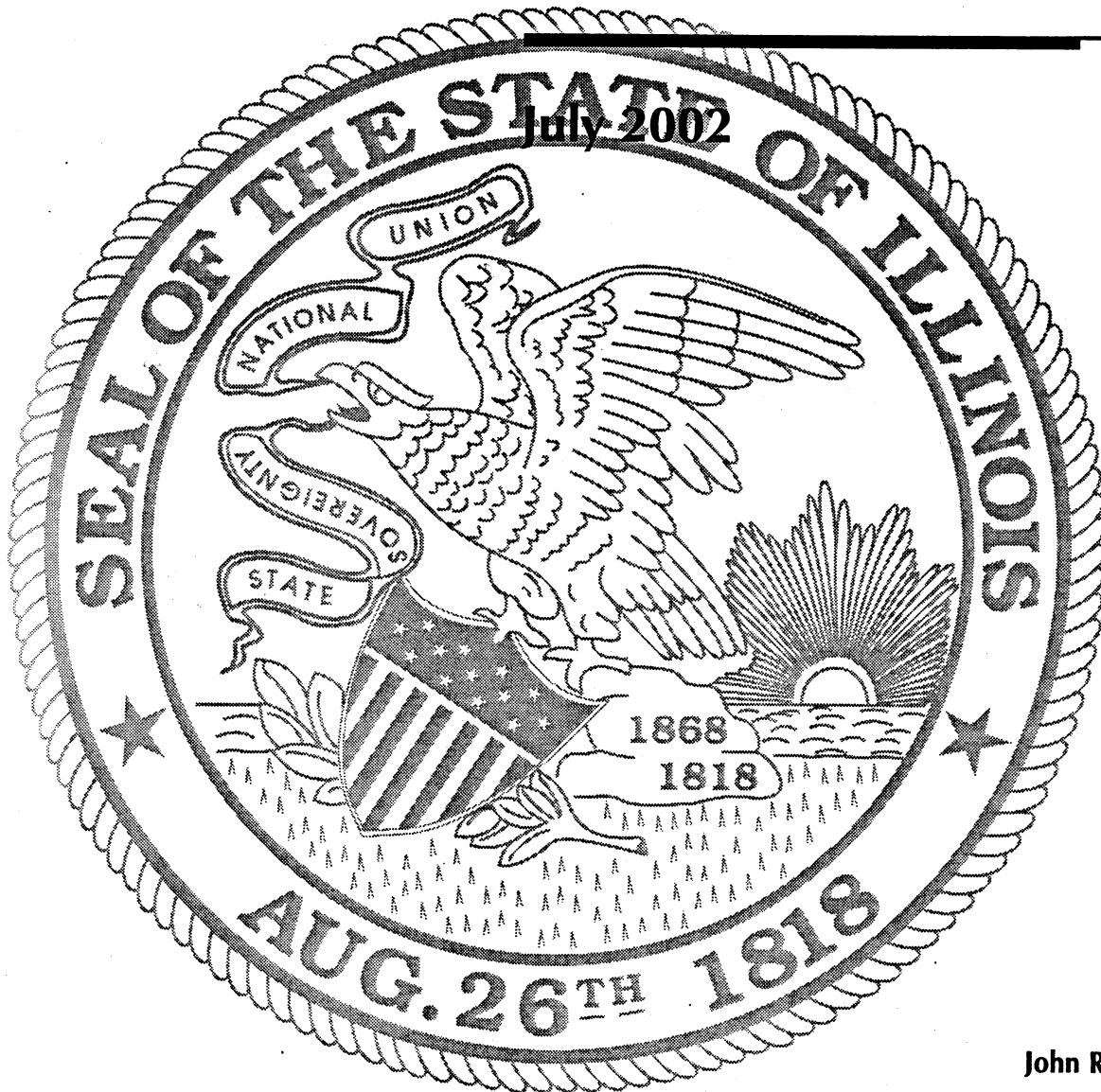


Illinois Department of  
**Public  
Health**

**Illinois Prehospital  
Care Report Form  
Instruction Manual**

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**George H. Ryan**  
Governor

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Director

**ILLINOIS EMERGENCY MEDICAL SERVICES PREHOSPITAL CARE REPORT**  
**GENERAL INSTRUCTIONS**  
**JULY 2002**

These instructions are intended as a quick reference to complete the Prehospital Care Report form at the time care is given.

Detailed explanations of each data element are contained in the data dictionary. This can be downloaded from <http://www.illemsdata.org>. Go to "Files and Format Information", then "click here for Illinois Data Dictionary."

The following will aid in completion of form.

- Use black or blue ink to complete bubbles. Do not use red ink.
- Errors may be erased or covered with correction fluid.
- Fill ovals completely. "Doughnuts" or single marks through oval are insufficient documentation.
- Do not tear, fold, staple, or use tape on form.
- Do not submit narrative documentation to the Illinois Department of Public Health.
- According to EMS System policy send Prehospital Care Report to the EMS System Resource Hospital or to:

Illinois Department of Public Health  
Division of Emergency Medical  
Services and Highway Safety  
525 West Jefferson  
Springfield, Illinois 62761

- Quarterly reporting is required. See Emergency Medical Services and Trauma Center Code Section 515.350. However, reports are accepted on daily, weekly, or monthly basis.

Documentation Hints

- Some fields require text in the header box in addition to ovals. Complete both (example agency number/unit).

- Some data elements contain choices “Not Applicable” and “Unknown.” Use best judgement. If the data is applicable but not available, use “Unknown.”
- Military time complete H=hours and M=minutes. Use leading zeros for hours and minutes 1-9. Midnight is 2400.
- Some data elements accept multiple choices. Mark all that apply. See data element instructions.
- Appendices are provided for complex data elements.

For additional information contact:

Illinois Department of Public Health  
Division of Emergency Medical  
Services and Highway Safety  
525 West Jefferson  
Springfield, Illinois 62761  
217-785-2080

Order forms from:

National Computer Systems  
3975 Continental Drive  
Columbia, PA 17512  
1-800-735-2566 X1323

Special thanks to Shelley Peelman, EMT-P, EMS Educator, Provena Covenant EMS System for her insight and valuable input in preparing this document.

<b>DATA ELEMENT</b>	<b>INSTRUCTIONS</b>
Agency/Unit Number	Six digit number found on ambulance license and license plate.
Incident County	Three digit county code where patient is picked up. See Appendix A County Codes.
Incident State	Use only when incident occurred outside Illinois.
Date	Enter date of run. Y = Year's last digit M = Month DD = Day (use preceding 0 for days of month 1-9)
Received	The time the initial call was received by the dispatch center.
Dispatch	The time the unit was notified by the dispatcher to respond to the call.
En-Route	The time your unit departed its location and began responding to the call.
Arrive Location	The time your unit arrived at the scene of the call.
Pt. Contact	The time EMS personnel on the scene made physical or verbal contact with the patient.
Depart and Location	The time the unit left the scene.
Arrive Destination	The time the unit arrived at the receiving facility.
Location Type	Choose one location that most closely describes the location of the incident. See Appendix B Location Type for further definitions.
DNR	Mark "yes" or "no" to indicate if DNR papers were present.

Service Type	<p>Mark the appropriate service type.</p> <p>S = Scene to hospital</p> <p>Unscheduled transfer = transfer was not pre arranged</p> <p>Scheduled transfer = transfer was pre arranged</p> <p>Stand-by = i.e., hostage situation that results in a transport.</p> <p>Rendevous = intercept</p> <p>Not Applicable = none of above</p> <p>Unknown</p>
Mutual Aid	<p>Mark "Given" if your unit provided mutual aid outside your normal service area. Mark "Received" if your unit received mutual aid from a provider outside your normal service area. Mark "None" if there was no mutual aid.</p>
Residence County	<p>Record the County of Residence Code. See Appendix A County Codes.</p>
Residence Zip Code	<p>Record the Zip Code of the residence of the patient. This is where the patient resides most of the year - not where the patient is picked up.</p>
Patient Date of Birth	<p>Record date of birth.</p> <p>YYY = Construct complete year</p> <p>Y = 18, 19, 20 (first two digits)</p> <p>YY = 00-99 (last two digits of year) If unknown, leave blank and estimate age in "Patient Age Est."</p>
Patient Age of Est.	<p>Record the patient's age or estimated age.</p> <p>M = Months - record 1-11 months</p> <p>D = Days - record 1-31 days</p> <p>Est = Mark only if age is estimated</p> <p>Years - mark appropriate bubbles - there is no "years" designation on form.</p>
Patient Gender	<p>Mark sex of patient or unknown.</p>
Allergies	<p>Mark yes or no for patient allergies for medications, latex, and other.</p>

Race/Ethnicity	Mark based on your observations.
Pre-Existing Conditions	Mark all that apply.
Complaint/Illness/Signs & Symptoms	Mark only one Primary (P) complaint, illness, sign or symptom. Mark as many Secondary (S) complaints, illnesses, signs or symptoms as needed to adequately describe the purpose of the ambulance run. This may be obtained from patient verbalizing or EMT observation.
Systolic BP	Record Systolic Blood Pressure.
Diastolic BP	Record Diastolic Blood Pressure.
Pulse Rate	Record Pulse Rate.
Respiratory Rate	Record Respiratory Rate.
No Vitals Taken	Mark reason vitals were not taken.
Weight	Mark unit of measure "P" pounds, "K" for Kilos. Record best estimate of weight or weight obtained by interview with patient or family.
LOC	Mark one.
Pupils	Mark one choice for each eye. R = Right L = Left
Cardiac Rhythm	Mark two cardiac rhythms, if applicable. F = First cardiac rhythm S = Second cardiac rhythm Last rhythm taken before patient is delivered into the emergency department. 88 = Not applicable (no rhythms done). 99 = Unknown Atrial fibrillation may be recorded as narrow complex or other rhythms. Choose closest description.
Lung Sounds	Mark all sounds that apply for each lung. R = Right Lung L = Left Lung

Skin Color	Mark one color that best describes the appearance of the skin.
Skin Temp	Mark one temperature that best describes the skin temperature.
Skin Moisture	Mark one Normal or Diaph. (Diaphoretic).
Procedures/Treatments	Mark all procedures completed by all crew members. Assign these crew member numbers to the narrative signatures. Assign numbers internally according to service protocol for each shift and maintain list.
EMS Resource Hospital	Record the four digit code for the primary EMS Resource Hospital for this agency. See EMS Resource Hospital Code Table Appendix C. This number is <u>NOT</u> the hospital number.
Glasgow Coma Scale	Record one assessment for each Eye, Motor, Verbal.
Total Glasgow	Record Total Glasgow Score.
Total RTS	Record Total Revised Trauma Score.
Medications	Record all medications administered by EMTs.
Route Meds. Admin.	Mark all routes of medication administration that apply.
IV Rate & Type	Mark rate of each type of IV administered.
Lock	Mark "y" for yes and "n" for no, to indicate use of a lock.
The following data elements are privileged and confidential	
Cause of Injury	Mark one primary cause of injury.
Injury Description	Mark all that apply.
Safety Equipment	For patients involved in incidents where safety equipment should have been used. Mark all that apply.

Suspected Alcohol Drug Use	Mark one.
Time start CPR	Record time CPR was started.
Time stop CPR	Record time CPR was stopped if it was terminated in the field. If CPR continues into hospital do not record a stop time.
Provider 1 <sup>st</sup> CPR	Mark one - EMS supercedes bystander in joint efforts.
Witness Arrest	Mark one - EMS supercedes bystander in joint efforts.
AED	Mark "yes" or "no".
Time of First Shock	Record time of first shock.
Return Spon. Circ.	Mark "yes", "no" or "NA".
Care Factors	Mark all that apply.
Minimum Trauma Field Triage Criteria	Mark <u>one</u> criteria in Category I or Category II, as applicable. See Appendix E.
Destination/Transferred To	Mark one destination.
Hospital Code (Not Ems System Code)	Mark hospital code. See Appendix D.
Destination Determination	Mark one choice.
Treatment Authorization	Mark one mode under which the majority of treatment was given.
Lights and Sirens From Scene	Mark one.
911 Usage	Mark one. Mark E911 w/EMD Asst when pre-arrival instructions were given
Incident Disposition	Mark one.
Contact w/body Fluids	Mark "yes" or "no".
Standard Precautions	Mark "yes" or "no" to indicate if standard precautions were used.
Vehicle Type	Mark one.



Crew Members	<p>Indicate the level of crew members for all present on run.</p> <p>P = Paramedic  I = Intermediate  BD/CD - Do not use these choices as they are being phased out. Use "B" or "C" instead.  B = Basic  C = Coal Miner  FRD = First Responder - Defibrillator  FR = First Responder  O = Other</p>
Crew Member Number 1-5	<p>Complete only if EMS System requires it. Numbers are found on EMT license. Complete all digits pre-filling with zeros to use all 10 digits.</p>
Crash Number	<p>Obtain from police if possible. Is preprinted number on IDOT Traffic Crash Report.</p>
Incident Number	<p>If your service assigns a unique number for each incident reported to dispatch, enter it here.</p>

File Name: Prehospital Care Report General Instructions

LIST OF ILLINOIS COUNTIES AND FIPS COUNTY CODES  
APPENDIX A

FIPS CODE	COUNTY	FIPS CODE	COUNTY	FIPS CODE	COUNTY
001	Adams	069	Hardin	137	Morgan
003	Alexander	071	Henderson	139	Moultrie
005	Bond	073	Henry	141	Ogle
007	Boone	075	Iroquois	143	Peoria
009	Brown	077	Jackson	145	Perry
011	Bureau	079	Jasper	147	Piatt
013	Calhoun	081	Jefferson	149	Pike
015	Carroll	083	Jersey	151	Pope
017	Cass	085	JoDaviess	153	Pulaski
019	Champaign	087	Johnson	155	Putnam
021	Christian	089	Kane	157	Randolph
023	Clark	091	Kankakee	159	Richland
025	Clay	093	Kendall	161	Rock Island
027	Clinton	095	Knox	163	St. Clair
029	Coles	097	Lake	165	Saline
031	Cook	099	LaSalle	167	Sangamon
033	Crawford	101	Lawrence	169	Schuyler
035	Cumberland	103	Lee	171	Scott
037	DeKalb	105	Livingston	173	Shelby
039	DeWitt	107	Logan	175	Stark
041	Douglas	109	McDonough	177	Stephenson
043	DuPage	111	McHenry	179	Tazewell
045	Edgar	113	McLean	181	Union
047	Edwards	115	Macon	183	Vermillion
049	Effingham	117	Macoupin	185	Wabash
051	Fayette	119	Madison	187	Warren
053	Ford	121	Marion	189	Washington
055	Franklin	123	Marshall	191	Wayne
057	Fulton	125	Mason	193	White
059	Gallatin	127	Massac	195	Whiteside
061	Greene	129	Menard	197	Will
063	Grundy	131	Mercer	199	Williamson
065	Hamilton	133	Monroe	201	Winnebago
067	Hancock	135	Montgomery	203	Woodford

OUT OF STATE CODES

900	Unknown State	919	Iowa	929	Missouri
918	Indiana	921	Kentucky	955	Wisconsin

Location Type  
Appendix B

Home / Residence (E Code 849.0)

Includes apartment, boarding house, farm house, home premises, residential house, non-institutional place of residence, private driveway, private garage, private garden, private home, private walkway, swimming pool within private house or garden, and yard of home. Excludes home under construction but not occupied, or institutional place of residence.

Farm (E Code 849.1)

Includes farm buildings and land under cultivation. Excludes farm house and home premises of farm.

Mine or quarry (E Code 849.2)

Includes gravel pit, sand pit, or tunnel under construction.

Industrial place and premises (E Code 849.3)

Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse, and workhouse.

Place for recreation or sport (E Code 849.4)

Includes amusement park, baseball field, basketball court, beach resort, cricket ground, football field, golf course, gymnasium, hockey field, holiday camps, ice palace, lake resort, mountain resort, playgrounds including school playground, public parks, racecourses, resorts of all types, riding school, rifle range, seashore resorts, skating rink, sports ground, sports palace, stadium, public swimming pool, tennis court, vacation resort. Excludes occurrences in private house, private garden, private swimming pool, private yard.

Street or highway (E Code 849.5)

Includes all public roadways.

Public building (E Code 849.6)

Includes any building used by the general public, including airport, bank, café, casino, church, cinema, clubhouse, courthouse, dance hall, parking garage, hotel, market, movie theater, music hall, nightclub, office, office building, opera house, post office, public hall, broadcasting station, restaurant, commercial shop, bus or railway station, store, or theater. Excludes home garage or industrial building or workplace. Also excludes state, public, and private schools, which varies from the ICD-9 definition.

Residential institution (E Code 849.7)

Children's home, dormitory, hospital, jail, home for elderly, orphanage, prison, reform school.

**Education institution (E Code 849.E)**

Includes state, public and private schools. Excludes playground, gymnasium, and other recreational locations within education institutions, which should be coded as place for recreation or sport.

**Other specified location (E Code 849.8)**

Includes beaches, canal, caravan site, derelict house, desert, dock, forest, harbor, hill, lake, mountain, parking lot, parking place, pond or natural pool, prairie, railway line, reservoir, river, sea, seashore, stream, swamp, trailer court, and woods. Excludes resorts.

**Unspecified location (E Code 849.9)**

Includes any location not included in the above classification.

**Unknown E Code 849.U)**

To be used when the location of incident is not known.

EMERGENCY MEDICAL SERVICE SYSTEMS IN SITE CODE ORDER  
June 12, 2002

<u>EMS SYSTEM</u>	<u>RESOURCE HOSPITAL</u>	<u>CITY</u>
0121	St. Anthony Medical Center	Rockford, IL
0134	Katherine Shaw Bethea Hospital	Dixon, IL
0139	Rockford Memorial Hospital	Rockford, IL
0165	Kishwaukee Community Hospital	DeKalb, IL
0215	Trinity Medical Center	Moline, IL
0218	St. Francis Medical Center	Peoria, IL
0219	McDonough District Hospital	Macomb, IL
0237	BroMenn Regional Medical Center	Normal, IL
0238	St. Joseph Medical Center	Bloomington, IL
0240	Kewanee Hospital	Kewanee, IL
0242	St. Mary Medical Center	Galesburg, IL
0243	Galesburg Cottage Hospital	Galesburg, IL
0245	St Mary's Hospital	Streator, IL
0253	Illini Hospital	Silvis, IL
0254	IL Valley Community Hospital	Peru, IL
0256	Community Hospital of Ottawa	Ottawa, IL
0257	St. James Hospital	Pontiac, IL
0316	St. John's Hospital	Springfield, IL
0320	Blessing Hospital	Quincy, IL
0324	Passavant Area Hospital	Jacksonville, IL

