

Maryland EMS News

For All Emergency Medical Care Providers

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August 2018

MIEMSS Hires New Assistant State EMS Medical Director



Timothy P. Chizmar, MD

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is pleased to announce that Timothy P. Chizmar, MD, has been hired for the position of Assistant State Emergency Medical Services (EMS) Medical Director. Dr. Chizmar comes with excellent credentials necessary to fill this position, including outstanding fire service

and career/volunteer EMS relationships that he has developed while growing up through Maryland's EMS and physician training systems.

Dr. Timothy Chizmar was born and raised in Bel Air, Maryland. He graduated from the University of Maryland School of Medicine and completed residency training in Emergency Medicine at the University of Maryland Medical Center. He is board-certified in Emergency Medicine and Emergency Medical Services (EMS). Currently, Dr. Chizmar is serving as the Medical Director for multiple organizations including MIEMSS Region III, Harford County Department of Emergency Services, Harford County Volunteer Fire and EMS, and the Harford Community College Paramedic Program. While attending medical school, Dr. Chizmar concurrently pursued his interest in EMS and earned Maryland Emergency Medical Technician (EMT) certification. He has been an active volunteer member at the Bel Air Volunteer Fire Company for the past twelve years.

Dr. Chizmar practices emergency medicine full-time at the University of Maryland Upper Chesapeake Medical Center and Harford Memorial Hospital. In addition to his clinical work, he is the Base Station Medical Director for University of Maryland Upper Chesapeake Health and Co-Chairperson for the hospital's Emergency Management Committee.

Dr. Chizmar is an active member of the MIEMSS Protocol Review Committee and State EMS Advisory Council (SEMSAC), representing the Maryland American College of Emergency Physicians (ACEP) chapter. He was selected as the 2015 EMS Physician of the Year by Maryland ACEP.

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Voluntary Ambulance Inspection Program (VAIP) Committee to Reconvene

The Voluntary Ambulance Inspection Program (VAIP) committee is being reconvened to review the program. The new VAIP committee will be evaluating the current requirements of the program including the inspection process for possible future modifications. A memorandum has been sent to Maryland's jurisdictions and partners, soliciting a representative and inviting them to the first meeting. The first meeting will be held September 27, 2018 at 1:00 pm at MIEMSS.

The current VAIP document has been updated to reflect the protocol changes that were implemented July 1, 2018.

Questions regarding the current VAIP requirements and inspections can be sent to your MIEMSS Regional Administrator. Questions regarding the new VAIP committee can be sent to Brittany Spies, Region III Associate Administrator at 410-706-3996 or bspies@miemss.org



Electronic Patient Tracking System



CRISP

Chesapeake Regional Information System for our Patients

As of September 1, 2018, MIEMSS will no longer be supporting the former Electronic Patient Tracking System (EPTS). MIEMSS has been working with jurisdictional stakeholders, as well as regional and national partners on identifying more comprehensive means of tracking patients through the Maryland's healthcare system, following the patient from the scene through to the hospital. This process has included discussions with many organizations throughout the country

Active Assailant Interagency Workgroup (AAIWG)

Earlier this year, Governor Hogan issued an Executive Order, "Active-Assailant Incident Preparation and Coordination". The Maryland State Police and MIEMSS continue to co-chair the work group. The Maryland Active Assailant Interdisciplinary Work Group was initially formed in 2013 and includes experts from across the state tasked with tackling the challenge of preparing guidance for a multi-discipline response to an active assailant incident. The work group reconvened in May. The most recent meeting of the group resulted in accomplishments to include the finalization of a charter for the group, a review of the survey responses from the video produced for those interested in supporting the group, and the development of twelve subcommittees. These include focus areas not only for preparedness and response but training, prevention, and recovery. Participants include representatives from hospitals, public/private education, federal, state, and local fire, EMS, emergency management, and law enforcement. Plans have been discussed to host a one day, educational conference which would touch on pertinent topics associated with active assailant events. This event would be available to education, hospital, fire, EMS, and law enforcement personnel. The group also heard a briefing from the Anne Arundel Police Department on the response to the Capital Gazette tragedy that occurred in June. The full group will meet monthly and will also continue focused work through the subcommittees.

that have experienced devastating mass casualty incidents over the last five years. The lessons learned from these events coupled with the experience of Maryland's own EMS Operational Programs has led us to the development of a patient tracking / family reunification partnership with the Chesapeake Regional Information System for our Patients (CRISP), the state-wide health information exchange, and the Maryland Department of Human Services. CRISP is a regional health information exchange (HIE) serving Maryland and the District of Columbia. It is a non-profit organization made up of a wide range of stakeholders who are responsible for healthcare throughout the region. CRISP has been formally designated as Maryland's statewide health information exchange by the Maryland Health Care Commission. This health information exchange process allows patient information to move electronically among different health information systems.

Recent mass casualty events within the United States have come with a number of lessons learned, among them is the fact that a large number of patients at a major incident are likely to be transported by means other than EMS. This realization combined with the fact that the EPTS system formally used in Maryland only allowed for tracking of patients transported from the scene by EMS, prompted MIEMSS to create a data bridge between

eMEDS and CRISP. This data bridge will allow for EMS data, for patients opting into the program, to be seamlessly transferred over to the CRISP database. This data transfer will provide the CRISP database with prehospital and hospital demographics data, which provides the opportunity to electronically track patients who were transported by EMS as well as patients transported by any other transport means from scene to hospital. This new program will provide EMS Operational Programs, County Emergency Managers, and Local Health Departments with a more comprehensive mechanism to identify patient disposition following a mass casualty incident.

If an EMS Operational program encounters a situation that would require the tracking of a large number of patients, such as an active assailant event, bus crash, aviation incident, or act of terrorism, your program may activate this patient tracking function by contacting the Maryland Department of Human Services 24/7 family reunification hotline at 1-888-756-7836.

MIEMSS appreciates the assistance of the EMS Operational Programs that has helped identify improvements in Maryland's emergency patient tracking. If your organization has any questions regarding these improvements to the patient tracking program, please contact your MIEMSS Regional Office.

Carolyn Graham, Long-time Leader in Maryland's Critical Incident Stress Management Program, Passes Away



Carolyn Sessions Graham

Carolyn Sessions Graham, a long time supporter and leader in Maryland's Critical Incident Stress Management (CISM) Program passed away on July 30, 2018 after a battle with cancer. She was raised in Florida and Fairmont, West Virginia. After meeting her husband, they relocated to La Plata, Maryland where they had long and successful careers. Carolyn received her Master's Degree in Counseling from Bowie State University. She was a lifelong educator and counselor. She was a founding member of the Maryland CISM team and was one of the first professionals that was recruited for the state team. She led the team in Southern Maryland in Region V for many years, providing support to the volunteer firefighters and EMS personnel. In addition to her fire/EMS service, Carolyn worked for the Charles County Board of Education for 37 years and then as a mediator for the Charles County and Fredericksburg, Virginia court systems.



Upcoming Pediatric Education Opportunities

- **October 19, 2018**
Children's National Health System Trauma Update
Location: Children's National Medical Center, Washington, DC
REGISTRATION: <https://traumaburneducation.ticketleap.com/>
- **November 7, 2018**
12th Annual EMS for Children Research Update
Location: MIEMSS, Baltimore, MD
For more information, visit pepp@miemss.org
- **November 9, 2018**
Mid Maryland ENA Memorial Conference
Location: Silver Spring, MD
For more information, visit www.mdena.org/events/mmc-ena-memorial-conference/
- **November 16, 2018**
2018 Eastern Shore Emergency and Critical Care Symposium
Location: Wye Mills, MD
For more information, visit <https://bit.ly/2oD0e2X>

For more information, email pepp@miemss.org

2018 EMS Educational Programs SAVE THE DATES

September 21, 2018
Peninsula Regional Medical Center Trauma Conference
Location: Ocean City, Maryland

September 25, 2018
Mid Atlantic Life Safety Conference
Location: Johns Hopkins Applied Physics Lab

Save the Date!



Winterfest 2019 Easton, Maryland

**Preconferences –
Including EMT Skills Class
January 24 & 25, 2019**

**Full Conference –
January 26 & 27, 2019**



CARES Corner

Many EMS Operational Programs have upgraded from NEMSIS Version 2.2.1 to NEMSIS Version 3.4 with the Elite platform in eMEDS. In order for the out-of-hospital cardiac arrest PCR reports to be posted to CARES, the PCR reports for patients that were declared at the scene WITH interventions or the PCR reports for patients that were transported to the hospital must have all relevant data elements completed. When completing reports, please be sure to document all these essential elements:

- The validation score must be 95 or greater
- Incident County, State and Zip Code
- If the patient had an AED applied prior to EMS arrival, "Who First Applied AED" cannot equal "Responding EMS Personnel"
- Fire/First Responder
- If the patient is transported (including response disposition of "Dead at Scene, WITH Interventions (Transport)), transport mode and type of transport vehicle must be completed as well as destination information
- All times must be completed including back in service date/time
- Location type
- Age – estimate if necessary

Contacting MIEMSS Regional Offices

The MIEMSS Regional Program consists of five offices located throughout the state. Each office is responsible for monitoring the operation of the EMS system in their area and act as advocates for the services in their region. Please contact the appropriate office for assistance.

Region I Office (Garrett & Allegany Counties)

Dwayne Kitis
Region I Administrator
16 Broadway
P.O. Box 113
Frostburg, MD 21532
Phone: 301-895-5934
Fax: 301-895-3618

Region II Office (Washington & Frederick Counties)

Andrew Naumann
Acting Director of Regional Programs
44 N. Potomac Street, Suite 200
Hagerstown, MD 21740
Phone: 301-791-2366 or 301-416-7249
Fax: 301-791-9231

Region III Office (Baltimore City & Anne Arundel, Baltimore, Carroll, Harford, Howard Counties)

Jeffrey Huggins
Region III Administrator
Brittany Spies
Region III Associate Administrator
653 W. Pratt Street
Baltimore, MD 21201
Phone: 410-706-3996
Fax: 410-706-8530

Region IV Office (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester counties)

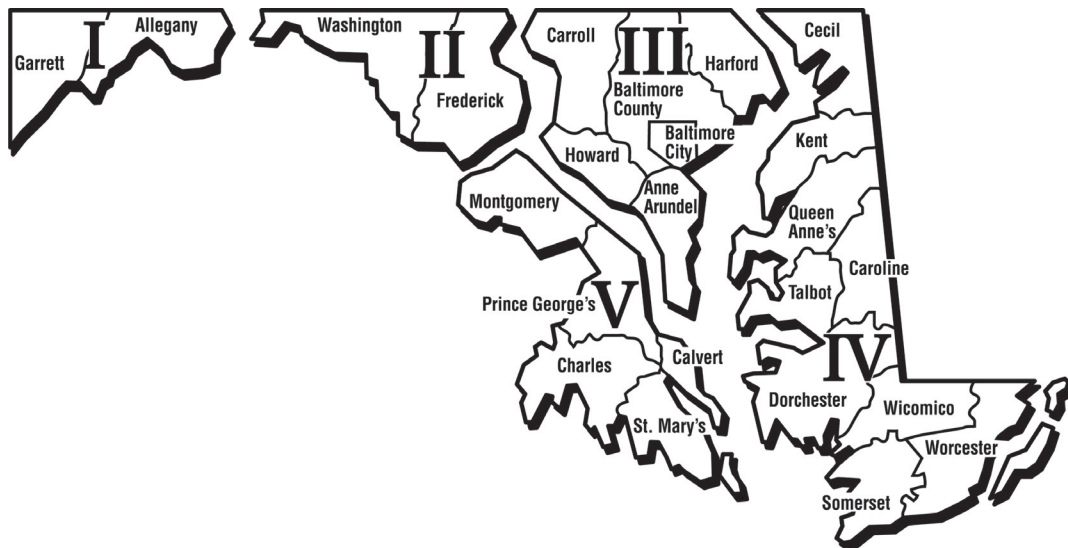
John Barto
Region IV Administrator
Ron Lewis
Region IV Associate Administrator

301 Bay Street Plaza, Suite 306
Easton, MD 21601
Phone: 410-822-1799
Fax: 410-822-0861

Region V Office (Calvert, Charles, Montgomery, Prince George's, St. Mary's Counties)

Michael Cooney
Acting Region V Administrator

5111 Berwyn Road
College Park, MD 20740
Phone: (301) 474-1485
Fax: (301) 513-5941



This conference is a one-day educational opportunity to provide current issues and trends related to the trauma patient.

Objectives

- Discuss current methods of diagnosis and management of patients with traumatic, complex injuries
- Discuss the pre-hospital and hospital practices routinely given to patients with traumatic injuries
- Identify complications related to the care of the trauma patient

Who Should Attend

Nurses involved in caring for the adult and pediatric trauma patient.

Pre-hospital providers interested in expanding their knowledge of caring for the trauma patient and related topics.

Accreditation

This activity has been submitted to the Maryland Nurses Association for approval to award 6.5 contact hours. The Maryland Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Pre-hospital Care Providers

6.5 hours of trauma credits will be awarded at the completion of the conference.

Conference Location

Clarion Resort Fontainebleau Hotel, 10100 Coastal Highway, Ocean City, Maryland will be the site for Peninsula Regional's 28th Annual Topics in Trauma Conference. The Clarion is Ocean City's finest full-service hotel. The oceanfront hotel with its 40,000-square-foot conference center provides an ideal location for the conference.

Hotel Accommodations

Rooms have been reserved at a special rate of \$140 plus tax for a double until August 23, 2018, so make your arrangements early. Refer to the Peninsula Regional Trauma Conference when making reservations at the Clarion Resort Fontainebleau Hotel, 1-800-638-2100.

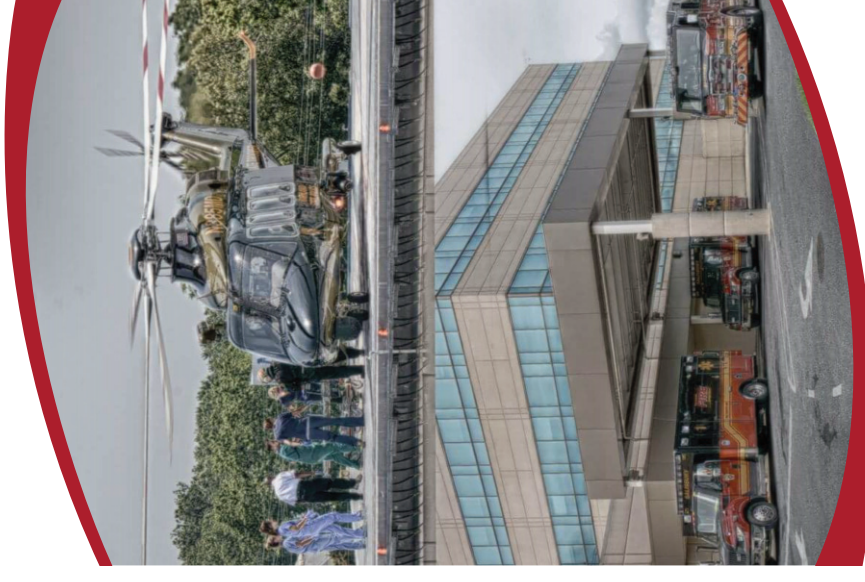
Exhibitors

An array of vendors are expected to exhibit. This is an excellent opportunity to network with available resources.

.....
E D U C A T I O N
.....

28th Annual

**PRMC TOPICS IN
TRAUMA**



All proceeds will go to Peninsula Regional Medical Center Foundation for Trauma Education.



**PENINSULA
REGIONAL
MEDICAL CENTER**
100 East Carroll Street • Salisbury, MD 21801-5493
410-546-6400 • 1-800-955-PRMC (7762)
TTY/TDD 410-543-7355
www.peninsula.org

September 21, 2018



2018 PRMC Trauma Conference Schedule

0715-0755 Registration/breakfast

0755-0800 Opening Remarks

0800-0855 Active Shooter
TFC Stephen Hallman
Maryland State Police

0900-0955 What's New and Different for the Pediatric Trauma Patient
Jennifer F. Anders, MD
Assistant Professor, Pediatrics
Pediatric Emergency Medicine
Johns Hopkins University
Base Station Medical Director
Johns Hopkins Children's Center
Associate State Medical Director for Pediatrics
Maryland Institute for EMS Systems

0955-1010 BREAK

1010-1105 Pre-Hospital Vital Signs: More Valuable than You Think
Samuel M. Galvagno Jr. D.O., Ph.D., M.S., F.C.C.M.
Col, USAFR, MC, SFS
Associate Professor
University of Maryland School of Medicine R Adams Cowley Shock Trauma Center

****Don't forget to complete evaluations****

PRMC TOPICS IN TRAUMA



CONFERENCE REGISTRATION FORM (online registration recommended) www.peninsula.org/events

Name _____

Address _____

City/State/Zip _____

Day Phone _____

Affiliation/Institution _____

Position/Title or Specialty _____

Email _____

EMS Provider #/PRMC Employee # _____

Track 1

Track 2

Conference Registration Fees:

- RN/EMS \$90.00
- Students (unlicensed) \$70.00 with student ID; students must register by mail to get discount

Please return completed form, along with payment, by **September 18** to:

Peninsula Regional Medical Center
100 East Carroll Street, Salisbury, MD 21801
Attn: Trauma Department

Make check payable to: Peninsula Regional Medical Center

For disability accommodations, please contact the trauma office at 410-912-2844.

Registrations are due by September 18, or until the conference is full.

Registration fee includes conference, exhibits, continental breakfast, buffet lunch, afternoon break with snacks, coffee, tea, iced tea, and water.

Handouts will not be provided unless provided by speaker at the conference. Electronic copies will be available online prior to the conference for registrants to download and print themselves if speakers provide. A link to download the handouts will be sent by email to registrants the week prior to the conference.

Please note: Enrollment is **limited**, full registration fee must accompany registration form. Registrations will be accepted in the order received. Telephone registration for the conference will not be accepted. **Confirmation will be sent if e-mail address is provided.**

Refunds: No refunds will be granted.


1110-1205 <i>Track 1</i>	Gunshot Injuries: How Bullets do Damage & Pearls for Nursing Care Alistair J. Kent, MD, MPH Trauma, Surgical Critical Care and Emergency General Surgery Johns Hopkins Hospital
1110-1205 <i>Track 2</i>	DVT in Trauma: Prevention, Causes, and Management Douglas Wilhite, MD Peninsula Regional Medical Center
1205-1305	LUNCH
1305-1405	Through the Eyes of the Patient: The Brian Boyle Story Brian Boyle Trauma Survivor
1405-1500 <i>Track 1</i>	Winter Emergencies Brian Desaulniers, MD Peninsula Regional Medical Center
1405-1500 <i>Track 2</i>	ECMO Yashvir Sangwan, MD Peninsula Regional Medical Center
1500-1510	BREAK
1510-1600	Current and Future Opportunities to Improve Out of Hospital Trauma Outcomes Richard Alcorn, MD FACEP Acting Co-Executive Director State EMS Medical Director MIEMSS

Additions to MIEMSS Approved Short Form and Importance of Leaving Short Form

There have been additions made to the MIEMSS Approved Short Form Patient Information Sheet that is used for patient documentation. MIEMSS has added an initial "Temperature" under the first vital signs and added the "Time Started" for the intravenous fluid administration. Both of these are important measures for all patients and especially for patients who have been identified by the EMS provider as meeting the Sepsis Alert criteria. The Approved Short Form may be found on the MIEMSS website at: https://www.miemss.org/home/Portals/0/Docs/OtherPDFs/Short_Form_MIEMSS_APPROVED.pdf

MIEMSS has received multiple complaints about the lack of documentation at the time of patient transfer from EMS to the hospital staff. One of the requirements of COMAR 30.03.03.03 is that when a patient is transported to a health care facility, if an eMEDS patient care report is not completed and submitted prior to leaving the health care facility, the provider must complete and leave the MIEMSS approved Short Form (downloaded and printed preliminary EMS report Short Form or the preprinted Short Form) at the facility for inclusion in the patient record. This is the responsibility of both commercial and public safety EMS providers at time of patient transfer.

The Joint Commission Hospital Standard Accreditation Elements of Performance for Record of Care 02.01.01 requires that, "The medical record contains the following clinical information – Any emergency care, treatment, and services provided to the patient before his or her arrival." Several Maryland hospitals were recently cited by the Joint Commission for failing to have any documentation of prehospital care in patient files. MIEMSS is reaching out to the prehospital and commercial services community to strengthen documentation of care provided on scene and during transport of the patient.

 <p>Maryland Institute for Emergency Medical Services Systems</p> <p>Short Form Patient Information Sheet</p>		<p>Procedures</p> <p>Cardiac Rhythm: Perform 12 Lead Yes <input type="checkbox"/> No <input type="checkbox"/> I2 Lead Transmit Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Glucometer: <input type="checkbox"/> IV1 <input type="checkbox"/> IV2 Time Started _____ <input type="checkbox"/> IO <input type="checkbox"/> EJ Amount Infused: _____</p> <p>CPR Performed Yes <input type="checkbox"/> No <input type="checkbox"/> ROSC Yes <input type="checkbox"/> No <input type="checkbox"/> Induced Hypothermia Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>Jurisdiction: _____ Date: _____ Incident # _____ Time Arrived at Hospital: _____ Unit #: _____ Age: _____ DOB: _____ Wt: _____ Kg Gender: <input type="checkbox"/> M <input type="checkbox"/> F Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Trauma Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Patient's Name: _____ Patient's Address: _____ City: _____ State: _____ Point of Contact: _____ Phone Number: _____ Chief Complaint: _____ Time of Onset: _____ Past Medical History: (DNR/MOLST <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B) Cardiac <input type="checkbox"/> CHF <input type="checkbox"/> Hypertension <input type="checkbox"/> Seizure <input type="checkbox"/> Diabetes <input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Other: _____ Current Meds: _____ Allergies: Latex <input type="checkbox"/> Penicillin/Ceph <input type="checkbox"/> Sulfa <input type="checkbox"/> Other: _____</p>		<p>Cincinnati Stroke Scale <i>Normal/Abnormal</i> Facial Droop Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Arm Drift Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Speech Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Last Known Well Time/Date: _____</p> <p>Los Angeles Motor Scale (LAMS) <i>Facial Droop Grip Strength</i> Absent 0 Normal 0 Present 1 Weak Grip 1 <i>Arm Drift</i> Absent 0 No Grip 2 Drifts Down 1 Falls Rapidly 2 Score: _____</p> <p>Oxygen <input type="checkbox"/> NRB Mask <input type="checkbox"/> King Airway <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> CPAP <input type="checkbox"/> NPA/OPA <input type="checkbox"/> NDT <input type="checkbox"/> BVM <input type="checkbox"/> Ventilator <input type="checkbox"/> ET <input type="checkbox"/> NT <input type="checkbox"/> NGT <input type="checkbox"/> Easy Tube</p>					
<p>Assessments</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <p>Vitals Time: _____ Temperature: _____ B/P: _____ / _____ Pulse: _____ Respirations: _____ SAO2: _____ % Capnography: _____ Carbon Monoxide: _____</p> <p>Repeat Vitals Time: _____ B/P: _____ / _____ Pulse: _____ Respirations: _____ SAO2: _____ % Capnography: _____ Carbon Monoxide: _____</p> </td> <td style="width: 25%; vertical-align: top;"> <p>Respiration Left Right <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> Rales <input type="checkbox"/> <input type="checkbox"/> Labored <input type="checkbox"/> <input type="checkbox"/> Stridor <input type="checkbox"/> <input type="checkbox"/> Rhonchi <input type="checkbox"/> <input type="checkbox"/> Wheezes <input type="checkbox"/> <input type="checkbox"/> Decreased <input type="checkbox"/> <input type="checkbox"/> Agonal <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/></p> <p>Pulse <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> JVD <input type="checkbox"/> Peripheral Edema Cap Refill: _____ seconds</p> </td> <td style="width: 25%; vertical-align: top;"> <p>Skin <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Cyanotic</p> <p>Pupils <input type="checkbox"/> PERRL <input type="checkbox"/> Unequal <input type="checkbox"/> Fixed/Dilated</p> <p>Neuro <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U</p> </td> <td style="width: 25%; vertical-align: top;"> <p>GCS Eyes (4): _____ Motor (6): _____ Verbal (5): _____ TOTAL: _____</p> </td> </tr> </table>				<p>Vitals Time: _____ Temperature: _____ B/P: _____ / _____ Pulse: _____ Respirations: _____ SAO2: _____ % Capnography: _____ Carbon Monoxide: _____</p> <p>Repeat Vitals Time: _____ B/P: _____ / _____ Pulse: _____ Respirations: _____ SAO2: _____ % Capnography: _____ Carbon Monoxide: _____</p>	<p>Respiration Left Right <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> Rales <input type="checkbox"/> <input type="checkbox"/> Labored <input type="checkbox"/> <input type="checkbox"/> Stridor <input type="checkbox"/> <input type="checkbox"/> Rhonchi <input type="checkbox"/> <input type="checkbox"/> Wheezes <input type="checkbox"/> <input type="checkbox"/> Decreased <input type="checkbox"/> <input type="checkbox"/> Agonal <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/></p> <p>Pulse <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> JVD <input type="checkbox"/> Peripheral Edema Cap Refill: _____ seconds</p>	<p>Skin <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Cyanotic</p> <p>Pupils <input type="checkbox"/> PERRL <input type="checkbox"/> Unequal <input type="checkbox"/> Fixed/Dilated</p> <p>Neuro <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U</p>	<p>GCS Eyes (4): _____ Motor (6): _____ Verbal (5): _____ TOTAL: _____</p>
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<p>Assessment</p>		<p>Treatment:</p> <p>Jurisdictional Additions:</p> <p>Print Provider Name: _____</p>					

MIEMSS, *Maryland EMS News*
653 W. Pratt St., Baltimore, MD 21201-1536



Governor Larry Hogan
Lt. Governor Boyd Rutherford

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www.miemss.org

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