

Illinois Department of
**Public
Health**

**Illinois Prehospital
Care Report Form
Instruction Manual**



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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.

DATA ELEMENT	INSTRUCTIONS
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>

