**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. Evacuation  need 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.** | | | | | | | | |

ICS 206 WF (1/14)