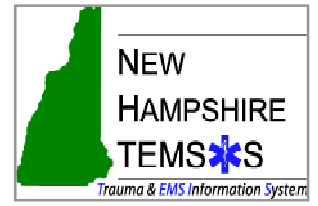




TEMSIS Elite Transition Training Practice Scenarios



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.imagetrendelite.com/elite	
Training Login Information:	Organization ID	newhampshire (No Space!)
	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.imagetrendelite.com/elite	
Elite Login Information:	Organization ID	newhampshire (No Space!)
	Username	Your TEMSIS Username
	Password	Your TEMSIS Password

Elite Training Scenario Cardiac Arrest (Transport)

Element	Call Data to Enter
RESPONSE TIMES PANEL (On the Top Right Side)	
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
Unit In Service	1900
DISPATCH INFO TAB	
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	
Location Type	Home / Residence (Single Family Private)
Street Address	99 TEMSIS Way
Incident Zip Code	03301 <Click "Set From Postal Code">
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">
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">,
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 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 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 Set From Postal Code>
Patient Phone Numbers	<Click Add>
Patient's Phone Number	603 555 6598
Phone # Type	Mobile
GUARDIAN/EMERGENCY CONTACT PANEL	
Contact Last Name	Yeltsin
Contact First name	Boris
Contact Relationship	Other (Non-Relative)
HISTORY TAB	
PT COMPLAINTS PANEL	
Medical History Obtained From	Family
Patient Complaints	<Click Add>
Complain Type	<Click> Primary
Complaint	Unresponsive
Duration of Complaint	10
Duration of Complaints in Time Units	Minutes
	Click "OK"
Location on Body of Chief Complaint	Chest
Organ/Body System of Chief Complaint	Cardiovascular
PT SIGNS AND SYMPTOMS PANEL	
Primary (Most Serious) Observed 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	
Patient's Current Medication	Amiloride / Hydrochlorothiazide
CARDIAC ARREST PANEL	
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 (EMS, Fire, Law)

Arrival	
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 & 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 on Assessment Power Tool> on right side/middle
VITALS AND TREATMENT TAB	
PROTOCOLS USED PANEL	
Protocol Used	Cardiac Arrest
VITALS PANEL	
Basic Vitals	Add basic vitals pre and post arrest – Vitals Power Tool Available on right side
ECG PANEL	
ECG	Add ECG interpretations – ECG Power Tool Available on right side
MEDICATIONS PANEL	
Medications	Add arrest medications – Medications Power Tool Available on right side
PROCEDURES PANEL	
Procedures	Add procedures for arrest – Procedures Power Tool Available on right side
INVASIVE AIRWAY PANEL	
Add Procedure	Add procedures for arrest – Airway Power Tool Available on right side
TRANSPORT TAB	
TRANSPORT STATUS & PRIORITY PANEL	
EMS Transport Method	Ground Ambulance
Transport Priority	Emergent(Immediate Response)
Transport Traffic Alert	Lights or Sirens
Delays During Transport	None/No Delay
PATIENT MOVEMENT	
Total Pts. Transported in this EMS Unit	1
How was patient moved to Ambulance?	Stretcher
Position Pt. Secured in During Transport	Supine
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	Type your SOAP or CHART Narrative
PROVIDER CARE SIGNATURE PANEL	
Provider Care Confirmation Sign	Add your signature
MILEAGE PANEL (On the Top Right Side)	
Loaded Miles/Destination Odometer	15

Elite Training Scenario Chest Pain (Transport)

Element	Call Data to Enter
RESPONSE TIMES PANEL (On the Top Right Side)	
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	
Type of Call	Emergency Response (Primary Coverage Area)
Dispatch Reason	Chest Pain (Non-Traumatic)
Dispatch Delays	None/No Delay
INCIDENT ADDRESS PANEL	
Location Type	Home / Residence (Single Family Private)
Street Address	1 Myocardial Infarction BLVD
Incident Zip Code	03038 <Click "Set From Postal Code">
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">
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">,
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 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 Scene?	No
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
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	Search for Donovan
PATIENT ADDRESS PANEL	
Patient's Home Address	
Patient's Home Zip Code	
Set From Postal Code	
Patient Phone Numbers	<Click Add>
Patient's Phone Number	603 555 6598
Phone # Type	Mobile
GUARDIAN/EMERGENCY CONTACT PANEL	
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>
Complain Type	<Click> Primary
Complaint	My chest hurts
Duration of Complaint	15
Duration of Complaints in Time Units	Minutes
	Click "OK"
Location on Body of Chief Complaint	Chest
Organ/Body System of Chief Complaint	Cardiovascular
PT SIGNS AND SYMPTOMS PANEL	
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

Initial Patient Status	Status 2
Final Patient Status	Status 2
Specialty Team Alert / Activation	Yes – STEMI
Date/Time of Prearrival Alert	17:20
EXAM PANEL	
Date/Time of Assessment	17:13
Assessments Power Tool on right side	Check “ALL NORMALS” Click on “Skin” and check off “Clammy” and “Diaphoretic” Click “OK” at top of page
VITALS AND TREATMENT TAB	
PROTOCOLS USED PANEL	
Protocol Used	Acute Coronary Syndrome
VITALS TAB	
Basic Vitals	AOX3 Pulse 80 Resp. 18 BP 220/110
ECG TAB	
ECG Vital Reading	<Click Add>
Date/Time Procedure Performed	17:15
Procedure Performed Prior to this Unit's EMS Care	No
ECG Type	12 Lead-Left Sided (Normal)
Role/Type of Person Performing the Procedure	EMT-Paramedic
Procedure Attempts	Vascular: IV –Extremity Vein Catheterization 1
Successful	Yes
PROCEDURES TAB	
Add Procedure	<Click Add>
Procedure Performed Prior to this Unit's EMS Care	No
Date/Time Procedure Performed	17:15
Procedure Crew	Choose a provider
Role/Type of Person Performing the Procedure	EMT-Paramedic
Procedure Attempts	Vascular: IV –Extremity Vein Catheterization 1
Successful	Yes
MEDICATIONS TAB	
Add Procedure	<Click Add>
Procedure Performed Prior to this Unit's EMS Care	Yes
Date/Time Procedure Performed	17:00
Procedure Crew	Blank
Role/Type of Person Performing the Procedure	Blank
Role/Type of Person Administering 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>
Procedure Performed Prior to this Unit's EMS Care	No
Date/Time Procedure Performed	17:12
Procedure Crew	Choose a provider
Role/Type of Person Performing	Choose Role

the Procedure	
Role/Type of Person Administering Medication	EMT-Paramedic
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 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 Unit	1
How was patient moved to Ambulance?	Stretcher
Position Pt. Secured in During Transport	Supine
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	Type your SOAP or CHART Narrative
PROVIDER CARE SIGNATURE PANEL	
Provider Care Confirmation Sign	Add your signature
MILEAGE PANEL (On the Top Right Side)	
Loaded Miles/Destination Odometer	15

Elite Training Scenario Stroke (Transport)

Element	Call Data to Enter
RESPONSE TIMES PANEL (On the Top Right Side)	
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 From Postal Code">
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">
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">,
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 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 Scene?	No

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
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 Set From Postal Code>
Patient Phone Numbers	<Click Add>
Patient's Phone Number	603 555 6598
Phone # Type	Mobile
GUARDIAN/EMERGENCY CONTACT 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>
Complain Type	<Click> Primary
Complaint	I think I'm having a stroke
Duration of Complaint	30
Duration of Complaints in Time Units	Minutes
	Click "OK"
Location on Body of Chief Complaint	Head
Organ/Body System of Chief Complaint	CNS / Neuro
PT SIGNS AND SYMPTOMS PANEL	
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	Stroke / CVA
Additional Working Diagnosis/es	HYPERTension
Initial Patient Status	Status 2
Final Patient Status	Status 2
Specialty Team Alert / Activation	Yes – Stroke
Date/Time of Prearrival Alert	17:20
EXAM PANEL	
Date/Time of Assessment	17:13
Stroke Power Tool on right side	Blood Glucose Level: 168 Level of Responsiveness: Alert GCS – Eye: Open Spontaneously GCS – Verbal: Talking/Oriented GCS – Motor: Obeys Commands 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	
PROTOCOLS USED PANEL	
Protocol Used	Stroke
VITALS TAB	
Basic Vitals	AOX3 Pulse 80 Resp. 18 BP 220/110
PROCEDURES TAB	
Add Procedure	<Click Add>
Procedure Performed Prior to this Unit's EMS Care	No
Date/Time Procedure Performed	17:15
Procedure Crew	Choose a provider
Role/Type of Person Performing the Procedure	EMT-Paramedic
Procedure	Vascular: IV –Extremity Vein Catheterization
Attempts	1
Successful	Yes
Finished	Click "ok" at top of page
TRANSPORT TAB	
TRANSPORT STATUS & PRIORITY 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 Unit	1
How was patient moved to Ambulance?	Stretcher
Position Pt. Secured in During Transport	Supine
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	Type your SOAP or CHART Narrative
PROVIDER CARE SIGNATURE PANEL	
Provider Care Confirmation Sign	Add your signature
MILEAGE PANEL (On the Top Right Side)	
Loaded Miles/Destination Odometer	15

Elite Training Scenario Minor Trauma (Transport)

Element	Call Data to Enter
RESPONSE TIMES PANEL (On the Top Right Side)	
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	MVC / Traffic / Transportation Incident
Dispatch Delays	None/No Delay
INCIDENT ADDRESS PANEL	
Location Type	Street, Road, Highway
Street Address	600 Wicked Bad Country Road
Incident Zip Code	03031 <Click "Set From Postal Code">
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">
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">,
Crew Members	Click another Provider
Crew Response Role	Click on Transport – Driver/Pilot
EMS Shift	Day
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 (BLS Care)
# of Patients Treated and/or Tx by THIS EMS Unit	1
Injury Possible from Mechanism	Yes
Cardiac Arrest during this incident?	No
Is this Illness or Injury Work-Related?	Yes
SCENE PANEL	
Were You the First EMS Unit on Scene?	Yes

Other Agencies on Scene	Blank
EMS Agency Patient Care was Transferred To	Blank
Incident # for Receiving Agency	Blank
Delays at Scene	None/No Delay
DELAYS DURING CALL PANEL	
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>
Patient's Phone Number	603 555 6598
Phone # Type	Mobile
GUARDIAN/EMERGENCY CONTACT 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>
Complain Type	<Click> Primary
Complaint	My arm hurts
Duration of Complaint	10
Duration of Complaints in Time Units	Minutes
	Click "OK"
Location on Body of Chief Complaint	Hand, Arm or Shoulder
Organ/Body System of Chief Complaint	Musculoskeletal/Skin
PT SIGNS AND SYMPTOMS PANEL	
Primary (Most Serious) Observed Sign or Report Symptom	Pain: Shoulder, Arm, Hand
Primary Sign/Symptom Onset	18:55
Other Signs/Symptoms	Blank
Signs of Suspected Alcohol/Drug Use	Patient Admits to Alcohol Use & Smell of Alcohol on Breath
PAST MEDICAL HISTORY PANEL	
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
Medical Assessment	Mental status AOX3 Neuro Tremors Head Normal Face Normal Eyes Bilaterally, 5 mm & Dysconjugate Gaze Neck: Normal Chest/Lungs Normal Abdomen Generalized, Normal Spine Normal Extremity Right arm, abrasion, bleeding controlled, contusion Skin Dry
SPINAL MOTION RESTRICTION PANEL	
Patient Assessment Procedure	<Click Add>
Procedure Performed Prior to this Unit's 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	
Basic Vitals	AOX3 Pulse 80 Resp. 18 BP 140/70
PROCEDURES TAB	
Add Procedure	<Click Add>
Procedure Performed Prior to this Unit's EMS Care	No
Date/Time Procedure Performed	17:15
Procedure Crew	Choose a provider
Role/Type of Person Performing the Procedure	EMT-Paramedic
Procedure	Musculoskeletal: Splinting (General)
Attempts	1
Successful	Yes
Finished	Click "ok" at top of page
TRANSPORT TAB	
TRANSPORT STATUS & PRIORITY 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 Unit	1
How was patient moved to Ambulance?	Stretcher
Position Pt. Secured in During Transport	Supine

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	Type your SOAP or CHART Narrative
PROVIDER CARE SIGNATURE PANEL	
Provider Care Confirmation Sign	Add your signature
MILEAGE PANEL (On the Top Right Side)	
Loaded Miles/Destination Odometer	12