

Oakland County Medical Control Authority  
EMS Advisory



<b>EMS Advisory</b>	
Advisory No:	016
Title:	<b>The use of UNIFIED Field Notes in Oakland County</b>
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**ATTENTION: Oakland County EMS Providers**

**The Oakland County Medical Control Authority has approved the use of a unified pre-hospital field note in the Oakland County EMS System for seamless delivery of emergency patients to the Oakland County Hospitals.**

**The OCMCA Field Note is the only field note distributed in Oakland County. Please use your remaining stock, then begin using the OCMCA Field Note. This will help us provide each ED with consistency and represent a unified Oakland County EMS System.**

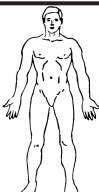


**Thank you for your time and cooperation. Please feel free to contact the OCMCA with any questions or concerns.**

**PLEASE CONTACT THE OCMCA FOR ANY QUESTIONS OR CONCERNS**



# OCMCA Field Notes

OAKLAND COUNTY  
**EMS**

RUN #:		AGENCY:		DATE:	
EMS UNIT NUMBER:			PATIENT PRIORITY:		
LOCATION:					
PRIMARY COMPLAINT:					
VITAL SIGNS	TIME #1	TIME #2	TIME #3	MEDICATIONS	
LOC					
B/P					
PULSE					
SKIN PERF.					
RESP.					
PUPILS				ALLERGIES	
SUGAR					
SPO2					
TEMP					
GLASGOW					
PAIN SCALE					
<b>MEDICAL Hx</b>					
<b>SCENE CONDITIONS:</b>					
<b>MEDICAL ONLY</b>					
<b>ACCIDENT</b>					
DRIVER / PASSENGER		ROLLOVER	Y / N	HELMET	Y / N
ENTRAPMENT		Y / N	EXTRICATION TIME NEEDED _____		
SEAT BELT	Y / N	AIRBAG DEPLOYMENT	Y / N		
<b>TREATMENT(S)</b>					
<b>EKG INTERPRETATION:</b>					
FRONT	REAR	VEHICLE			
		INTRUSION _____			
					
		SPEED _____			

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 Call Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ Emr Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ Arrival Time: \_\_\_\_:\_\_\_\_:\_\_\_\_ Pt. Contact: \_\_\_\_:\_\_\_\_:\_\_\_\_  
 Transport: \_\_\_\_:\_\_\_\_:\_\_\_\_ Arrival Hosp.: \_\_\_\_:\_\_\_\_:\_\_\_\_ SS#: \_\_\_\_\_

CREW NAMES \_\_\_\_\_  
 \_\_\_\_\_

EMT A    PARAMEDIC  
 EMT B    PARAMEDIC