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PreMIS # sticker

★ Indicates multi-choice field.

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UNIT INFORMATION - PLEASE PRINT CLEARLY WITHIN BOXES

911 Call Date: ___/___/2000

Service Category: First Responder; Convalescent; Primary 911; Rescue; CC/Interfacility; Supervisor

Technician ID #s	FR	MR	EMT	EMT-D	EMT-I	EMT-P	RN	MD	student	other
driver→										
primary caregiver→										
other→										

Dispatch Complaint | EMD Card #

Agency # | System Incident # | Unit # | Disp. Station/Zone # | On-Scene Mileage | Ending Mileage

Delays ★	R	S	T
None			
Directions			
Distance			
Diversion			
Extrication >20 min			
HazMat			
Language Barrier			
Safety			
Traffic/Crowd			
Vehicle Failure			
Vehicle Crash			
Weather			
Other			

Response Level: Hot; Cold

Response Change: Up; None; Down; Canceled

TIMES

Call | Notified by Dispatch | En Route | On Scene | At Patient | Left Scene | At Destination | Back in Service

PATIENT INFORMATION - PLEASE PRINT CLEARLY WITHIN BOXES

Patient's Last Name | Patient's First Name | MI | SSN

Patient's Mailing Address

Patient's Home City | State abbr. | ZIP Code

Gender: M; F; ?

Est. Age (yrs.) | OR | Date of Birth

Patient's Home Phone #

Race: White; Black; Hispanic (Black or White); Native American; Asian; Other; Unknown

BILLING INFORMATION - PLEASE PRINT CLEARLY WITHIN BOXES

Insurer Name or ID	Policy ID
Insurer Name or ID	Policy ID
Insurer Name or ID	Policy ID

Closest Relative's/Guardian's Name

Closest Relative's/Guardian's Phone #

Relationship: Mother; Father; Spouse; Apptd. Guardian; Other

SCENE INFORMATION

Incident Location Type: Home; Street & Highway; Residential Institution; Industrial; Other; Farm; Recreation & Sport; Public Building; Mine & Quarry; Unknown

Other Agencies at Scene ★: None; Fire; Law; Rescue; EMS; HazMat; Mutual Aid; Utilities

Pts at Scene: Single; Multiple; Mass

Grid # | Street Address | Same as Patient Address? Yes

County | City | State | ZIP

SITUATION INFORMATION - PLEASE PRINT CLEARLY WITHIN BOXES

Injury? Yes; No; ?

Alcohol/Drug Use: Yes; No

AED before EMS Arrival? Yes

DNR in Place? None; NC State Form; LivingWill; Other

Chief Complaint | Secondary Complaint

System ★: Cardiovasc; Musculoskeletal/Skin; CNS; OB/Gyn; Endocrine; Pulmonary; GI; Renal

Mechanism: Animal; Firearms/Cut/Pierce; Burn; Poison; Environmental; Transportation; Falls/Sports; Other

Associated Symptoms ★: None Detected; Fever; Pain; Bleeding; Headache; Rash; Breathing; Mental/Psych; Vomiting; Diarrhea; Mental Status Change; Wound

PATIENT'S MEDICAL HISTORY - PLEASE PRINT CLEARLY WITHIN BOXES

Allergies ★: NKA; Aspirin/NSAIDS; Sulfa; Penicillin; Other→

Current Medications

Medical/Surgical History ★: Asthma; CHF; Diabetes; Hypertension; Seizures; Stroke (CVA); Other; Cancer; COPD; Heart Attack/MI; Renal Disease; Stomach Ulcers; Appendectomy; Gall Bladder Removed; CABG; Hysterectomy

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CODES

Treatment Codes

A00. Antibiotics
H00. Anticoagulants/Thrombolytics
H01. Heparin
H02. Platelet Glycoprotein-IIb/IIIa inhibitors
H03. Thrombolytic Agent
I00. Antiarrhythmics
I01. Phenergan
I02. Compazine
J00. Antihistamines
J01. Diphenhydramine

K00. Blood Products
K01. Plasma Protein Fraction
K02. Whole Blood and Components
L00. Cardiovascular
L01. Adenosine
L02. ACE Inhibitors
L03. Amiodarone
L04. Atropine
L05. Beta Blockers
L06. Bretylium
L07. Calcium Chloride/Gluconate

L08. Clonidine
L09. Digoxin
L10. Diltiazem
L11. Dobutamine
L12. Dopamine
L13. Epinephrine
L14. Isoproterenol
L15. Lidocaine
L16. Metoprolol
L17. Milrinone
L18. Nifedipine

L19. Nitroglycerin
L20. Nitroprusside Sodium
L21. Norepinephrine
L22. Procainamide
L23. Vasopressin
L24. Verapamil
M05. Diuretics
M01. Furosemide
M02. Mannitol

N00. Glucose Altering Agents
N01. DSI
N02. D2S
N03. D10
N04. Glucagon
N05. Insulin

O62. Oxygen

P00. Histamine 2 Blockers

Q00. IV Solutions
Q01. D5W
Q02. D5-1/4 Normal Saline
Q03. D5-1/2 Normal Saline
Q04. Lactated Ringers Solution
Q05. Normal Saline
R00. Miscellaneous
R01. Adult Diphtheria-Tetanus
R02. Magnesium Sulfate
R03. Nasal Spray
R04. Oxytocin

R05. Potassium Chloride
R06. Sodium Bicarbonate
R07. Sodium Chloride
R08. Thiamine
R09. Total Parenteral Nutrition
S00. Narcotic Analgesics
S01. Morphine
S02. Demerol
S03. Nubaine
T00. Non-Narcotic Analgesics
T01. Nitrous Oxide

T02. NSAIDs
T03. Acetaminophen
T04. Propanacine
U00. Paralytic Agents
U01. Succinylcholine
V00. Poison Antidotes
V01. Cyanide Poisoning Antidote Kit
V02. Flumazenil
V03. Methylene Blue
V04. Narcotic Antagonist
V05. Prednisolone

W00. Respiratory
W01. Albuterol
W02. Aminophylline
W03. Ipratropium
W04. Isoetharine
W05. Metaproterenol
W06. Terbutaline
X00. Sedatives/Antipsychotics
X01. Diazepam
X02. Droperidol

X03. Etomidate
X04. Haloperidol
X05. Lorazepam
X06. Midazolam
Y00. Seizure Drugs
Y01. Phenobarbital
Y02. Phenytoin
Z00. Steroid Preparations
Z01. Bretylium

Medication Route Codes

BV.	Bag-Valve-Mask	NC.	Nasal Cannula
ET.	Endotracheal Tube	NR.	Nonrebreather
IN.	Inhalation	PO.	Oral
IM.	Intramuscular	PR.	Rectal
IO.	Intraosseous	SQ.	Subcutaneous
ID.	Intradermal	SL.	Sublingual
IV.	Intravenous	TP.	Topical
NG.	Nasogastric	OT.	Other

PreMIS page 2 ★ Indicates multi-choice field.

Procedure Codes

A00. Airway
A01. Cleared
A02. Oral
A03. Nasal
A04. Blind Insertion Airway
A05. Suction
A06. Intubation-Oral
A07. Intubation-Nasal
A08. Cricothyrotomy-Needle
A09. Cricothyrotomy-Surgical
A10. Ventilator
B00. IV Access
B01. Peripheral IV/Medlock
B02. Intraosseous
B03. External Jugular
B04. Femoral Line
B05. Blood Draw
C00. ACLS
C01. Carotid Massage
C02. CPR
C03. Defibrillation/Cardioversion
C04. External Pacing
C05. ECG Rhythm
C06. 12 Lead ECG
C00. Monitoring
D01. Pulse Oximetry
D02. Blood Glucose
D03. CO2
D04. Arterial Blood Gas
D05. Invasive Monitoring CVP
D06. Invasive Monitoring Swan-Ganz
D07. Invasive Monitoring-Arterial Line
D08. Invasive Monitoring-Intraventricular Catheter
D09. Invasive Monitoring-Epidural Catheter
E00. Other
E01. Patient Restraints
E02. Psychological
E03. Infant Delivery
E04. Nasogastric Intubation
E05. Urinary Catheterization
F00. Treatise
F01. Rescue
F02. Extrication
F03. Wound Care/Hemostasis
F04. Splinting
F05. Splinting-Traction
F06. Spinal Immobilization
F07. MAST
F08. Chest Decompression

Rhythm Codes

1. Normal Sinus Rhythm
2. Sinus Bradycardia
3. Sinus Tachycardia
4. Agonal
5. Artifact
6. Asystole
7. Atrial Fibrillation/Flutter
8. AV Block, 1st Degree
9. AV Block, 2nd Degree, Type I
10. AV Block, 2nd Degree, Type II
11. AV Block, 3rd Degree
12. Junctional
13. Left Bundle Branch Block
14. Paced Rhythm
15. Premature Atrial Contractions
16. Premature Ventricular Contractions
17. Right Bundle Branch Block
18. Sinus Arrhythmia
19. Supraventricular Tachycardia
20. Ventricular Fibrillation
21. Ventricular Tachycardia
22. 12 Lead ECG Anterior Ischemia
23. 12 Lead ECG Inferior Ischemia
24. 12 Lead ECG Lateral Ischemia
25. Other

PreMIS Page 2

RUN REPORT NARRATIVE - PLEASE PRINT CLEARLY WITHIN BOX

VITAL SIGNS - PLEASE PRINT CLEARLY WITHIN BOXES

Time Taken	Card Rhy	SBP	DBP	Pulse	SaO2	Resp	Blood Gluc
:							
:							
:							
:							

Initial Glasgow Coma Score (GCS)

Eyes GCS
- Spontaneous-4
- To Voice-3
- To Pain-2
- None-1

Verbal GCS
- Oriented-5
- Confused-4
- Inappropriate-3
- Incomprehensible-2
- None-1

Motor GCS
- Obeys Commands-6
- Localizes to Pain-5
- Withdraws (Pain)-4
- Flexion (Pain)-3
- Extension (Pain)-2
- None-1

Broselow Color
- Pink
- White
- Red
- Blue
- Purple
- Orange
- Yellow
- Green
- Kidbase

Injury/Trauma Assessment ★

	Skin	Eyes	Head/ Neck	Chest/ Lungs	Abd.	Pelvic/ Gyn	Extrem.	Back
Normal	○	○	○	○	○	○	○	○
Lac/Les	○	○	○	○	○	○	○	○
Deform	○	○	○	○	○	○	○	○
Discol	○	○	○	○	○	○	○	○
Tender	○	○	○	○	○	○	○	○

PHYSICAL EXAM - PLEASE MARK CLEARLY WITHIN BUBBLES

Skin ★
- Not Done
- Pale
- Normal
- Cyanotic
- Clammy
- Cold
- Jaundiced
- Warm

Head/Neck ★
- Not Done
- Normal
- SQAir
- JVD
- Trach Dev
- Stridor

Chest/Lungs ★
- Not Done
- Flail Segment
- Normal BS
- Rhonci/Wheezing
- Decreased BS
- Rales
- Tenderness
- Increased Effort
- AccMuscles

Heart ★
- Not Done
- Normal
- Decr Sounds
- Murmur

Abdomen ★

	LU	LL	RU	RL
Not Done	○	○	○	○
Normal	○	○	○	○
Distention	○	○	○	○
Tenderness	○	○	○	○
Guarding	○	○	○	○
Mass	○	○	○	○

Pelvic/Gyn ★
- Not Done
- Normal
- Tenderness
- Unstable
- Genital Injury
- Crowning

Back ★

	C	T	L
Not Done	○	○	○
Normal	○	○	○
Tender Spin	○	○	○
Tender Parasp	○	○	○
Pain to ROM	○	○	○

Extremities ★

	LUE	RUE	LLE	RLE
Not Done	○	○	○	○
Normal	○	○	○	○
Tenderness	○	○	○	○
Abnormal Pulse	○	○	○	○
Abn. Sensation	○	○	○	○
Edema	○	○	○	○

Eyes ★

	L	R
Not Done	○	○
Reactive	○	○
Constricted	○	○
Dilated	○	○
Nonreactive	○	○
Blind	○	○

Mental/Neuro ★
- Not Done
- Tremors
- Normal
- Seizures
- Confused
- Lethargic
- Combative
- Hallucinations
- Unresponsive

Neuro Deficits ★
- Not Done
- None
- Dysphagia
- Hemiplegia L
- Hemiplegia R

PROCEDURES / TREATMENT - PLEASE PRINT CLEARLY WITHIN BOXES

Procedure Time	Procedure	Size	Success	Technician #
:			○ Yes ○ No	
:			○ Yes ○ No	
:			○ Yes ○ No	
:			○ Yes ○ No	
:			○ Yes ○ No	

Treatment Time	Treatment	Admin. Route	Dosage	Dosage Units	# Times Given	Improved	Technician #
:						○ Yes ○ No	
:						○ Yes ○ No	
:						○ Yes ○ No	
:						○ Yes ○ No	
:						○ Yes ○ No	

Successful IV Sites ★

	L	R
Hand	○	○
Forearm	○	○
Antecubital	○	○
External Jug	○	○
Lower Extr	○	○
Other	○	○

Protocols Used

ROSC ○ Yes ○ No

ROSV ○ Yes ○ No

Time CPR → Discontinued : :

DISPOSITION INFORMATION - PLEASE PRINT CLEARLY WITHIN BOXES

Destination Name ↓ | Street Address ↓

Destination Code ↓ | Destination City ↓

Reason Patient Did Not Sign
○ Unable ○ Unwilling ○ Not Present

Treatment Type
- ○ Treated
- ○ Dead
- ○ Not Treated
- ○ Canceled
- ○ Refused
- ○ No Pt. Found

Transport Type
- ○ EMS ○ Other
- ○ Private Vehicle
- ○ Law Enforcement
- ○ None

Initial Transport Level and Change
- ○ Hot
- ○ Upgraded
- ○ Canceled
- ○ Cold
- ○ Downgraded
- ○ No Change

Condition of Patient after EMS Care
○ Better ○ Worse ○ No Change

Reason for Choosing Destination
○ N/A ○ Diversion ○ EMS Choice ○ MD Choice ○ Pt Choice ○ Specialty Ctr ○ Other

Type of Destination
○ N/A ○ EMS ○ Home ○ Hospital ○ Morgue ○ Office/Clinic ○ Other

○ Review

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Signature of Crew Member 1 | Signature of Crew Member 2 | Signature of Crew Member 3

Treatment Authorized By MD MICN | Patient Received By | Medical Control Signature

PreMIS # sticker

PreMIS Supplemental Form

911 Call Date / / 2 0 0

911 Call Time :

Patient's Last Name

Patient's First Name

System Incident #

Agency #

Unit #

Draft

VITAL SIGNS - PLEASE PRINT CLEARLY WITHIN BOXES

Time Taken	Card Rhy	SBP	DBP	Pulse	SaO2	Resp	Blood Glus
:							
:							
:							
:							

PROCEDURES - PLEASE PRINT CLEARLY WITHIN BOXES

Procedure Time	Procedure	Size	Success	Technician #
:			Yes / No	
:			Yes / No	
:			Yes / No	
:			Yes / No	
:			Yes / No	

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TREATMENT - PLEASE PRINT CLEARLY WITHIN BOXES

Treatment Time	Treatment	Admin. Route	Dosage	Dosage Units	# Times Given	Improved	Technician #
:						Yes / No	
:						Yes / No	
:						Yes / No	
:						Yes / No	
:						Yes / No	

RUN REPORT NARRATIVE - PLEASE PRINT CLEARLY WITHIN BOX

Signature of Crew Member 1

Signature of Crew Member 1