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**IDAHO EMERGENCY MEDICAL SERVICES BUREAU**  
**PATIENT CARE REPORT (PCR) INSTRUCTION MANUAL**

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**Authority:**

Idaho Code §56-1016

Rules Governing Emergency Medical Services: IDAPA 16.02.03

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This Patient Care Report Instruction Manual applies to completion of Patient Care Report forms by providers of emergency medical care following response to a call by transport and non-transport agencies. Agencies and providers should refer to this instruction manual for completion of bubble forms and electronic submission forms.

Idaho EMS Bureau  
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(208) 334-4000  
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# TABLE OF CONTENTS

<b>GENERAL INSTRUCTIONS .....</b>	<b>1</b>
<b>FIELDS REQUIRING COMPLETION.....</b>	<b>3</b>
Patient Contact Has Occurred – TRANSPORT AGENCY .....	3
Patient Contact Has Occurred – NONTRANSPORT AGENCY .....	4
Call Cancelled Prior to Arrival .....	4
Patient Refuses Treatment (No Assessment/No Treatment) .....	5
Required Fields When on Standby .....	5
<b>FIELD DEFINITIONS.....</b>	<b>6</b>
Agency # .....	6
Unit # .....	6
Date of Incident.....	6
Dispatch Time.....	7
Enroute Time .....	7
Arrive Scene.....	7
Patient Contact.....	7
Depart Scene .....	7
Arrive Destination.....	7
Return to Service.....	7
Type of Call .....	7
Location of Call .....	9
County.....	10
Observed/Reported Condition .....	11
Gender.....	11
Age .....	11
DNR Order.....	11
Treatment.....	12
Non-Transport (Response Outcome) .....	12
This Agency/Unit Transported To (Response Outcome) .....	13
Destination Determination .....	14
Receiving Facility .....	14
Trauma ID #.....	15
Crew Certification.....	15
Law Enf Agency # .....	16
Seating.....	16
Patient Date of Birth .....	16

## I. GENERAL INSTRUCTIONS

- A. There are two styles of forms available, a one-page form and a multi-page form. The instructions in this document can be applied to both styles of PCR forms. The multi-page form has additional carbon copies that can be left at the hospital or used for additional billing purposes.
- B. If you have any questions about completion of PCR forms, contact the EMS Bureau Central Office at (208) 334-4000 or 877-554-3367.
- C. When completing a PCR form:
- i. Use a dark pen, pencil, or fine point marker.
    - a. Do not use RED PEN, RED PENCIL, or RED MARKER. The scanner does not read red ink.
  - ii. Do not mark outside the form (marks on the left-hand side of the form where the black tick mark are will be rejected).
  - iii. Use **ONE PCR** form for each patient, reporting only on that patient's injuries.
  - iv. Fill in the oval bubble when required; leaving required fields blank will result in scanner rejection.
    - a. If a section does not apply, leave it blank.
  - v. If food, drink, dirt, or other substances get on the PCR form, the form may not scan appropriately; transfer the information to a new form.
  - vi. **DO NOT STAPLE, FOLD, or TEAR** the PCR or it will not scan properly and may be returned.
    - a. PCR forms with staples on them will be returned to the agency to be removed and repaired.
  - vii. Fill in the bubbles completely – “doughnuts”, circles, X's or dashes are not accurately scanned if used, the PCR will be returned to you.

### CORRECT

AGENCY #			
8	7	0	5

### INCORRECT

AGENCY #			
8	7	0	5

- viii. The following fields require code numbers (found on the back of the one page PCR form or the middle of the multi-page PCR form):
    - a. County – required code
    - b. Hospital – used by agency transporting patient
    - c. Law Enforcement – used when law enforcement is on scene
  - ix. Response times are to be filled in using Military Time
    - a. 12:00 a.m. (midnight) is coded 2400
    - b. 12:01 a.m. is coded 0001
- D. What does my agency do with the PCR after it is completed?
- i. The forms must be submitted on a quarterly basis.
    - a. Monthly submission of forms is recommended.
    - b. Agencies with larger call volumes are encouraged to submit more frequently.
    - c. Send the **ORIGINAL** form to:  
  
Idaho Emergency Medical Services Bureau  
PO Box 83720  
Boise, ID 83720-0036
  - ii. If any of your scanned or electronic data is rejected, a report listing the errors (Exception Report) will be returned with your rejected PCRs.
    - a. Please correct the forms that are returned to you and resubmit them for rescanning.

**II. FIELDS REQUIRING COMPLETION**

The following lists show required fields depending on incident type. The page number references a detailed description of the field.

**A. Patient Contact Has Occurred – TRANSPORT AGENCY**

<u>FIELD NAME</u>	<u>Pg. #</u>
<input type="checkbox"/> AGENCY #.....	7
<input type="checkbox"/> UNIT #.....	7
<input type="checkbox"/> DATE.....	7
<input type="checkbox"/> TIMES (MILITARY)	
<input type="checkbox"/> DISPATCH.....	8
<input type="checkbox"/> ENROUTE.....	8
<input type="checkbox"/> ARRIVE SCENE.....	8
<input type="checkbox"/> PT. CONTACT.....	8
<input type="checkbox"/> DEPART SCENE.....	8
<input type="checkbox"/> ARRIVE DEST.....	8
(only if patient transported)	
<input type="checkbox"/> RETURN SERVICE.....	8
<input type="checkbox"/> TYPE OF CALL.....	8
<input type="checkbox"/> LOCATION OF CALL.....	9
<input type="checkbox"/> COUNTY.....	9
<input type="checkbox"/> OBSERVED/REPORTED CONDITION.....	9
<input type="checkbox"/> GENDER.....	9
<input type="checkbox"/> AGE.....	9
<input type="checkbox"/> TREATMENT.....	10
<input type="checkbox"/> RESPONSE OUTCOME.....	10
<input type="checkbox"/> DESTINATION DETERMINATION.....	10
(only if patient transported)	
<input type="checkbox"/> RECEIVING FACILITY.....	10
(only if patient transported)	
<input type="checkbox"/> CREW CERT.....	12
<input type="checkbox"/> DATE OF BIRTH.....	12

**B. Patient Contact Has Occurred – NONTRANSPORT AGENCY**

<u>FIELD NAME</u>	<u>Pg. #</u>
<input type="checkbox"/> AGENCY #.....	7
<input type="checkbox"/> UNIT #.....	7
<input type="checkbox"/> DATE.....	7
<input type="checkbox"/> TIMES (MILITARY)	
<input type="checkbox"/> DISPATCH.....	8
<input type="checkbox"/> ENROUTE.....	8
<input type="checkbox"/> ARRIVE SCENE.....	8
<input type="checkbox"/> PT. CONTACT.....	8
<input type="checkbox"/> DEPART SCENE.....	8
<input type="checkbox"/> RETURN SERVICE.....	8
<input type="checkbox"/> TYPE OF CALL.....	8
<input type="checkbox"/> LOCATION OF CALL.....	9
<input type="checkbox"/> COUNTY.....	9
<input type="checkbox"/> OBSERVED/REPORTED CONDITION.....	9
<input type="checkbox"/> GENDER.....	9
<input type="checkbox"/> AGE.....	9
<input type="checkbox"/> TREATMENT.....	10
<input type="checkbox"/> RESPONSE OUTCOME.....	10
<input type="checkbox"/> CREW CERT.....	12
<input type="checkbox"/> DATE OF BIRTH.....	12

**C. Call Cancelled Prior to Arrival**

<u>FIELD NAME</u>	<u>Pg. #</u>
<input type="checkbox"/> AGENCY #.....	7
<input type="checkbox"/> UNIT #.....	7
<input type="checkbox"/> DATE.....	7
<input type="checkbox"/> TIMES (MILITARY)	
<input type="checkbox"/> DISPATCH.....	8
<input type="checkbox"/> ENROUTE.....	8
(Can be omitted if call cancelled prior to leaving quarters)	
<input type="checkbox"/> RERTURN SERVICE.....	8
<input type="checkbox"/> TYPE OF CALL.....	8
<input type="checkbox"/> LOCATION OF CALL.....	9
<input type="checkbox"/> COUNTY.....	9
<input type="checkbox"/> GENDER.....	9
<input type="checkbox"/> RESPONSE OUTCOME.....	10
<input type="checkbox"/> CREW CERT.....	11

**D. Patient Refuses Treatment (No Assessment/No Treatment)**

<b><u>FIELD NAME</u></b>	<b><u>Pg. #</u></b>
<input type="checkbox"/> AGENCY #.....	7
<input type="checkbox"/> UNIT #.....	7
<input type="checkbox"/> DATE.....	7
<input type="checkbox"/> TIMES (MILITARY)	
<input type="checkbox"/> DISPATCH.....	8
<input type="checkbox"/> ENROUTE.....	8
(Can be omitted call cancelled prior to leaving quarters)	
<input type="checkbox"/> ARRIVE SCENE.....	9
<input type="checkbox"/> PT. CONTACT.....	9
<input type="checkbox"/> RETURN SERVICE.....	8
<input type="checkbox"/> TYPE OF CALL.....	8
<input type="checkbox"/> LOCATION OF CALL.....	9
<input type="checkbox"/> COUNTY.....	9
<input type="checkbox"/> GENDER.....	9
<input type="checkbox"/> AGE.....	9
<input type="checkbox"/> RESPONSE OUTCOME.....	10
<input type="checkbox"/> CREW CERT.....	11
<input type="checkbox"/> DATE OF BIRTH.....	11

**E. Required Fields When on Standby**

<b><u>FIELD NAME</u></b>	<b><u>Pg. #</u></b>
<input type="checkbox"/> AGENCY #.....	7
<input type="checkbox"/> UNIT #.....	7
<input type="checkbox"/> DATE.....	7
<input type="checkbox"/> TIMES (MILITARY)	
<input type="checkbox"/> DISPATCH.....	8
<input type="checkbox"/> ENROUTE.....	8
(Can be omitted call cancelled prior to leaving quarters)	
<input type="checkbox"/> ARRIVE SCENE.....	9
<input type="checkbox"/> RETURN SERVICE.....	8
<input type="checkbox"/> TYPE OF CALL.....	8
<input type="checkbox"/> LOCATION OF CALL.....	9
<input type="checkbox"/> COUNTY.....	9
<input type="checkbox"/> RESPONSE OUTCOME.....	10
<input type="checkbox"/> CREW CERT.....	11
<input type="checkbox"/> DATE OF BIRTH.....	11

### III. FIELD DEFINITIONS

**Agency #**  
(Required Field)

The state-assigned provider number of the responding agency.

AGENCY #			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**Unit #**  
(Required Field)

The unique vehicle number of the responding unit.

If your agency uses a three-digit numbering system, use the last two digits of the unit ID.

UNIT #	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Date of Incident**  
(Required Field)

The date the the public safety answering point (9-1-1 dispatch center) or other designated entity receives the call requesting EMS services.

DATE		
	D	YR
Jan		
Feb		
Mar	0	0
Apr	1	1
May	2	2
Jun	3	3
Jul	4	4
Aug	5	5
Sep	6	6
Oct	7	7
Nov	8	8
Dec	9	9

**RESPONSE TIMES** Response times are to be filled in using Military Time:

- 12:00 a.m. (midnight) is coded 2400
- 12:01 a.m. is coded 0001

DISPATCH			ENROUTE			ARRIVE SCENE			PT. CONTACT			DEPART SCENE			ARRIVE DEST.			RETURN SERVICE			TYPE OF CALL (Mark One Only)	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<input type="radio"/> MVC-Traffic	<input type="radio"/> Fire/Burn
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	<input type="radio"/> MVC-Non-Traffic	<input type="radio"/> Machinery
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	<input type="radio"/> Motorcycle	<input type="radio"/> Medical
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	<input type="radio"/> Pedestrian	<input type="radio"/> Shooting
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	<input type="radio"/> Bicycle	<input type="radio"/> Stabbing
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	<input type="radio"/> Aircraft	<input type="radio"/> Sex Assault
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	<input type="radio"/> Alcohol/Drug	<input type="radio"/> Other Assault
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	<input type="radio"/> Bite/Sting	<input type="radio"/> Toxic Exposure
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	<input type="radio"/> Drown/Near	<input type="radio"/> Watercraft
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	<input type="radio"/> Electrical	<input type="radio"/> Other Trauma
																					<input type="radio"/> Fall	<input type="radio"/> Other

**NOTE for “Walk-In Times”:** Dispatch, Enroute, Arrive Scene, and Pt. Contact times will all be the same if you receive a walk-in patient at your agency or while on Standby.

**Dispatch**  
(Required Field)

Time the responding unit was notified by dispatch.

**Enroute**  
(Required Field)

Time the unit responded (the time the vehicle started moving).

**Arrive Scene**  
(Required Field)

Time the EMS unit stopped physical motion at scene or staging site.

**Pt. Contact**

Time the response personnel arrive at the patient’s side.

**Depart Scene**

Time the responding unit left the scene (started moving).

**Arrive Dest.**

Time the responding unit arrived with the patient at the destination or transfer point.

**Return Service**  
(Required Field)

Time the responding unit was back in service and available for a new response (finished with call, but not necessarily back in home location).

**Type of Call**

Indicates nature of call found upon arrival at scene.

TYPE OF CALL (Mark One Only)	
<input type="radio"/> MVC-Traffic	<input type="radio"/> Fire/Burn
<input type="radio"/> MVC-Non-Traffic	<input type="radio"/> Machinery
<input type="radio"/> Motorcycle	<input type="radio"/> Medical
<input type="radio"/> Pedestrian	<input type="radio"/> Shooting
<input type="radio"/> Bicycle	<input type="radio"/> Stabbing
<input type="radio"/> Aircraft	<input type="radio"/> Sex Assault
<input type="radio"/> Alcohol/Drug	<input type="radio"/> Other Assault
<input type="radio"/> Bite/Sting	<input type="radio"/> Toxic Exposure
<input type="radio"/> Drown/Near	<input type="radio"/> Watercraft
<input type="radio"/> Electrical	<input type="radio"/> Other Trauma
<input type="radio"/> Fall	<input type="radio"/> Other

Choose only one.

MVC-Traffic

This includes any motor vehicle accident occurring on a public roadway or highway.

- MVC-Non-Traffic Any motor vehicle accident occurring off public roadways.  
Example: An accident involving an ATV in an off-road location would be a non-traffic accident. This includes snowmobiles and other off road vehicle(s). The only exception is for motorcycles (use *Motorcycle*).
- Motorcycle Any motorcycle accident occurring on or off any paved road.
- Pedestrian An accident in which the patient was a pedestrian struck by a motor vehicel of any type. Includes individuals on skates, in baby carriages, in wheelchairs, on skateboards, etc.
- Bicycle Includes any pedal cycle accident. Pedal cycle is defined to include bicycles, tricycles, and **excludes** any motorized cycles.
- Aircraft Any accident that involves motorized or non-motorized aircraft. This includes spacecraft.
- Alcohol/Drug Includes alcohol or drug ingestions, inappropriate overdoses, or accidental ingestions.
- Bite/Sting All animal bites, including spiders, snakes, and lizard. Stings include scorpions, insects, marine life, or plants.
- Drown/Near Accidental drowning/near drowning, not related to watercraft use (use *Watercraft\_*). Includes: swimming, accident, bathtubs, canals, rivers, lakes, etc.
- Electrical Includes accidents related to electric current from exposed wire, faulty appliance, high voltage cable, live rail, open socket, etc.
- Fall Any fall that occurred when the patient was at ground level or higher. This excludes falling from watercraft or machinery in operation.
- Fire/Burn Includes thermal injuries related to weather, man, or chemicals. Includes burning by fire, asphyxis, or poisoning from ignition, and fires due to secundar explosions or lightening strikes.
- Machinery Includes all machinery accidents except when machinery is not in operation. Excludes electrocution.
- Medical Any call that is not trauma related. This includes interfacility transports, cardiac patients, labor/child birth, asthmatic calls, code blues, respiratory difficulties, etc.
- Shooting Any accident involving a firearm, whether it is accidental or intentional.
- Stabbing Includes cuts, punctures, or stabs to any part of the body, whether it is accidental or intentional.
- Sex Assault Refers to reported sexual assault/rape.

Other Assault Physical assault inflicted by another individual.

Toxic Exposure Includes accidental poisoning by solid or liquid substances, gases, or vapors.

Watercraft Includes all accidents related to watercraft. **Excludes drowning and submersion accidents unless they are watercraft related.** Thus, if a person falls out of a boat and drowns, it should be coded with in this category.

Other Trauma Any trauma accident that is not listed in the above categories.

Other **Should not have to be used except in very rare circumstances.** If you have questions, contact your Regional Consultant or PCR technical record specialist at the EMS Bureau (208-334-4000)

**Location of Call** The type of location where the incident happened.

LOCATION OF CALL (Mark One Only)	
<input type="radio"/> Pt. Residence	<input type="radio"/> Religious Facil.
<input type="radio"/> Residence	<input type="radio"/> Education Facil.
<input type="radio"/> Hwy. ≥ 55 MPH	<input type="radio"/> Hospital
<input type="radio"/> Oth. Paved Rd.	<input type="radio"/> Clinic/Dr's Office
<input type="radio"/> Unpaved Road	<input type="radio"/> Extd. Care Fac.
<input type="radio"/> Office/Business	<input type="radio"/> Irrig. Canal
<input type="radio"/> Store/Mall	<input type="radio"/> Lake/Reservoir
<input type="radio"/> Bar/Restaurant	<input type="radio"/> River
<input type="radio"/> Hotel/Motel	<input type="radio"/> Swimming Pool
<input type="radio"/> Farm/Ranch	<input type="radio"/> Forest
<input type="radio"/> Indust./Manuf.	<input type="radio"/> Public Area
<input type="radio"/> Mine/Quarry	<input type="radio"/> Other

Choose only one.

Pt. Residence The residence where the patient resides

Residence A residence in which a person does not reside, but may be visiting in one capacity or another. Ex: Grandma is visiting.

Hwy > 55 MPH A highway that is equal to or greater than 55 MPH.

Oth. Paved Road An established roadway that is paved. This excludes Hwy > 55 MPH.

Unpaved Road A pre-existing road that is unpaved.

Office/Business A public office or business where day-to-day work takes place. **This excludes stores, malls, clinics and hospitals.**

Store/Mall Any facility where purchasing of stock on hand takes place.

Bar/Restaurant A public eating place that serves alcoholic beverages and or food.

Hotel/Motel An establishment that provides lodging.

Farm/Ranch Includes building and land under cultivation. Excludes farmhouse and home premises of farm.

<u>Indust./Manuf.</u>	Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), warehouse, and workhouse.
<u>Mine Quarry</u>	Includes gravel pit, sand pit, or tunnel under construction.
<u>Religious Facility</u>	A building of worship.
<u>Education Facil.</u>	Includes state, public and private schools. This includes sports fields and recreational playgrounds within the facility.
<u>Hospital</u>	An institution where the sick or injured are given medical or surgical care.
<u>Clinical/Dr.'s Office</u>	A facility for diagnosis and treatment of outpatients.
<u>Extd. Care Fac.</u>	An institution devoted to providing medical, nursing, or custodial care for an individual over a prolonged period of time.
<u>Irrig. Canal</u>	An artificial waterway for draining or irrigating land.
<u>Lake/Reservoir</u>	A natural or man-made inland body of water.
<u>River</u>	A natural stream of water.
<u>Swimming Pool</u>	A man made pool suitable for swimming.
<u>Forest</u>	A dense growth of trees and underbrush covering a large tract of land.
<u>Public Area</u>	Includes any building used by the general public, including airport, cinema, bus or railway station, courthouse, jail, prison, police station, fire station, ambulance quarters, park, zoo, fairgrounds, horse track, etc.
<u>Other</u>	<b>Other should not be used unless the location does not fit into any of the other categories.</b> If you have questions, contact your Regional Consultant or PCR technical record specialist at the EMS Bureau (208-334-4000)

**County**

The county where the patient was found or to which the unit responded (or best approximation).

COUNTY

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Observed/Reported Condition**

Provider’s clinical impression, mark all that are observed by EMS responder(s) or reported by the patient.

**OBSERVED/REPORTED CONDITION**

Mark all that are observed by EMS responder or reported by patient.

<input type="checkbox"/> Airway Obstruction	<input type="checkbox"/> Exposure-Cold	<input type="checkbox"/> Substance Ingestion
<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Exposure-Heat	<input type="checkbox"/> Trauma-Blunt
<input type="checkbox"/> Altered LOC	<input type="checkbox"/> Exposure-Toxic	<input type="checkbox"/> Trauma-Penetrating
<input type="checkbox"/> Behavioral	<input type="checkbox"/> Fever	<input type="checkbox"/> Trauma-Skin Surface
<input type="checkbox"/> Bleeding-Body Surface	<input type="checkbox"/> Labor/Childbirth	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Bleeding-Body Orifice	<input type="checkbox"/> Nausea	<input type="checkbox"/> Weakness
<input type="checkbox"/> Breathing Difficulty	<input type="checkbox"/> Pain-Body	<input type="checkbox"/> None
<input type="checkbox"/> Breathing Rapidly	<input type="checkbox"/> Pain-Extremity	<input type="checkbox"/> Other
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Paralysis	
<input type="checkbox"/> Cardiac Symptoms	<input type="checkbox"/> Respiratory Arrest	
<input type="checkbox"/> Deformity	<input type="checkbox"/> Seizure	
<input type="checkbox"/> Dehydration	<input type="checkbox"/> Shock	
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Stroke	

**Gender**

The patient’s gender.

**GENDER**

Female

Male

**Age**

The patient’s age.

**AGE**

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
M	D

This can either be calculated from date of birth or use a best approximation.

“M” or “D” bubbles represent “Month” and “Day”. If the patient is under a year old, enter the patient’s age in month or days and select the appropriate indicator.

If patient is 100 years or older, mark 99 for age and record actual age in narrative.

**DNR Order?**

States the presence of a Comfort One/DNR or POST order.

DNR Order?  Y  N  UNK

*(Located in the top left hand cornder of the treatment box).*

**Treatment**

Indication of treatment or procedure performed on patient.

Choose all that apply.

TREATMENT		
DNR Order? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UNK	Other	
<b>Airway/O<sub>2</sub></b>	<b>Cardiac</b>	<input type="radio"/> Bleed. Control
<input type="radio"/> Assessment	<input type="radio"/> CPR	<input type="radio"/> Blood Draw
<input type="radio"/> Abdmnl. Thrust	<input type="radio"/> Cardiac Monitor	<input type="radio"/> Burn Care
<input type="radio"/> Airway Clear	<input type="radio"/> Cardiac Pacing	<input type="radio"/> Extrication
<input type="radio"/> Airway Opened	<input type="radio"/> Cardioversion	<input type="radio"/> Irrigation
<input type="radio"/> Airway-Orophngl	<input type="radio"/> Defibrillation	<input type="radio"/> MAST
<input type="radio"/> Airway-Nasophngl	<input type="radio"/> SAED	<input type="radio"/> Mon. Vitals
<input type="radio"/> Artif. Ventilation	<input type="radio"/> Thumper	<input type="radio"/> OB Delivery
<input type="radio"/> Back Blows	<b>IV/Meds</b>	<input type="radio"/> Restraints
<input type="radio"/> BVM	<input type="radio"/> IV-Ext. Jug.	<input type="radio"/> Spinal Immob.
<input type="radio"/> Cricothyrotomy	<input type="radio"/> IV-Intraoss.	<input type="radio"/> Splint Extrm.
<input type="radio"/> EOA/EGTA	<input type="radio"/> IV-Peripheral	<input type="radio"/> Suction
<input type="radio"/> Intub.-Nasal	<input type="radio"/> Med. Admin.	<input type="radio"/> Other ALS
<input type="radio"/> Intub.-Oral	<input type="radio"/> Med. Assist.	
<input type="radio"/> Oxygen	<input type="radio"/> Oral Glucose	<input type="radio"/> None

**RESPONSE  
OUTCOME**

(Required Field)

End result of EMS response.

Choose only one.

RESPONSE OUTCOME (Mark One Only)	
<b>NON-TRANSPORT</b>	
Treat, Transp. by:	<input type="radio"/> Cancelled
<input type="radio"/> Other EMS Grnd	<input type="radio"/> Pt. Refused
<input type="radio"/> Other EMS Air	<input type="radio"/> False Call
<input type="radio"/> Law Enforcemnt	<input type="radio"/> No Pt. Found
<input type="radio"/> P.O.V.	<input type="radio"/> Standby
<input type="radio"/> Treat, No Transp.	<input type="radio"/> D.O.A.
<b>THIS AGENCY/UNIT TRANSPORTED TO:</b>	
<input type="radio"/> Hospital	<input type="radio"/> Home
<input type="radio"/> Extd. Care Fac.	<input type="radio"/> EMS Rendezvous
<input type="radio"/> Dr's Office/Clinic	<input type="radio"/> Other
<input type="radio"/> Morgue/Mortuary	

Nontransport agencies are limited to the 'NON-TRANSPORT' options in the upper portion of this field.

Transport agencies may choose from all options.

**Non-Transport (Response Outcome)**

Other EMS Grnd Your agency treated the patient, and then transferred care for ground transport.

Other EMS Air Your agency treated the patient, and then transferred care for air transport.

Law Enforcement Your agency treated the patient, and then transferred transport to law enforcement.

P.O.V. Your agency treated the patient, but the patient was transported to a medical facility by private vehicle.

Treat, No Transp. Your agency treated the patient, but the patient did not require or request transport.

Cancelled EMS response was cancelled enroute or upon arrival at a scene.

This means you had **NO** patient contact. Do not mark this if you assisted with any portion of patient care.

Pt. Refused Patient refused treatment and transport whether it was needed or not.

***This code is not to be confused with Treat, No Transport, in which assessment and treatment was done but patient refused transport.***

False Call Mark this code for either a prank, malicious call, or one in which the party calling for help shows good intent. Ex: an accidental triggering of a life line alarm, or a backhoe operator who lies down for a nap, and you are dispatched to “a man down”.

No Pt. Found Your agency arrives on location and no patient can be found.

Standby This code is used when your agency attends an event that could have possible injuries such as a structure fire, athletic event, or law enforcement standby. **This code is not to be used if anyone is assessed, treated, or transported.**

D.O.A. The patient was determined to be **dead on arrival**, and no care was initiated.

### **This Agency/Unit Transported To (Response Outcome)**

Hospital An institution where the sick or injured are given medical or surgical care.

Extd. Care Fac. An institution devoted to providing medical, nursing, or custodial care for an individual over a prolonged period of time.

Clinical/Dr.'s Office A facility for diagnosis and treatment of outpatients.

Morgue/Mortuary A unit within a hospital with facilities for the storage and autopsy of the dead. An establishment that houses the deceased until burial.

Home The residence where the patient resides.

EMS Rendezvous This code is used when you transport a patient to a designated location to meet with another EMS agency for further **and/or** combined care of the patient.

Other **This code should seldom be used.** This outcome is available if your call does not fit into any of the above categories. If you are in doubt, contact the Central Office at (208)334-4000 or (877)554-3367.

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**Destination Determination**

The reason the unit chose to deliver or transfer the patient to the destination.

**DESTINATION DETERMINATION**

- Closest Facility
- Pt/Family Req.
- Physician Req.
- Managed Care
- Protocol
- Speciality Center
- Diversion
- Other

*This field is for transporting agencies only.*

- Closest Facility Facility chosen due to close proximity to incident location.
- Pt./Family Req. Facility chosen by patient or a member of the patient’s family.
- Physician Req. Facility chosen by physician.
- Managed Care Facility chosen due to patient’s participation in a managed care insurance plan.
- Protocol Facility specified by protocol. **Do not mark if patient has already asked to go to same facility.**
- Speciality Center Facility that is chosen due to a patient’s specialized treatment. Ex: Burn Center, Trauma Center, or Pediatric Center.
- Diversion Mark if your agency was diverted to a facility other than the original chosen.
- Other Facility chosen for any reason other than those listed above by a certified EMT, base hospital, or other responsible party. **This should seldom be used.** If you are in doubt, contact the Central Office at (208)334-4000 or (877)554-3367.

**Receiving Facility**

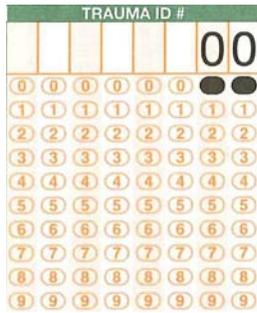
A three digit code for hospital or care facility that received the patient from the transporting EMS agency.

**RECEIVING FACILITY**

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

*This field is for transporting agencies only.*

**Trauma ID #**



Used for trauma patients, this unique number is located on the blue Idaho Trauma band.

Affix **ONE** band to any trauma patient that meets state protocol.

Record the six digit identification number in the Trauma ID # onto the patient's corresponding PCR.

**Crew Cert.**  
(Required Field)



The licensure level of the crew member(s) responding to the incident. Darken one oval corresponding to the current level of Idaho certification held by your crewmember. It is possible to have a crewmember that is certified at a higher level than your agency is licensed, but they are restricted to practice at the level of the licensure held by the agency.

If you have a fourth crewmember on a vehicle, leave out the driver or any crewmember that did not participate in patient care.

- F Emergency Medical Responder  
(First Responder)
- B EMT  
(Basic)
- A Advanced EMT  
(Intermediate EMT)
- P Paramedic
- RN Registered Nurse
- MD Medical Doctor
- STU Student
- OTH Other

**Law Enf Agency #**

LAW ENF. AGENCY #			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>
<input type="text" value="8"/>	<input type="text" value="8"/>	<input type="text" value="8"/>	<input type="text" value="8"/>
<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>

The unique number associated with the law enforcement agency on scene for motor vehicle incidents.

***Mandatory for vehicle related calls.***

**Seating**

**SEATING (Mark One Only)**

Vehicle Motorcycle

- Oth. Encl. Area Non-Trailing Unit
- Unencl. Area Non-Trailing Unit
- Riding on Veh. Ext. Non-Trailing Unit
- Sleeper Section (Truck Cab)
- Trailing Unit
- Pedacycle
- Pedestrian
- Unk.
- Other

The position of the patient in seat of the vehicle at the time of the crash. Choose only one.

***Mandatory for vehicle related calls.***

Mark where the patient was originally located in or on the vehicle.

For motorcyclists, the first oval indicates the handlebars, the second oval indicates the driver’s position, and the third oval indicates the passenger’s position.

If the patient was located somewhere other than inside the vehicle, darken the appropriate oval under the vehicle and motorcycle pictures.

If the patient location was unknown, or the patient could not remember where he/she was located, mark *Unknown*.

For snowmobile and ATV accidents, use. *Unencl. Non-Trailing Unit*.

**Pt. Date of Birth**

PT.	DATE OF BIRTH		
Jan	<input type="text" value="DD"/>	<input type="text" value="YY"/>	<input type="text"/>
Feb	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mar	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Apr	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
May	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
Jun	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
Jul	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
Aug	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
Sep	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
Oct	<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>
Nov	<input type="text" value="8"/>	<input type="text" value="8"/>	<input type="text" value="8"/>
Dec	<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>

The patient’s date of birth.

Required when patient contact has taken place. It may be necessary to obtain DOB from other agencies on scene (e.g., law enforcement, other healthcare providers, or family members).

***Use “999” in the last three columns of the DOB, only if the information is unobtainable from these sources.***