AWARD NUMBER: W81XWH-17-2-0010

TITLE: Multi-institutional Multidisciplinary Injury Mortality Investigation in the Civilian Pre-Hospital Environment (MIMIC)

PRINCIPAL INVESTIGATOR: Dr. Brian Eastridge

RECIPIENT:
National Trauma Institute
San Antonio, TX 78230

REPORT DATE: April 2018

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

1. REPORT DATE	**2. REPORT TYPE**	**3. DATES COVERED**
April 2018	Annual	20 Mar 2017 - 19 Mar 2018

4. TITLE AND SUBTITLE

Multi-institutional Multidisciplinary Injury Mortality Investigation in the Civilian Pre-Hospital Environment (MIMIC)

5a. CONTRACT NUMBER

5b. GRANT NUMBER
W81XWH-17-2-0010

5c. PROGRAM ELEMENT NUMBER

6. AUTHOR(S)

Brian Eastridge, MD

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5d. PROJECT NUMBER

5e. TASK NUMBER

5f. WORK UNIT NUMBER

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)

National Trauma Institute
9901 IH 10, Suite 730
San Antonio, TX 78230-2258

8. PERFORMING ORGANIZATION REPORT

9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)

U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

10. SPONSOR/MONITOR'S ACRONYM(S)

11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION / AVAILABILITY STATEMENT
Approved for Public Release; Distribution Unlimited

13. SUPPLEMENTARY NOTES

14. ABSTRACT

The purpose of this project is to focus efforts on a comprehensive review of 3,000 civilian prehospital injury deaths. A multidisciplinary study group will apply the framework and methodology that was developed to identify causes and mechanisms of death and estimate potential survivability. The study will describe the epidemiology of pre-hospital mortality in the context of trauma system development and estimate impact on society. The results will assist in the development of a blueprint for a sustained effort at public health injury mitigation strategies in the pre-hospital environment, identifying high priority areas for injury prevention, trauma systems performance improvement, and opportunities for advancements in research and development.

15. SUBJECT TERMS

None provided

16. SECURITY CLASSIFICATION OF:			**17. LIMITATION OF ABSTRACT**	**18. NUMBER OF PAGES**	**19a. NAME OF RESPONSIBLE PERSON**
a. REPORT	**b. ABSTRACT**	**c. THIS PAGE**			USAMRMC
Unclassified	Unclassified	Unclassified	Unclassified	47	**19b. TELEPHONE NUMBER** *(include area code)*

TABLE OF CONTENTS

INTRODUCTION: Narrative that briefly (one paragraph) describes the subject, purpose and scope of the research.

Advances in care in both trauma centers and trauma systems have substantially reduced death and disability associated with injury. However, there remains a substantial opportunity to further reduce deaths in the pre-hospital setting. Potential liabilities in civilian and military pre-hospital care must be identified and remediated in order to reduce the number of potentially preventable deaths on the battlefield and in the civilian environment. The purpose of this proposal is to develop a coordinated, multidisciplinary, multi-institutional effort within the civilian clinical sector to identify and characterize the causes of mortality from trauma in the pre-hospital setting and to identify potential high yield areas for research and development in pre-hospital medical care, injury prevention, and trauma systems. This effort will conduct a review of 3,000 pre-hospital deaths in six areas of the country to develop a more comprehensive understanding of the epidemiology of pre-hospital deaths and their potential survivability with the ultimate goal of identifying liabilities in our current trauma system and improving survival of both civilian and military casualties.

1. **KEYWORDS:** Provide a brief list of keywords (limit to 20 words).

Prehospital deaths, survivability, preventable deaths, trauma systems, system improvements

2. **ACCOMPLISHMENTS:** The PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction.

What were the major goals of the project?
List the major goals of the project as stated in the approved SOW. If the application listed milestones/target dates for important activities or phases of the project, identify these dates and show actual completion dates or the percentage of completion.

Objective #1: Develop a framework and methodology for evaluating (i) the causes and pathophysiologic mechanisms of pre-hospital deaths; (ii) the appropriateness of EMS response and care delivered; and (iii) the potential for survivability under both optimal clinical circumstances and within the context of the actual pre-hospital environment.

Major Task 1: Adapt Protocol for Submission and Determination	Months	Completion Date	% Complete
Subtask 1: Prepare Regulatory Documents and Research Protocol for Study	1-3	1/25/2018	100%
Coordinate with Sites for IRB protocol determination as NHR	1-3	2/7/2018	100%
Coordinate with Sites for Military 2nd level IRB review (ORP/HRPO)	1-6	N/A	N/A
Submit amendments, and protocol deviations as needed	As Needed		N/A

Milestone Achieved: Local IRB determination at UTHSCSA	3	01/31/2018	100%
Milestone Achieved: HRPO acknowledgement for all protocols and local IRB determination as NHR through Sites	6	12/28/2016	100%
Major Task 2: Development of the review criteria	Months	Completion Date	% Complete
Subtask1: Develop consensus regarding definitions and rules	1-3	09/13/2017	100%
Subtask 2: Delivery of review criteria, definitions, and procedures to the government for recommendations and approval.	4	09/18/2017	100%
Milestone Achieved: Government recommendations and approval of review criteria, definitions, and procedures	4	10/11/2017	100%
Objective #2: Organize and standardize a multidisciplinary, multi-institutional network of experts who will apply the methodology described above to identify the causes of pre-hospital deaths due to trauma and estimate the potential for survivability. Study Group members will be trained to ensure standardization of assessments within and across panels.			
Major Task 1: Provide training to Study Group members	Months	Completion Date	% Complete
Subtask 1: Hold series of meetings by teleconference	3		0%
Milestone Achieved: Completed Study Group training	3		0%
Objective #3: Using the methodology and network of experts described above, define the causes and pathophysiologic mechanisms of 3,000 pre-hospital deaths occurring in 6 regions of the country, and estimate the potential for survivability by mechanism of injury (e.g. blunt versus penetrating), geographic location of the injury (urban, suburban, rural, wilderness), the maturity of the local trauma system, and age of the decedent.			
Major Task 1: Abstract data for all cases and enter into REDCap	Months	Completion Date	% Complete
Subtask 1: Perform AIS Coding	2-24		
Major Task 2: Perform mortality reviews at each ME site	Months	Completion Date	% Complete
Subtask 1: Schedule Study Group Teams and visits per ME site	4-30		0%
Milestone Achieved: All panel reviews completed and data submitted	33		0%
Objective #4: Describe the epidemiology of pre-hospital mortality in the context of trauma system development and estimate its impact on society. The societal impact of pre-hospital deaths will be measured in terms years of potential life lost and lost productivity. Most important, estimates of potential cost savings will be derived based on the analysis of potential survivability.			
Major Task 1: Data Analysis	Months	Completion Date	% Complete
Subtask 1: Coordinate with Sites & Data Core for monitoring data collection and data quality	4-36		0%
Subtask 2: Perform all analyses according to specifications, share output and finding with all investigators	6-39		0%
Milestone Achieved: Report results from data analysis			0%
Objective #5: Develop a blueprint for a sustained effort at public health injury mitigation strategies in the pre-hospital environment, identifying high priority areas for injury prevention, trauma systems performance			

improvement as well as opportunities for advancements in research and development.			
Major Task 1: Steering Committee analysis and results dissemination planning	Months	Completion Date	% Complete
Subtask 1: Work with data core and dissemination of findings (abstracts, presentation, publications, DOD, blueprint)	36-42		0%
Milestone Achieved: Dissemination materials produced	42		0%

What was accomplished under these goals?

For this reporting period describe: 1) major activities; 2) specific objectives; 3) significant results or key outcomes, including major findings, developments, or conclusions (both positive and negative); and/or 4) other achievements. Include a discussion of stated goals not met. Description shall include pertinent data and graphs in sufficient detail to explain any significant results achieved. A succinct description of the methodology used shall be provided. As the project progresses to completion, the emphasis in reporting in this section should shift from reporting activities to reporting accomplishments.

Obj. 1: Develop a framework and methodology for evaluation

Major Task 1: Adapt protocol for submission and determination

Accomplishments:

- Dr. Eastridge amended the protocol to include obtaining prehospital data from the National Emergency Medical Service Information System (NEMSIS)
- The protocol was approved by the UTHSCSA IRB as non-human research/ exempt.
- All six Medical Examiner sites and Johns Hopkins University were able to use the Non-human research determination of the University of Texas Health San Antonio

Major Task 2: Development of the review criteria

Subtask 1: Develop consensus regarding definitions and rules

- MIMIC Investigators (Dr. Brian Eastridge, Dr. Kurt Nolte, and Dr. Ellen Mackenzie) meet regularly to plan/operationalize the study
- MIMIC Steering Committee met June 12-13, 2017 with the following goals: Develop a lexicon that is appropriate for the military and civilian environment.
    - Define data elements for inclusion
    - Give feedback on review process
- Draft CRF to be used to abstract data in REDCap has been developed (sample attached)
- Dr. Eastridge met with the Neurosurgical and Orthopedic representatives to discuss the definitions, criteria, and study process that were derived at the Steering Committee. The Neurosurgical and Orthopedic partners were unable to attend the meeting.
- The study definitions, criteria, rules, and study process were finalized, sent to the DOD and approved.
- Study team has been meeting with NHTSA to discuss data linkages with automated crash data, Onstar, BMW, as well as Fatality Analysis Reporting System (FARS)

- Study team met with Dr. Mann of National Emergency Medical Service Information System (NEMSIS) to establish a process for retrieving subject level data and EMS base station location information. Dr. Mann provided the team with contact information for the state data managers and we have engaged each state data manger to work with us directly on this project.
- Death data has been received from all six states to be used for subject selection.
- GIS software was purchased from ESRI to begin working on time/distance study associated factors.

Obj. 2: Organize and standardize a multidisciplinary, multi-institutional network of experts who will apply the methodology

Major Task 1: Provide training to Study Group members

- MIMIC Investigator group determined that an online review process led by JHU – a "Profiler" (electronic data abstract presentation / reviewer recording tool) will work well for the death reviews, allow more reviewers at less cost and travel

Other Achievements:

- Lizette Villarreal was hired on September 17, 2017 to provide program management to the project.
- Nick Medrano, a GIS Analyst was hired with a start date of April 9, 2018 to begin working on the location/ geographic coding of trauma centers, death locations, and EMS air and ground locations. This analyst will assist the project team in determining time and distance factors for each death case.

If the project was not intended to provide training and professional development opportunities or there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe opportunities for training and professional development provided to anyone who worked on the project or anyone who was involved in the activities supported by the project. "Training" activities are those in which individuals with advanced professional skills and experience assist others in attaining greater proficiency. Training activities may include, for example, courses or one-on-one work with a mentor. "Professional development" activities result in increased knowledge or skill in one's area of expertise and may include workshops, conferences, seminars, study groups, and individual study. Include participation in conferences, workshops, and seminars not listed under major activities.

1. Dr. Brian Eastridge presented at the National Association of Medical Examiners (NAME) Conference. Presentation entitled "Trauma Surgeon and the Forensic Pathologist." Oct-2017

2. Dr. Brian Eastridge presented at the Southwest Texas Regional Advisory Council for Trauma (STRAC). Presentation entitled "Injury Mortality Surveillance System: Rationale and Development of Preventable Death Analysis in Civilian Environment." Nov-2017

How were the results disseminated to communities of interest?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe how the results were disseminated to communities of interest. Include any outreach activities that were undertaken to reach members of communities who are not usually aware of these project activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities.

Nothing to Report

What do you plan to do during the next reporting period to accomplish the goals?
If this is the final report, state "Nothing to Report." Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives.

- Training materials will be finalized and piloted by the Steering Committee initially followed by reviewer training [Obj 2: MT 1]
- AIS coding will commence with training cases and review cases [Obj 3: MT1]
- Complete data dictionary, CRF, REDCap programming, and Profiler [Obj 4: MT 1]
- Develop training manuals and begin activities related to preparation for training and data collection at the ME sites [Obj 4: MT1]
- Execute agreements with all ME sites
- Geographic coding for the State of New Mexico will be completed.

4. IMPACT: Describe distinctive contributions, major accomplishments, innovations, successes, or any change in practice or behavior that has come about as a result of the project relative to:

What was the impact on the development of the principal discipline(s) of the project?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe how findings, results, techniques that were developed or extended, or other products from the project made an impact or are likely to make an impact on the base of knowledge, theory, and research in the principal disciplinary field(s) of the project. Summarize using language that an intelligent lay audience can understand (Scientific American style).

Nothing to Report

What was the impact on other disciplines?
If there is nothing significant to report during this reporting period, state "Nothing to Report." Describe how the findings, results, or techniques that were developed or improved, or other products from the project made an impact or are likely to make an impact on other disciplines.

Nothing to Report

What was the impact on technology transfer?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Nothing to Report

What was the impact on society beyond science and technology?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe how results from the project made an impact, or are likely to make an impact, beyond the bounds of science, engineering, and the academic world on areas such as:

- *improving public knowledge, attitudes, skills, and abilities;*
- *changing behavior, practices, decision making, policies (including regulatory policies), or social actions; or*
- *improving social, economic, civic, or environmental conditions.*

Nothing to Report

5. **CHANGES/PROBLEMS:** The PD/PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction. If not previously reported in writing, provide the following additional information or state, "Nothing to Report," if applicable:

At the onset of the study, the team was planning to conduct all case reviews in person using designated teams traveling to various ME locations to review a set of death cases. Dr. Eastridge and the study team have been working with Dr. Ellen Mackenzie to utilize "Profiler," an online review system. All reviews will be conducted by the review teams utilizing Profiler. This system will allow reviewers to review cases online, concurrently, and the review adjudication team will only travel to a location when consensus is not reached after the initial review and a secondary, moderated review. Although the development of the system has delayed the reviews from beginning, once the system is finalized, we anticipate that the study will quickly move at a steady pace.

Changes that had a significant impact on expenditures
Describe changes during the reporting period that may have had a significant impact on expenditures, for example, delays in hiring staff or favorable developments that enable meeting objectives at less cost than anticipated.

Nothing to Report

Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents
Significant changes in use or care of human subjects

Not applicable

Significant changes in use or care of vertebrate animals

Not applicable

Significant changes in use of biohazards and/or select agents

Not Applicable

6. PRODUCTS: List any products resulting from the project during the reporting period. If there is nothing to report under a particular item, state "Nothing to Report."

- **Publications, conference papers, and presentations**
  Report only the major publication(s) resulting from the work under this award.

- Dr. Brian Eastridge presented at the National Association of Medical Examiners (NAME) Conference. Presentation entitled "Trauma Surgeon and the Forensic Pathologist." Oct-2017

- Dr. Brian Eastridge presented at the Southwest Texas Regional Advisory Council for Trauma (STRAC). Presentation entitled "Injury Mortality Surveillance System: Rationale and Development of Preventable Death Analysis in Civilian Environment." Nov-2017

Journal publications. *List peer-reviewed articles or papers appearing in scientific, technical, or professional journals. Identify for each publication: Author(s); title; journal; volume: year; page numbers; status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Nothing to report

Books or other non-periodical, one-time publications. *Report any book, monograph, dissertation, abstract, or the like published as or in a separate publication, rather than a periodical or series. Include any significant publication in the proceedings of a one-time conference or in the report of a one-time study, commission, or the like. Identify for each one-time publication: author(s); title; editor; title of collection, if applicable; bibliographic information; year; type of publication (e.g., book, thesis or dissertation); status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Nothing to report

Other publications, conference papers and presentations. *Identify any other publications, conference papers and/or presentations not reported above. Specify the status of the publication as noted above. List presentations made during the last year (international, national, local societies, military meetings, etc.). Use an asterisk (*) if presentation produced a manuscript.*

Nothing to Report

- **Website(s) or other Internet site(s)**
  List the URL for any Internet site(s) that disseminates the results of the research activities. A short description of each site should be provided. It is not necessary to include the publications already specified above in this section.

Nothing to Report

- **Technologies or techniques**
  Identify technologies or techniques that resulted from the research activities. Describe the technologies or techniques were shared.

Nothing to Report

- **Inventions, patent applications, and/or licenses**
  Identify inventions, patent applications with date, and/or licenses that have resulted from the research. Submission of this information as part of an interim research performance progress report is not a substitute for any other invention reporting required under the terms and conditions of an award.

Nothing to Report

- **Other Products**
  Identify any other reportable outcomes that were developed under this project. Reportable outcomes are defined as a research result that is or relates to a product, scientific advance, or research tool that makes a meaningful contribution toward the understanding, prevention, diagnosis, prognosis, treatment and /or rehabilitation of a disease, injury or condition, or to improve the quality of life. Examples include:

Nothing to Report

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

What individuals have worked on the project?
Provide the following information for: (1) PDs/PIs; and (2) each person who has worked at least one person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours of effort). If information is unchanged from a previous submission, provide the name only and indicate "no change".

Personnel	***Role***	***Percent Effort***
Brian Eastridge	PI	20%
Amy Flores	Controller	20% Mar-Dec 2017 25% Jan-Mar 2018
Lizette Villarreal	Program Manager	20% Mar-Dec 2017 60% Jan-Mar 2018
Monica Phillips	Research Operations Director	60% Mar-Dec 2017 50% Jan-Mar 2018
Michelle Price	Research Director	20%
Sharon Smith	Project Administrator	10% Mar-Dec 2017 20% Jan-Mar 2018
New Mexico Subaward	***Role***	***Percent Effort***
Kurt B. Nolte	PI/Co-I	15%
Joseph Hunt	Forensic Radiologist	3.51%
Sarah Lathrop	Epidemiologist	11%
Garon Bodor	Research Coordinator	40%
Johns Hopkins University subaward	***Role***	***Percent Effort***
Ellen Mackenzie	PI/Co-I	15%
Kevin Quach	Project Director	25%
Datla Raju	Data Analyst	10%

Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

If the active support has changed for the PD/PI(s) or senior/key personnel, then describe what the change has been. Changes may occur, for example, if a previously active grant has closed and/or if a previously pending grant is now active. Annotate this information so it is clear what has changed from the previous submission. Submission of other support information is not necessary for pending changes or for changes in the level of effort for active support reported previously. The awarding agency may require prior written approval if a change in active other support significantly impacts the effort on the project that is the subject of the project report.

Nothing to Report

What other organizations were involved as partners?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe partner organizations – academic institutions, other nonprofits, industrial or commercial firms, state or local governments, schools or school systems, or other organizations (foreign or domestic) – that were involved with the project. Partner organizations may have provided financial or in-kind support, supplied facilities or equipment, collaborated in the research, exchanged personnel, or otherwise contributed.

Provide the following information for each partnership:
Organization Name:
Location of Organization: (if foreign location list country)
Partner's contribution to the project (identify one or more)

- *Financial support;*
- *In-kind support (e.g., partner makes software, computers, equipment, etc., available to project staff);*
- *Facilities (e.g., project staff use the partner's facilities for project activities);*
- *Collaboration (e.g., partner's staff work with project staff on the project);*
- *Personnel exchanges (e.g., project staff and/or partner's staff use each other's facilities, work at each other's site); and*
- *Other.*

The six states below have contributed death data to the project for the total review of 3,000 prehospital death cases.

Organization Name	Location of Organization	Contribution to the Project
Oklahoma Office of the Medical Examiner	901 North Stonewall Oklahoma City, OK 73117	Death data
Washington DC Office of the Medical Examiner	401 E. Street SW Washington, DC 20024	Death data
Maryland Office of the Medical Examiner	900 W. Baltimore Street Baltimore, MD 21223	Death data
New Mexico Office of the Medical Examiner	1101 Camino de Salud NE Albuquerque, NM 87102	Death data
Iowa Office of the Medical Examiner	5244C Roy Carver Pavilion Iowa City, IA 52242	Death data
Connecticut Office of the Medical Examiner	11 Shuttle Road Farmington, CT 06032	Death data

8. SPECIAL REPORTING REQUIREMENTS

COLLABORATIVE AWARDS: For collaborative awards, independent reports are required from BOTH the Initiating Principal Investigator (PI) and the Collaborating/Partnering PI. A duplicative report is acceptable; however, tasks shall be clearly marked with the responsible PI and research site. A report shall be submitted to **https://ers.amedd.army.mil** for each unique award.

QUAD CHARTS: If applicable, the Quad Chart (available on https://www.usamraa.army.mil) should be updated and submitted with attachments.

Quad Chart Attached

9. APPENDICES:

Attach all appendices that contain information that supplements, clarifies or supports the text. Examples include original copies of journal articles, reprints of manuscripts and abstracts, a curriculum vitae, patent applications, study questionnaires, and surveys, etc.

- UTHSA IRB Determination
- Draft Case Report Form

Multiinstitutional Multidisciplinary Injury Mortality Investigation in the Civilian Pre-Hospital Environment (MIMIC)

BA150629
W81XWH-17-2-0010

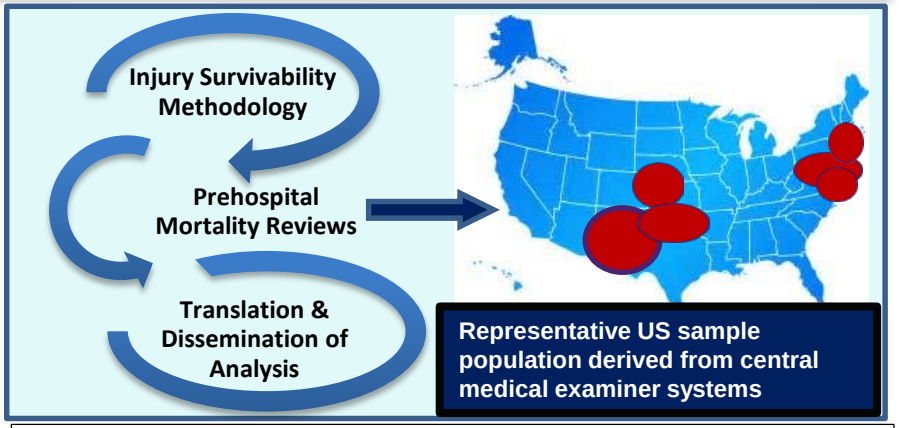
PI: Brian Eastridge **Org:** National Trauma Institute **Award Amount:** $3,979,380

Study/Product Aim(s)

- Develop a framework and methodology for evaluating (i) the causes and pathophysiologic mechanisms of pre-hospital deaths; (ii) the appropriateness of EMS response and care delivered; and (iii) the potential for survivability under both optimal clinical circumstances and within the context of each individual injury event.
- Develop a blueprint for a sustained effort at public health injury mitigation strategies including injury prevention, trauma systems, and acute care.

Approach

The framework and methodology will be established by a multi-institutional network of experts who will apply the methodology in review and analysis of 3,000 pre-hospital death cases at six Medical Examiner sites including those serving urban, rural, and frontier environments.



Accomplishment: Data has been submitted for all six states involved in the project to finalize subject selection

Timeline and Cost

Activities CY	17	18	19	20
Adapt Protocol for Submission; Develop review criteria				
Provide training to reviewers; Abstract data				
Perform mortality reviews; Data analysis				
Analysis and results dissemination				
Estimated Budget ($K)	**$1,026**	**$1,198**	**$1,225**	**$546**

Updated: (11 April 2018)

Goals/Milestones

CY17 Goal – Methodology determined, reviewers trained, data abstraction and reviews begin

☑ Protocol submitted; methodology determined

CY18 Goals – Virtual Reviews commence

☐Data abstraction

☐Reviews in progress

CY19 Goal – Virtual Reviews continue

☐Data abstraction

☐Reviews in progress

CY20 Goal – Data analysis, result dissemination

☐Report results from data analysis

☐Dissemination materials produced

Comments/Challenges/Issues/Concerns

- Online review systems being finalized

Budget Expenditure to Date

Projected Expenditure: $1,032,318

Actual Expenditure: $796,406 (as of 03-31-18)

CRF00

MIMIC ID number (Prepopulated)	_____
ME Case ID number (Prepopulated)	_____
Region (Prepopulated)	◯ D.C. ◯ Maryland ◯ New Mexico ◯ Iowa ◯ Oklahoma ◯ Connecticut
Place of death	◯ At scene ◯ In transport (inluding DoA)
Information available to review (select all that apply)	☐ CT Scan ☐ Death Certificate ☐ EMS Dispatch Report ☐ EMS Run Report ☐ Hospital Record ☐ Medical Examiner Report ☐ Police Report ☐ Traffic Investigation Report ☐ Other
Upload CT Scan	
Upload Death Certificate	
Upload EMS Dispatch Report	
Upload EMS Run Report	
Upload Hospital Record	
Upload Medical Examiner Report	
Specify type of forensic exam	◯ External only ◯ Partial ◯ Full
Upload Police Report	
Upload Traffic Investigation Report	
Specify Other Report	_____
Upload Other Report	

Notes:

Form Statistics

Form submitted by

Form submitted timestamp

Form last modified by

Form last modified timestamp

Form first completed timestamp

Patient Demographics

Date Form Completed (from CRF cover sheet)	_____ (Use date control OR enter date in YYYY-MM-DD format (hyphens only, no slashes))
1. Sex	◯ Female ◯ Male
2. Date of birth	_____ (Use date control OR enter date in YYYY-MM-DD format (hyphens only, no slashes))
3. Age at time of death	◯ Years ◯ Days
Years	_____ ((years))
Days	_____ ((days))
4. Is the deceased of Latino or Hispanic origin?	◯ Yes ◯ No ◯ Don't Know
5. What race is the deceased? Please choose one or more of the following:	☐ a. White ☐ b. African American ☐ c. Asian ☐ d. American Indian or Alaskan Native ☐ e. Native Hawaiian or other Pacific Islander ☐ f. Other ☐ g. Don't know
Specify other	_____
6. Height (cm)	_____
7. Weight (kg)	_____
8. BMI (Calculated)	_____

The calculated BMI indicates an error in height or weight. Please check the numbers provided for questions 6 and 7.

9. Please indicate the patient's personal medical history of the following conditions:

None	☐ No Comorbidities

Select all that apply.

- ☐ Advanced Directive Limiting Care
- ☐ Alcohol use disorder
- ☐ Angina Pectoris
- ☐ Anticoagulant Therapy
- ☐ Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
- ☐ Bleeding Disorder
- ☐ Cerebrovascular Accident (CVA)
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Chronic Renal Failure
- ☐ Cirrhosis
- ☐ Congenital Anomalies
- ☐ Congestive Heart Failure
- ☐ Currently Receiving Chemotherapy for Cancer
- ☐ Current Smoker
- ☐ Dementia
- ☐ Diabetes Mellitus
- ☐ Disseminated Cancer
- ☐ Functionally Dependent Health Status
- ☐ Hypertension
- ☐ Mental/Personality Disorder
- ☐ Myocardial Infarction (MI)
- ☐ Peripheral Arterial Disease (PAD)
- ☐ Prematurity
- ☐ Steroid Use
- ☐ Substance Abuse Disorder
- ☐ Other History #1
- ☐ Other History #2
- ☐ Other History #3

(specify other #1): _____

(specify other #2): _____

(specify other #3): _____

Notes: _____

This Notes Field Is For MCC Use Only. _____

Form Statistics

Form submitted by _____

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Form last modified by _____

Form last modified timestamp

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Form first completed timestamp

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Injury Cause and Circumstances

Date Form Completed
(from CRF cover sheet)

_____
(Use date control OR enter date in YYYY-MM-DD format (hyphens only, no slashes))

1. Date of Injury (YYYY-MM-DD)

_____
(Use date control OR enter date in YYYY-MM-DD format (hyphens only, no slashes))

2. Time of Injury (military time)

_____
(Type in time (HH:MM) or use time control above)

3. Location of Injury

Street Number

_____

Street Name

_____

City

_____

State

- ◯ AZ - Arizona
- ◯ AR - Arkansas
- ◯ CO - Colorado
- ◯ CT - Connecticut
- ◯ DE - Delaware
- ◯ IL - Illinois
- ◯ IA - Iowa
- ◯ KS - Kansas
- ◯ LA - Louisiana
- ◯ ME - Maine
- ◯ MD - Maryland
- ◯ MA - Massachusetts
- ◯ MN - Minnesota
- ◯ MO - Missouri
- ◯ NE - Nebraska
- ◯ NH - New Hampshire
- ◯ NJ - New Jersey
- ◯ NM - New Mexico
- ◯ NY - New York
- ◯ OK - Oklahoma
- ◯ PA - Pennsylvania
- ◯ RI - Rhode Island
- ◯ SD - South Dakota
- ◯ TX - Texas
- ◯ UT - Utah
- ◯ VT - Vermont
- ◯ VA - Virginia
- ◯ WV - West Virginia
- ◯ WI - Wisconsin
- ◯ Washington D.C.
- ◯ Mexico

Zipcode

_____

4. Other description of location of injury

_____

5. Latitude of Injury (GPS coordinates)

_____

6. Longitude of Injury (GPS coordinates)

_____

7. Is the location of injury the same as the location of the decedent?

- ◯ Yes
- ◯ No

Note: If different locations, q8-11 will trigger to input location of decedent

8. Location of Decedent

Street Number

_____

Street Name

_____

City

_____

State

◯ AZ - Arizona
◯ AR - Arkansas
◯ CO - Colorado
◯ CT - Connecticut
◯ DE - Delaware
◯ IL - Illinois
◯ IA - Iowa
◯ KS - Kansas
◯ LA - Louisiana
◯ ME - Maine
◯ MD - Maryland
◯ MA - Massachusetts
◯ MN - Minnesota
◯ MO - Missouri
◯ NE - Nebraska
◯ NH - New Hampshire
◯ NJ - New Jersey
◯ NM - New Mexico
◯ NY - New York
◯ OK - Oklahoma
◯ PA - Pennsylvania
◯ RI - Rhode Island
◯ SD - South Dakota
◯ TX - Texas
◯ UT - Utah
◯ VT - Vermont
◯ VA - Virginia
◯ WV - West Virginia
◯ WI - Wisconsin
◯ Washington D.C.
◯ Mexico

Zipcode

_____

9. Other description of location of decedent

_____

10. Latitude of Decedent (GPS coordinates)

_____

11. Longitude of Decedent (GPS coordinates)

_____

12. Rurality

◯ Rural
◯ Urban Cluster
◯ Urban Area

13. Injury Type (select all that apply)

☐ Penetrating
☐ Blunt
☐ Explosive
☐ Thermal (including electrocution)
☐ Unknown

14. Agent of Wounding (select all that apply)

- ☐ Ballistic, High Velociy (e.g. rifle)
- ☐ Ballistic, Low Velociy (e.g. handgun)
- ☐ Ballistic, Shotgun
- ☐ Explosion
- ☐ Fall from Level Ground
- ☐ Fall from height
- ☐ Motor Vehicle , Passenger
- ☐ Motor Vehicle , Driver
- ☐ Motor Vehicle , Pedestrian
- ☐ Motor Vehicle , Cyclist
- ☐ Motorcycle
- ☐ Bicycle
- ☐ All-terrain vehicle crash
- ☐ Aircraft - helicopter
- ☐ Aircraft - fixed wing
- ☐ Train
- ☐ Cut, pierce or stab
- ☐ Struck by or against
- ☐ Machinery/Equipment agricultural related
- ☐ Machinery/Equipment non-agricultural related
- ☐ Explosion
- ☐ Electrical
- ☐ Animal
- ☐ Sports Related
- ☐ Traumatic Asphyxia
- ☐ Other
- ☐ Unknown

Specify other agent

_____

If fall, Specify Height (ft)

_____

If motor vehicle, vehicle type

- ◯ Car (sedan/coupe)
- ◯ SUV
- ◯ Light truck
- ◯ Heavy truck
- ◯ Commercial truck
- ◯ Motorcycle

If motor vehicle, vehicle manufacturer

- ◯ Acura
- ◯ Alfa Romeo
- ◯ Aston Martin
- ◯ Audi
- ◯ Bentley
- ◯ BMW
- ◯ Buick
- ◯ Cadillac
- ◯ Chevrolet
- ◯ Chrysler
- ◯ Dodge
- ◯ Ferrari
- ◯ Fiat
- ◯ Ford
- ◯ Freightliner
- ◯ Genesis
- ◯ GMC
- ◯ Honda
- ◯ Hyundai
- ◯ Infiniti
- ◯ Jaguar
- ◯ Jeep
- ◯ Kia
- ◯ Lamborghini
- ◯ Land Rover
- ◯ Lexus
- ◯ Lincoln
- ◯ Lotus
- ◯ Maserati
- ◯ Mazda
- ◯ McLaren
- ◯ Mercedes-Benz
- ◯ Mini
- ◯ Mitsubishi
- ◯ Nissan
- ◯ Porsche
- ◯ Ram
- ◯ Rolls-Royce
- ◯ smart
- ◯ Subaru
- ◯ Tesla
- ◯ Toyota
- ◯ Volkswagen
- ◯ Volvo
- ◯ Other

Specify other vehicle manufacturer

_____

If motor vehicle, vehicle model

_____

If motor vehicle, vehicle year

_____

If cut, pierced or stabbed, specify object

- ◯ Axe
- ◯ Can-opener
- ◯ Chisel
- ◯ Dagger
- ◯ Edge of stiff paper
- ◯ Fork
- ◯ Garden tool
- ◯ Glass
- ◯ Handsaw
- ◯ Hoe
- ◯ Ice-pick
- ◯ Knife - hunting
- ◯ Knife - kitchen
- ◯ Knife - utility
- ◯ Knife - other
- ◯ Machete
- ◯ Nail
- ◯ Needle
- ◯ Papercutter
- ◯ Pitchfork
- ◯ Rake
- ◯ Scissors
- ◯ Screwdriver
- ◯ Sewing machine
- ◯ Shovel
- ◯ Sword
- ◯ Tin can lid
- ◯ Other

Specify other knife

_____

Specify other object (stab)

_____

If struck, specify how

- ◯ Struck against object
- ◯ Struck against stationary object
- ◯ Struck by moving object (including falling object)
- ◯ Stepped on object
- ◯ Other
- ◯ Unknown

If struck, specify object

_____

If explosive, specify explosive device	_____
If electrical, specify electrical source	_____
If animal, what type?	◯ Alligator ◯ Bear ◯ Canid ◯ Cow ◯ Felid ◯ Horse ◯ Insect - bee, wasp or hornet ◯ Insect - non-venomous arthropod ◯ Insect - other ◯ Shark ◯ Spider ◯ Venomous snake or lizard ◯ Other
Specify canid	◯ Coyote ◯ Dingo ◯ Dog ◯ Wolf
Specify felid	◯ Cheetah ◯ Cougar ◯ House cat ◯ Jaguar ◯ Leopard ◯ Lion ◯ Tiger
Specify other insect	_____
Specify other animal	_____
If sports, what sports?	_____
15. Intent/manner of Injury	◯ Suicide ◯ Homicide ◯ Unintentional/accident ◯ Undetermined ◯ Unknown
16. Place of Injury	◯ Street ◯ Highway ◯ Home ◯ School ◯ Work ◯ Park ◯ Playground ◯ Nursing Home/Long-term care facility ◯ Other ◯ Unknown

Specify other	_____
17. Weather Conditions (select all that apply)	☐ Clear skies ☐ Rain ☐ Rain and thunderstorm ☐ Snow or ice ☐ High winds ☐ Unknown
18. Presence of Protective Equpiment	◯ Yes ◯ No
19. Specify protective equipment present (select all that apply)	☐ Helmet ☐ Lap Belt ☐ Shoulder Belt ☐ Child Restraint ☐ Personal Floatation Device ☐ Eye Protection ☐ Protective Clotihng ☐ Airbag ☐ Other ☐ Unkown
Specify other	_____
20. Was the airbag deployed?	◯ Yes ◯ No ◯ Unkown
21. Work-related	◯ Yes ◯ No ◯ Unkown
22. Mass Casualty Incident (defined as 5 or more people)	◯ Yes ◯ No ◯ Unkown
23. Other Scene Danger	_____
24. Blood Alcohol Level (0.XX%)	_____
25. Toxicology Screen (select all that apply)	☐ Heroin ☐ Cocaine ☐ Fentanyl ☐ Methamphetamine ☐ LSD ☐ Ecstasy ☐ Ketamine ☐ Other 1 ☐ Other 2 ☐ Other 3 ☐ Unknown
Specify other #1	_____

Specify other #2	_____
Specify other #3	_____
26. Describe the injury in detail. Include the mechanism and manner of injury, circumstances surrounding the injury (e.g. protective equipment used, weather conditions, extraction required)	_____

Form Statistics

Form submitted by	_____
Form submitted timestamp	_____
Form last modified by	_____
Form last modified timestamp	_____
Form first completed timestamp	_____

Nature and Severity of Injuries

Note: Option available to add another injury to each of these major body regions, if required, in the electronic form

Head or Neck

Injury Description

_____

Primary source of information

- ◯ Autopsy
- ◯ CT Scan
- ◯ ME Record
- ◯ EMS Record
- ◯ Hospital Record

AIS Predot (enter 6-digit descriptor)

_____

AIS Severity (enter 1-6 or 9 if unknown)

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 9

Military AIS Score

_____

Face

Injury Description

_____

Primary source of information

- ◯ Autopsy
- ◯ CT Scan
- ◯ ME Record
- ◯ EMS Record
- ◯ Hospital Record

AIS Predot (enter 6-digit descriptor)

_____

AIS Severity (enter 1-6 or 9 if unknown)

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 9

Military AIS Score

_____

Thorax

Injury Description

_____

Primary source of information

◯ Autopsy
◯ CT Scan
◯ ME Record
◯ EMS Record
◯ Hospital Record

AIS Predot (enter 6-digit descriptor)

_____

AIS Severity (enter 1-6 or 9 if unknown)

◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 9

Military AIS Score

_____

Abdomen and Pelvic Contents

Injury Description

_____

Primary source of information

◯ Autopsy
◯ CT Scan
◯ ME Record
◯ EMS Record
◯ Hospital Record

AIS Predot (enter 6-digit descriptor)

_____

AIS Severity (enter 1-6 or 9 if unknown)

◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 9

Military AIS Score

_____

Spine and Spinal Cord

Injury Description

_____

Primary source of information
- ◯ Autopsy
- ◯ CT Scan
- ◯ ME Record
- ◯ EMS Record
- ◯ Hospital Record

AIS Predot (enter 6-digit descriptor)

_____

AIS Severity (enter 1-6 or 9 if unknown)
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 9

Military AIS Score

_____

Lower Extremities

Injury Description

_____

Primary source of information
- ◯ Autopsy
- ◯ CT Scan
- ◯ ME Record
- ◯ EMS Record
- ◯ Hospital Record

AIS Predot (enter 6-digit descriptor)

_____

AIS Severity (enter 1-6 or 9 if unknown)
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 9

Military AIS Score

_____

Upper Extremities

Injury Description

_____

Primary source of information
- ◯ Autopsy
- ◯ CT Scan
- ◯ ME Record
- ◯ EMS Record
- ◯ Hospital Record

AIS Predot (enter 6-digit descriptor)

_____

AIS Severity (enter 1-6 or 9 if unknown)

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 9

Military AIS Score

_____

Burns

Injury Description

_____

Primary source of information

- ◯ Autopsy
- ◯ CT Scan
- ◯ ME Record
- ◯ EMS Record
- ◯ Hospital Record

AIS Predot (enter 6-digit descriptor)

_____

AIS Severity (enter 1-6 or 9 if unknown)

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 9

Military AIS Score

_____

External and Other

Injury Description

_____

Primary source of information

- ◯ Autopsy
- ◯ CT Scan
- ◯ ME Record
- ◯ EMS Record
- ◯ Hospital Record

AIS Predot (enter 6-digit descriptor)

_____

AIS Severity (enter 1-6 or 9 if unknown)

◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 9

Military AIS Score

_____

Form Statistics

Form submitted by

_____

Form submitted timestamp

_____

Form last modified by

_____

Form last modified timestamp

_____

Form first completed timestamp

_____

First Discovery and Response

1. Event Witnessed
- ◯ Yes
- ◯ No
- ◯ Unkown

2. Destination from Scene
- ◯ Non-trauma center
- ◯ Trauma Center Level 1
- ◯ Trauma Center Level 2
- ◯ Trauma Center Level 3
- ◯ Trauma Center Level 4
- ◯ Mortuary
- ◯ OCME
- ◯ Other

Specify other

_____

3. Mode of Transport from Scene
- ◯ Ground ambulance
- ◯ Fixed wing
- ◯ Rotary wing
- ◯ Law enforcement vehicle
- ◯ Private vehicle
- ◯ Other
- ◯ Unknown

Specify other

_____

4. Select responders involved. (select all that apply)
- ☐ Bystander
- ☐ Police
- ☐ Fire
- ☐ Other

Bystander

Time of Bystander Arrival

_____
(Type in time (HH:MM) or use time control above)

Interventions Applied by Bystander
- ☐ CPR
- ☐ Tourniquet
- ☐ AED
- ☐ Other
- ☐ Unknown

Specify tourniquet type
- ◯ Emergency Medical Tourniquet (EMT)
- ◯ Special Operations Forces Tourniquet (SOF-T)
- ◯ Military Emergency Tourniquet (METT)
- ◯ Combat Application Tourniquet (CAT)
- ◯ Mechanical Advantage Tourniquet (MAT)
- ◯ Racheting Medical Tourniquet
- ◯ Other

Specify other

_____

Specify other

_____

Extrication by Bystander

◯ Yes
◯ No
◯ Unkown

Police

Time of Police Arrival

_____
(Type in time (HH:MM) or use time control above)

Interventions Applied by Police

☐ CPR
☐ Tourniquet
☐ AED
☐ Other
☐ Unknown

Specify tourniquet type

◯ Emergency Medical Tourniquet (EMT)
◯ Special Operations Forces Tourniquet (SOF-T)
◯ Military Emergency Tourniquet (METT)
◯ Combat Application Tourniquet (CAT)
◯ Mechanical Advantage Tourniquet (MAT)
◯ Racheting Medical Tourniquet
◯ Other

Specify other

_____

Specify other

_____

Extrication by Police

◯ Yes
◯ No
◯ Unkown

Fire

Time of Fire Arrival

_____
(Type in time (HH:MM) or use time control above)

Interventions Applied by Fire

☐ CPR
☐ Tourniquet
☐ AED
☐ Other
☐ Unknown

Specify tourniquet type	◯ Emergency Medical Tourniquet (EMT) ◯ Special Operations Forces Tourniquet (SOF-T) ◯ Military Emergency Tourniquet (METT) ◯ Combat Application Tourniquet (CAT) ◯ Mechanical Advantage Tourniquet (MAT) ◯ Racheting Medical Tourniquet ◯ Other
Specify other	_____
Specify other	_____
Extrication by Fire	◯ Yes ◯ No ◯ Unkown

Other Responder

Specify Other Responder	_____

Time of [fdr_other_sp501] Arrival	_____ (Type in time (HH:MM) or use time control above)
Interventions Applied by [fdr_other_sp501]	☐ CPR ☐ Tourniquet ☐ AED ☐ Other ☐ Unknown
Specify tourniquet type	◯ Emergency Medical Tourniquet (EMT) ◯ Special Operations Forces Tourniquet (SOF-T) ◯ Military Emergency Tourniquet (METT) ◯ Combat Application Tourniquet (CAT) ◯ Mechanical Advantage Tourniquet (MAT) ◯ Racheting Medical Tourniquet ◯ Other
Specify other	_____
Specify other	_____
Extrication by [fdr_other_sp501]	◯ Yes ◯ No ◯ Unkown

Form Statistics

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Geographic Access

GEOGRAPHIC ACCESS TO EMS AND TRAUMA CARE

Proximity to nearest treatment centers

Nearest EMS

Ground Time

_____ ((minutes))

Ground Distance

_____ ((miles))

Air Time

_____ ((minutes))

Air Distance

_____ ((miles))

Nearest Trauma Center I

Ground Time

_____ ((minutes))

Ground Distance

_____ ((miles))

Air Time

_____ ((minutes))

Air Distance

_____ ((miles))

Nearest Trauma Center II

Ground Time

_____ ((minutes))

Ground Distance

_____ ((miles))

Air Time

_____
((minutes))

Air Distance

_____
((miles))

Nearest Trauma Center III

Ground Time

_____
((minutes))

Ground Distance

_____
((miles))

Air Time

_____
((minutes))

Air Distance

_____
((miles))

Nearest Trauma Center IV

Ground Time

_____
((minutes))

Ground Distance

_____
((miles))

Air Time

_____
((minutes))

Air Distance

_____
((miles))

Nearest Non-trauma Center

Ground Time

_____
((minutes))

Ground Distance

_____
((miles))

Air Time

_____
((minutes))

Air Distance

_____
((miles))

Form Statistics

Form submitted by

_____

Form submitted timestamp

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Form last modified by

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Form first completed timestamp

_____

Ems Care

Primary Role of the Unit
Type of Dispatch Delay
Type of Response Delay
Type of Scene Delay
Type of Transport Delay
Level of Care of This Unit
Vehicle Dispatch Location
Vehicle Dispatch GPS Location
Crew Member Level
Dispatch Notified Date/Time
Unit Notified by Dispatch Date/Time
Unit Arrived on Scene Date/Time
Arrived at Patient Date/Time
Transfer of EMS Patient Care Date/Time
Unit Left Scene Date/Time
Arrival at Destination Landing Area Date/Time
Patient Arrived at Destination Date/Time
Destination Patient Transfer of Care Date/Time
Last Name
First Name
Middle Initial/Name
Gender
Race
Age
Age Units

Date of Birth

First EMS Unit on Scene

Other EMS or Public Safety Agencies at Scene

Type of Other Service at Scene

Date/Time Initial Responder Arrived on Scene

Number of Patients at Scene

Mass Casualty Incident

Triage Classification for MCI Patient

Incident Location Type

Scene GPS Location

Incident Census Tract

Date/Time of Symptom Onset

Possible Injury

Cause of Injury

Mechanism of Injury

Trauma Center Criteria

Vehicular, Pedestrian, or Other Injury Risk Factor

Main Area of the Vehicle Impacted by the Collision

Location of Patient in Vehicle

Use of Occupant Safety Equipment

Airbag Deployment

Height of Fall (feet)

OSHA Personal Protective Equipment Used

ACN System/Company Providing ACN Data

ACN Incident ID

ACN Call Back Phone Number

Date/Time of ACN Incident

ACN Incident Location

ACN Incident Vehicle Body Type

ACN Incident Vehicle Manufacturer

ACN Incident Vehicle Make

ACN Incident Vehicle Model

ACN Incident Vehicle Model Year

ACN Incident Multiple Impacts

ACN Incident Delta Velocity

ACN High Probability of Injury

ACN Incident PDOF

ACN Incident Rollover

ACN Vehicle Seat Location

Seat Occupied

ACN Incident Seatbelt Use

ACN Incident Airbag Deployed

Cardiac Arrest

Cardiac Arrest Etiology

Resuscitation Attempted By EMS

Arrest Witnessed By

CPR Care Provided Prior to EMS Arrival

Who Provided CPR Prior to EMS Arrival

Any Return of Spontaneous Circulation

Date/Time of Cardiac Arrest

Date/Time Resuscitation Discontinued

Reason CPR/Resuscitation Discontinued

Date/Time of Initial CPR
Medical/Surgical History
Current Medications
Alcohol/Drug Use Indicators
Patient Care Report Narrative
Date/Time Vital Signs Taken
SBP (Systolic Blood Pressure)
DBP (Diastolic Blood Pressure)
Heart Rate
Pulse Oximetry
Respiratory Rate
Respiratory Effort
End Tidal Carbon Dioxide (ETCO2)
Glasgow Coma Score-Eye
Glasgow Coma Score-Verbal
Glasgow Coma Score-Motor
Glasgow Coma Score-Qualifier
Total Glasgow Coma Score
Temperature
Revised Trauma Score
Protocols Used
Medication Administered Prior to this Unit's EMS Care
Medication Given
Medication Dosage
Medication Dosage Units
Date/Time Procedure Performed

Procedure Performed Prior to this Unit's EMS Care

Procedure

Number of Procedure Attempts

Procedure Successful

Procedure Complication

Response to Procedure

Vascular Access Location

Indications for Invasive Airway

Date/Time Airway Device Placement Confirmation

Airway Device Being Confirmed

Airway Device Placement Confirmed Method

Airway Complications Encountered

Suspected Reasons for Failed Airway Management

Date/Time Decision to Manage the Patient with an Invasive Airway

Destination/Transferred To, Name

Destination GPS Location

Incident/Patient Disposition

EMS Transport Method

Reason for Choosing Destination

Type of Destination

Hospital Capability

Destination Team Pre-Arrival Alert or Activation

Date/Time of Destination Prearrival Alert or Activation

Disposition Instructions Provided

Emergency Department Disposition

First ED Systolic Blood Pressure

Emergency Department Recorded Cause of Injury
Emergency Department Procedures
Emergency Department Diagnosis

Form Statistics

Form submitted by	_____
Form submitted timestamp	_____
Form last modified by	_____
Form last modified timestamp	_____
Form first completed timestamp	_____