**9 Line Medical Incident Report**

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| **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.** |
| **U s e i t e m s o n e t h r o u g h n i n e t o c o m m u n i c a t e s i t u a t i o n t o c o m m u n i c a t i o n s /d i s p a t c h .****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** |  | *Describe the injury**(Ex: Broken leg with bleeding)* |
| Incident Name |  | *Geographic Name + "Medical" (Ex: Trout Meadow Medical)* |
| Incident Commander |  | *Name of IC* |
| Patient Care |  | *Name of Care Provider**(Ex: EMT Smith)* |
| **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? ☐ YES ☐**NO = MEDEVAC!** |
| Breathing? ☐ YES ☐ **NO = MEDEVAC!** |
| Mechanism of Injury:*What caused the injury?* |  |
| Lat/Long (Datum WGS84)Ex: N 40o 42.45' x W 123o 03.24' |  |
| **4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY** |
| SEVERITY | TRANSPORT PRIORITY |
| □ **URGENT-RED Life threatening injury or illness.***Ex: Unconscious, difficulty breathing, bleeding severely, 2o – 3o burns more than 4 palm sizes, heat stroke, disoriented.* | Ambulance or MEDEVAC helicopter. Evacuationneed is **IMMEDIATE.** |
| □ **PRIORITY-YELLOW Serious Injury or illness.***Ex: Significant trauma, not able to walk, 2o – 3o burns not more than 1-2 palm sizes*. | Ambulance or consider air transport if at remote location.Evacuation may be **DELAYED.** |
| □ **ROUTINE-GREEN**Not a life threatening injury or illness.*Ex: Sprains, strains, minor heat-related illness.* | Non-Emergency. Evacuation considered**Routine of Convenience.** |
| **5. TRANSPORT PLAN:** |
| **Air Transport:** (Agency Aircraft Preferred) |
| □ Helispot | □ Short-haul/Hoist | □ Life Flight | □ Other |
| **Ground Transport:** |
| □ Self-Extract | □ Carry-Out | □ Ambulance | □ Other |
| **6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:** |
| □ Paramedic/EMT(s) | □ Crew(s) | □ SKED/Backboard/C-Collar |
| □ Burn Sheet(s) | □ Oxygen | □ Trauma Bag |
| □ Medication(s) | □ IV/Fluid(s) | □ Cardiac Monitor/AED |
| □ Other (i.e. splints, rope rescue, wheeled litter) |
| **7. COMMUNICATIONS:** |
| Function | Channel Name/Number | Receive (Rx) | Tone/NAC \* | Transmit (Tx) | Tone/NAC \* |
| *Ex: Command* | *Forest Rpt, Ch. 2* | *168.3250* | *110.9* | *171.4325* | *110.9* |
| COMMAND |  |  |  |  |  |
| AIR-TO-GRND |  |  |  |  |  |
| TACTICAL |  |  |  |  |  |
| \*(NAC for digital radio system)**8. EVACUATION LOCATION:** |
| Lat/Long (Datum WGS84)*EX: N 40 42.45' x W 123 03.24'* |  |
| Patient's ETA to Evacuation Location: |  |
| Helispot/Extraction Size and Hazards: |  |
| **9. CONTINGENCY:** |
| ***Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...*** | **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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