

9 Line Medical Incident Report

Medical Incident Report

FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use items one through nine to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS/DISPATCH

Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)

2. INCIDENT STATUS: Provide incident summary and command structure.

Nature of Injury/Illness		<i>Describe the injury (Ex: Broken leg with bleeding)</i>
Incident Name		<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>
Incident Commander		<i>Name of IC</i>
Patient Care		<i>Name of Care Provider (Ex: EMT Smith)</i>

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.

Number of Patients:	Male / Female	Age:	Weight:
Conscious? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!			
Breathing? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!			
Mechanism of Injury: <i>What caused the injury?</i>			
Lat/Long (Datum WGS84) <i>Ex: N 40° 42.45' x W 123° 03.24'</i>			

4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY

SEVERITY	TRANSPORT PRIORITY
<input type="checkbox"/> URGENT-RED Life threatening injury or illness. <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i>	Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE.
<input type="checkbox"/> PRIORITY-YELLOW Serious Injury or illness. <i>Ex: Significant trauma, not able to walk, 2° – 3° burns not more than 1-2 palm sizes.</i>	Ambulance or consider air transport if at remote location. Evacuation may be DELAYED.
<input type="checkbox"/> ROUTINE-GREEN Not a life threatening injury or illness. <i>Ex: Sprains, strains, minor heat-related illness.</i>	Non-Emergency. Evacuation considered Routine of Convenience.

5. TRANSPORT PLAN:

Air Transport: (Agency Aircraft Preferred)

<input type="checkbox"/> Helispot	<input type="checkbox"/> Short-haul/Hoist	<input type="checkbox"/> Life Flight	<input type="checkbox"/> Other
Ground Transport:			
<input type="checkbox"/> Self-Extract	<input type="checkbox"/> Carry-Out	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Other

6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:

<input type="checkbox"/> Paramedic/EMT(s)	<input type="checkbox"/> Crew(s)	<input type="checkbox"/> SKED/Backboard/C-Collar
<input type="checkbox"/> Burn Sheet(s)	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Trauma Bag
<input type="checkbox"/> Medication(s)	<input type="checkbox"/> IV/Fluid(s)	<input type="checkbox"/> Cardiac Monitor/AED
<input type="checkbox"/> Other (i.e. splints, rope rescue, wheeled litter)		

7. COMMUNICATIONS:

Function	Channel Name/Number	Receive (Rx)	Tone/NAC *	Transmit (Tx)	Tone/NAC *
<i>Ex: Command</i>	<i>Forest Rpt, Ch. 2</i>	<i>168.3250</i>	<i>110.9</i>	<i>171.4325</i>	<i>110.9</i>
COMMAND					
AIR-TO-GRND					
TACTICAL					

*(NAC for digital radio system)

8. EVACUATION LOCATION:

Lat/Long (Datum WGS84) <i>EX: N 40 42.45' x W 123 03.24'</i>	
Patient's ETA to Evacuation Location:	
Helispot/Extraction Size and Hazards:	

9. CONTINGENCY:

Considerations: <i>If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...</i>	REMEMBER: Confirm ETA's of resources ordered Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively.
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