

## CALL INFO – DISPOSITION TAB



| PATIENT TRANSPORTED     |   |  |  |  |
|-------------------------|---|--|--|--|
|                         |   |  |  |  |
| UNIT DISPOSITION        | PATIENT CONTACT MADE  |  |  |  |
| PATIENT EVALUATION/CARE | PATIENT EVALUATED AND CARE PROVIDED   |  |  |  |
| CREW DISPOSITION        | <ul> <li>INITITATED AND CONTINUED PRIMARY CARE, <u>or</u></li> <li>INITIATED PRIMARY CARE AND TRANSFERRED TO<br/>ANOTHER EMS CREW, <u>or</u></li> <li>ASSUMED PRIMARY CARE FROM ANOTHER EMS<br/>CREW</li> </ul> |  |  |  |
| TRANSPORT DISPOSITION   | <ul> <li>TRANSPORT BY THIS EMS UNIT (THIS CREW ONLY),<br/><u>or</u></li> <li>TRANSPORT BY THIS EMS UNIT, WITH A MEMBER<br/>OF ANOTHER CREW</li> </ul>   |  |  |  |

| REFUSALS NON-TRANSPORT                       |   |  |  |  |
|--|---|--|--|--|
|  |   |  |  |  |
| UNIT DISPOSITION                             | PATIENT CONTACT MADE                      |  |  |  |
| PATIENT EVALUATION/CARE                      | PATIENT REFUSED EVALUATION/CARE           |  |  |  |
| CREW DISPOSITION                             | BACK IN SERVICE, CARE/SUPPORT SERVICES    |  |  |  |
|  | REFUSED                                   |  |  |  |
| TRANSPORT DISPOSITION                        | PATIENT REFUSED TRANSPORT                 |  |  |  |
|  | AGAINST MEDICAL ADVICE, or                |  |  |  |
|  | PATIENT/GUARDIAN INDICATES AMBULANCE      |  |  |  |
|  | TRANSPORT IS NOT NECESSARY, or            |  |  |  |
| REASON FOR REFUSAL/RELEASE                   | PATIENT/GUARDIAN STATES INTENT TO         |  |  |  |
|  | TRANSPORT BY OTHER MEANS, or              |  |  |  |
|  | MOLST/DNR                                 |  |  |  |
|  | • MOLSI/DNK                               |  |  |  |
| TERMINATION OF RESUSCITATION (NON-TRANSPORT) |   |  |  |  |
|  |   |  |  |  |
| UNIT DISPOSITION                             | PATIENT CONTACT MADE                      |  |  |  |
|  |   |  |  |  |
| PATIENT EVALUATION/CARE                      | PATIENT EVALUATED AND CARE PROVIDED       |  |  |  |
| TANEIT EVALUATION, CARE                      |   |  |  |  |
|  |   |  |  |  |
| CREW DISPOSITION                             | INITIATED AND CONTINUED PRIMARY CARE      |  |  |  |
|  |   |  |  |  |
| TRANSPORT DISPOSITION                        | NO TRANSPORT                              |  |  |  |
| TRANSPORT DISPOSITION                        |   |  |  |  |
|  | MOLST/DNR, AND/OR;                        |  |  |  |
|  | RELEASED FOLLOWING PROTOCOL GUIDELINES,   |  |  |  |
| REASON FOR REFUSAL/RELEASE                   | AND/OR;                                   |  |  |  |
|  | RELEASED TO LAW ENFORCEMENT               |  |  |  |
|  |   |  |  |  |
|  | WITHOUT RESUSCITATION (NON-TRANSPORT)     |  |  |  |
| RIGOR MORTIS, DECO                           | OMPOSITION, DEPENDENT LIVIDITY, ETC.      |  |  |  |
| UNIT DISPOSITION                             | PATIENT CONTACT MADE                      |  |  |  |
|  |   |  |  |  |
| PATIENT EVALUATION/CARE                      | PATIENT EVALUATED, NO CARE REQUIRED       |  |  |  |
| •  | ,   |  |  |  |
|  | BACK IN SERVICE, NO CARE/SUPPORT SERVICES |  |  |  |
| CREW DISPOSITION                             | REQUIRED                                  |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| TRANSPORT DISPOSITION                        | NO TRANSPORT                              |  |  |  |
|  |   |  |  |  |
|  | MOLST/DNR, AND/OR;                        |  |  |  |
| REASON FOR REFLISAL/RELEASE                  | RELEASED FOLLOWING PROTOCOL GUIDELINES,   |  |  |  |
| REASUN FUR REFUSAL/REFASE                    |   |  |  |  |
| REASON FOR REFUSAL/RELEASE                   | AND/OR;<br>• RELEASED TO LAW ENFORCEMENT  |  |  |  |

## **OPERATIONAL SUPPORT**

| LIFT ASSIST – UNINJURED (NON-TRANSPORT) |   |  |  |
|---|---|--|--|
|   |   |  |  |
| UNIT DISPOSITION                        | • | PATIENT CONTACT MADE                                   |  |
| PATIENT EVALUATION/CARE                 | • | PATIENT SUPPORT SERVICES PROVIDED                      |  |
| CREW DISPOSITION                        | • | INCIDENT SUPPORT SERVICES PROVIDED (INCLUDING STANDBY) |  |
| TRANSPORT DISPOSITION                   | • | NO TRANSPORT   |  |

## DOWNGRADE NARRATIVE (BY NON-TRANSPORTING ALS CLINICIAN WHEN PATIENT DOESN'T MEET CHECKLIST)

| UNIT DISPOSITION        | • | PATIENT CONTACT MADE                                   |
|-------------------------|---|--|
| PATIENT EVALUATION/CARE | • | PATIENT SUPPORT SERVICES PROVIDED                      |
| CREW DISPOSITION        | • | INCIDENT SUPPORT SERVICES PROVIDED (INCLUDING STANDBY) |
| TRANSPORT DISPOSITION   | • | TRANSPORT BY ANOTHER EMS UNIT                          |