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| Massachusetts Fire Incident Reporting System – EMS Casualty |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A |  |       |    |       |     |       |     |  [ ]  Delete [ ]  Change |
| FDID \* | State \* | Incident Date \* | Station | Incident Number \* | Exposure \* |  |
| B |  |       |     |  | **C** |  | [ ]  same as alarm date |       |      |  | **D** |  |     |
| Number of Patients | Patient Number \* |  |  |  |  | Arrived at Patient |  |  | Provider Impression/Assessment \* |
|  | [ ]  same as alarm date |       |      |  |
|  |  | Transfer Patient |  |  |
| E |  |     | [ ]  Months (for infants) | [ ]  1 Male[ ]  2 Female |  | **F** | **RACE** | **G** | **HUMAN FACTORS** | [ ]  None | **OTHER FACTORS** |
| Age |  | Gender |  |  | [ ]  1 White[ ]  2 Black[ ]  3 Am. Indian, Eskimo[ ]  4 Asian[ ]  0 Other, multi-racial      [ ]  U Undetermined**ETHNICITY** [ ]  Hispanic |  | [ ]  1 Asleep[ ]  2 Unconscious[ ]  3 Possibly alcohol impaired[ ]  4 Possibly other drug impaired[ ]  5 Possibly mentally disabled | [ ]  6 Physically disabled[ ]  7 Physically restrained[ ]  8 Unattended person[ ]  N None | If an illness, not an injury, skip to Section H **Cause of illness/injury**[ ]  1 Accidental[ ]  2 Self-inflicted[ ]  3 Inflicted. Not self[ ]  N None |
|       |  |  |  |
| Date of Birth |  |  |  |
|  |  |  |  |  |  |
| **H** | **BODY SITE OF INJURY** |  |  | **INJURY TYPE** |  | **CAUSE OF ILLNESS/INJURY** | **I** |  |     |  | **J** | **SAFETY EQUIPMENT** |
| Site #1 |    |       |  | Type #1 |    |       |  |    |       |  | Procedures Used (multiple selections) | [ ]  1 Safety/seat belts[ ]  2 Child safety seat[ ]  3 Airbag[ ]  4 Helmut[ ]  5 Protective clothing[ ]  6 Flotation device[ ]  N None[ ]  0 Other      [ ]  U Undetermined |
| Site #2 |    |       |  | Type #2 |    |       |  | Cause of illness/injury |  |
| Site #3 |    |       |  | Type #3 |    |       |  |  |  |
|  |  |  |  |  |
| K | **CARDIAC ARREST** |  | **INITIAL ARREST RHYTHM** | **L** | **LEVEL OF PROVIDER \*** | **M** | **PATIENT STATUS** | **N** | **DISPOSITION** |
| [ ]  1 Pre-arrival arrest? | [ ]  1 V-Fib/V-Tach[ ]  0 Other      [ ]  U Undetermined |  |    |       |  | [ ]  1 Improved[ ]  2 Remained same[ ]  3 Worsened | [ ]  1 FD transport to ECF[ ]  2 Non-FD transport[ ]  3 Non-FD trans/FD attend[ ]  4 Non-emergency transfer[ ]  0 Other      [ ]  N Not transported |
| If pre-arrival arresst was it?[ ]  1 Witnessed[ ]  2 Bystander CPR |  | Initial level of provider |
|  |    |       |  | Check if: 1 [ ]  Pulse on Transfer |
| 2 [ ]  Post-arrival arrest? |  |  |  |  |  | Highest level of provider on scene |  |