected Alcohol/Drug Use PAST MEDICAL HISTORY PANEL Medical/Surgical History	<pre><click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro L Neuro: Hemiplegia (Paralysis on One Side of Body) 16:30 Add 2 Additional Signs & Symptoms None Reported Blank</click></click></pre>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed Sign or Report Symptom Primary Sign/Symptom Onset Other Signs/Symptoms Signs of Suspected Alcohol/Drug Use PAST MEDICAL HISTORY PANEL Medical/Surgical History Advance Directives	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro Neuro: Hemiplegia (Paralysis on One Side of Body) 16:30 Add 2 Additional Signs & Symptoms None Reported</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed Sign or Report Symptom Primary Sign/Symptom Onset Other Signs/Symptoms Signs of Suspected Alcohol/Drug Use PAST MEDICAL HISTORY PANEL Medical/Surgical History Advance Directives PATIENT ALLERGIES PANEL	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro L Neuro: Hemiplegia (Paralysis on One Side of Body) 16:30 Add 2 Additional Signs & Symptoms None Reported Blank None</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed Sign or Report Symptom Primary Sign/Symptom Onset Other Signs/Symptoms Signs of Suspected Alcohol/Drug Use PAST MEDICAL HISTORY PANEL Medical/Surgical History Advance Directives PATIENT ALLERGIES PANEL Medication Allergies	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro L Neuro: Hemiplegia (Paralysis on One Side of Body) 16:30 Add 2 Additional Signs & Symptoms None Reported Blank None Avapro</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed Sign or Report Symptom Primary Sign/Symptom Onset Other Signs/Symptoms Signs of Suspected Alcohol/Drug Use PAST MEDICAL HISTORY PANEL Medical/Surgical History Advance Directives PATIENT ALLERGIES PANEL Medication Allergies Environmental Allergies	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro L Neuro: Hemiplegia (Paralysis on One Side of Body) 16:30 Add 2 Additional Signs & Symptoms None Reported Blank None</click></click>
Medical History Obtained From Patient Complaints Complain Type Complaint Duration of Complaint Duration of Complaints in Time Units Location on Body of Chief Complaint Organ/Body System of Chief Complaint PT SIGNS AND SYMPTOMS PANE Primary (Most Serious) Observed Sign or Report Symptom Primary Sign/Symptom Onset Other Signs/Symptoms Signs of Suspected Alcohol/Drug Use PAST MEDICAL HISTORY PANEL Medical/Surgical History Advance Directives PATIENT ALLERGIES PANEL Medication Allergies	<click add=""> <click> Primary I think I'm having a stroke 30 Minutes Click "OK" Head CNS / Neuro L Neuro: Hemiplegia (Paralysis on One Side of Body) 16:30 Add 2 Additional Signs & Symptoms None Reported Blank None Avapro</click></click>

ACCECCMENT TAD	
ASSESSMENT TAB WORKING DIAGNOSIS PANEL	
Barriers to Patient Evaluation &	
Care	None Noted
Working Diagnosis	Stroke / CVA
Additional Working Diagnosis/es	HYPERtension
Initial Patient Status	Status 2
Final Patient Status	Status 2
	Yes – Stroke
Specialty Team Alert / Activation Date/Time of Prearrival Alert	17:20
EXAM PANEL	17.20
Date/Time of Assessment	17:13
Date/Time of Assessment	Blood Glucose Level: 168
	Level of Responsiveness: Alert
	GCS – Eye: Open Spontaneously
	GCS – Lye: Open opontalieously GCS – Verbal: Talking/Oriented
	GCS – Motor: Obeys Commands
Stroke Power Tool on right side	GCS – Qualifier: No EMS interventions affecting GCS
	Stroke Scale Speech: Speech Abnormal
	Stroke Scale Facial Droop: Left Facial Droop
	Stroke Scale Arm Drift: Left Falls Rapidly
	Stroke Scale Score: Abnormal (Positive)
VITALS AND TREATMENT TAB	Ottoke odale odole. Abhomiai (i ositive)
PROTOCOLS USED PANEL	
Protocol Used	Stroke
VITALS TAB	Otione
VIIAES IAD	AOX3
	Pulse 80
Basic Vitals	Resp. 18
	BP 220/110
PROCEDURES TAR	DF 220/110
PROCEDURES TAB	
Add Procedure	<click add=""></click>
Add Procedure Procedure Performed Prior to this	
Add Procedure Procedure Performed Prior to this Unit's EMS Care	<click add=""> No</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed	<click add=""> No 17:15</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew	<click add=""> No</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing	<click add=""> No 17:15</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure	<click add=""> No 17:15 Choose a provider EMT-Paramedic</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure	<click add=""> No 17:15 Choose a provider</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORITY	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page PANEL</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORITY EMS Transport Method	<pre><click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page</click></pre> <pre>CPANEL Ground Ambulance</pre>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORITY EMS Transport Method Transport Priority	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page PANEL Ground Ambulance Non-Emergent</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page PANEL Ground Ambulance Non-Emergent No Lights or Sirens</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page PANEL Ground Ambulance Non-Emergent</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORITY EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page PANEL Ground Ambulance Non-Emergent No Lights or Sirens</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page (PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page PANEL Ground Ambulance Non-Emergent No Lights or Sirens</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORITY EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to	Click Add> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay 1
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to Ambulance?	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page (PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to Ambulance? Position Pt. Secured in During	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay 1 Stretcher</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to Ambulance? Position Pt. Secured in During Transport	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page (PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay 1 Stretcher Supine</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to Ambulance? Position Pt. Secured in During	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page (PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay 1 Stretcher Supine</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to Ambulance? Position Pt. Secured in During Transport	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page (PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay 1 Stretcher Supine Sport</click>
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORITY EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to Ambulance? Position Pt. Secured in During Transport TRANSFER OF CARE FOR TRANS	Click Add> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay 1 Stretcher Supine PORT Hospital –Emergency Department
Add Procedure Procedure Performed Prior to this Unit's EMS Care Date/Time Procedure Performed Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORITY EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to Ambulance? Position Pt. Secured in During Transport TRANSFER OF CARE FOR TRANS	<click add=""> No 17:15 Choose a provider EMT-Paramedic Vascular: IV –Extremity Vein Catheterization 1 Yes Click "ok" at top of page Click "ok" at top of page PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay 1 Stretcher Supine SPORT</click>

NARRATIVE TAB		
NARRATIVE PANEL		
Narrative	Type your SOAP or CHART Narrative	
PROVIDER CARE SIGNATURE PA	NEL	
Provider Care Confirmation Sign	Add your signature	
MILEAGE PANEL (On the Top Right Side)		
Loaded Miles/Destination	15	
Odometer	10	

Elite Training Scenario Minor Trauma (Transport)

RESPONSE TIMES PANEL (On the	Call Data to Enter Top Right Side)
	Top Right Side)
	1700
	1700
	1701
	1704
1 1 1	Blank
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1712
	1713
	1758
Arrived Destination	1816
	1900
	Blank
DISPATCH INFO TAB	
DISPATCH INFO PANEL	
	Emergency Response (Primary Coverage Area)
	MVC / Traffic / Transportation Incident
	None/No Delay
INCIDENT ADDRESS PANEL	
	Street, Road, Highway
	600 Wicked Bad Country Road
Incident Zip Code	03031 <click "set="" code"="" from="" postal=""></click>
INCIDENT NUMBERS PANEL	
Patient # for Incident	1
Service Use – Call # or ID	Enter something identifiable for you and your training officer
RESPONSE RESOURCES TAB	
RESPONDING UNIT PANEL	
	Ground Transport
	Paramedic (w/ALS Equip)
	Medic 1
	Rescue 51
RESPONDING CREW PANEL	
Crew Members	<click "add"=""></click>
	Click a Provider
Crew Response Role	Click on Response – Driver/Pilot
Crew Response Role	Click on Transport – Primary Patient Caregiver
Crew Members	<click "add"="">,</click>
	Click another Provider
Crew Response Role	Click on Transport – Driver/Pilot
	Day
RESPONSE PRIORITY PANEL	
Delays to Response	Blank
Response Urgency	Immediate
	Emergent (Immediate Response)
	Lights and Sirens
SCENE/SITUATION TAB	
SITUATION PANEL	
Number of Patients at Scene	Single
Incident/Patient Disposition	Pt Eval & Tx in THIS EMS Unit (BLS Care)
# of Patients Treated and/or Tx by	1
THIS EMS Unit	
Injury Possible from Mechanism	Yes
Cardiac Arrest during this incident?	No
Is this Illness or Injury Work-	Vos
Related?	Yes
SCENE PANEL	
Were You the First EMS Unit on	Yes
Scene?	। टउ

Other Agencies on Scene	Blank
EMS Agency Patient Care was	Diamir
Transferred To	Blank
Incident # for Receiving Agency	Blank
Delays at Scene	None/No Delay
DELAYS DURING CALL PANEL	Hone, No Belay
Dispatch Delays	None/No Delay
Delays to Response	Blank
Delays on Scene/At Patient	None/No Delay
Delays During Transport	Blank
Turn-Around Delays	Blank
PATIENT INFO TAB	
PATIENT INFO PANEL	
Repeat Patient Look Up	Search for the last name of Smith
PATIENT ADDRESS PANEL	
Patient Phone Numbers	<click add=""></click>
Patient's Phone Number	603 555 6598
Phone # Type	Mobile
GUARDIAN/EMERGENCY CONTAC	CT PANEL
Contact Last Name	Putin
Contact First name	Vladimir
Contact Relationship	Other (Non-Relative)
HISTORY TAB	
PT COMPLAINTS PANEL	
Medical History Obtained From	Patient
Patient Complaints	<click add=""></click>
Complain Type	<click> Primary</click>
Complaint	My arm hurts
Duration of Complaint	10
Duration of Complaints in Time Units	Minutes
	Click "OK"
Location on Body of Chief	Head Assacra Observator
Complaint	Hand, Arm or Shoulder
Organ/Body System of Chief	Musculoskeletal/Skin
Complaint Complaint	
PT SIGNS AND SYMPTOMS PANE	_
Primary (Most Serious) Observed	Pain: Shoulder, Arm, Hand
Sign or Report Symptom	
Primary Sign/Symptom Onset	18:55
Other Signs/Symptoms	Blank
Signs of Suspected Alcohol/Drug	Patient Admits to Alcohol Use & Smell of Alcohol on Breath
Use PAST MEDICAL HISTORY PANEL	
	Plank
Medical/Surgical History	Blank
Advance Directives	None
PATIENT ALLERGIES PANEL	
Medication Allergies	Blank
Environmental Allergies	Blank
PATIENT MEDICATIONS PANEL	
Patient's Current Medication	Blank
TRAUMA PANEL	
Mechanism of Injury	Traffic accident, car occupant injured
Type of Injury	Blunt
Patient Safety Equipment Used	None
Airbag Deployment	No Airbag Present
Location of Patient in Vehicle	Front Seat-Driver (or motorcycle driver)
Trauma Triage Injury Risk Factor	Blank
Trauma Center Criteria	Blank
ASSESSMENT TAB	

WORKING DIAGNOSIS PANEL Barriers to Patient Evaluation &	
Care	None Noted
Working Diagnosis	Traumatic Injury (Wrist, Hand or Fingers)
Additional Working Diagnosis/es	Alcohol Abuse and Effects
Initial Patient Status	Status 3
Final Patient Status	Status 3
EXAM PANEL	
Date/Time of Assessment	17:13
	Mental status AOX3 Neuro Tremors Head Normal
	Face Normal Eyes Bilaterally, 5 mm & Dysconjugate Gaze
Medical Assessment	Neck: Normal
Wedlear / leaded ment	Chest/Lungs Normal
	Abdomen Generalized, Normal
	Spine Normal
	Extremity Right arm, abrasion, bleeding controlled, contusion
CDINAL MOTION DECEDIOTION D	Skin Dry
SPINAL MOTION RESTRICTION P. Patient Assessment Procedure	ANEL <click add=""></click>
Procedure Performed Prior to this	
Units EMS Care	No
Date/Time Procedure Performed	17:13
Procedure Crew Member ID	Select crew member
VITALS AND TREATMENT TAB	
PROTOCOLS USED PANEL Protocol Used	Routine Patient Care
VITALS TAB	Routine Patient Care
VIIAESTAB	AOX3
5	Pulse 80
Basic Vitals	Resp. 18
	BP 140/70
PROCEDURES TAB	
Add Procedure	<click add=""></click>
Procedure Performed Prior to this Unit's EMS Care	No
Date/Time Procedure Performed	
	17:15
Procedure Crew	17:15 Choose a provider
Procedure Crew Role/Type of Person Performing	
Procedure Crew	Choose a provider
Procedure Crew Role/Type of Person Performing the Procedure	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1 Yes
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1 Yes Click "ok" at top of page
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1 Yes Click "ok" at top of page
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1 Yes Click "ok" at top of page PANEL Ground Ambulance
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORITY EMS Transport Method Transport Priority	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1 Yes Click "ok" at top of page (PANEL Ground Ambulance Non-Emergent
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1 Yes Click "ok" at top of page PANEL Ground Ambulance Non-Emergent No Lights or Sirens
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1 Yes Click "ok" at top of page (PANEL Ground Ambulance Non-Emergent
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1 Yes Click "ok" at top of page (PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1 Yes Click "ok" at top of page PANEL Ground Ambulance Non-Emergent No Lights or Sirens
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORITY EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit How was patient moved to	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1 Yes Click "ok" at top of page (PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay
Procedure Crew Role/Type of Person Performing the Procedure Procedure Attempts Successful Finished TRANSPORT TAB TRANSPORT STATUS & PRIORIT EMS Transport Method Transport Priority Transport Traffic Alert Delays During Transport PATIENT MOVEMENT Total Pts. Transported in this EMS Unit	Choose a provider EMT-Paramedic Musculoskeletal: Splinting (General) 1 Yes Click "ok" at top of page PANEL Ground Ambulance Non-Emergent No Lights or Sirens None/No Delay 1

TRANSFER OF CARE FOR TRANSPORT		
Type of Destination	Hospital –Emergency Department	
Reason for Choosing Destination	Closest Appropriate Facility	
Destination/Transferred To, Name	Catholic Medical Center	
NARRATIVE TAB		
NARRATIVE PANEL		
Narrative	71 7	
PROVIDER CARE SIGNATURE PANEL		
Provider Care Confirmation Sign	Add your signature	
MILEAGE PANEL (On the Top Right Side)		
Loaded Miles/Destination	12	
Odometer	12	