



County of Orange
Health Care Agency
Emergency Medical Services
4th QUARTER 2005 (OCT. – DEC.) SYSTEM ACTIVITY REPORT



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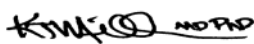



REPORT DISTRIBUTION

This report is distributed to the following individuals, committee members, groups or other entities:

- Ambulance Association of Orange County
- Base Hospital Coordinators
- Base Hospital Physician Directors
- County Paramedic Advisory Committee (CPAC), Orange County EMS
- Each Orange County Paramedic Receiving Center, Base Hospital, and Specialty Receiving Center
- Emergency Medical Care Committee (EMCC)
- Facilities Advisory Subcommittee (FAC), Orange County EMS
- Fire Paramedic Coordinators
- Health Care Agency
 - ✓ Juliette A. Poulson RN, MN; Agency Director
 - ✓ Terre Duensing; Division Manager, Disaster Health Response
 - ✓ Robert Gates; Project Director, Medical Services for Indigents
 - ✓ Eric Handler MD, MPH, FAAP; Deputy Agency Director/Health Officer, Public Health Services
 - ✓ Mark A. Refowitz, LCSW; Deputy Agency Director, Behavioral Health Services
 - ✓ Mike Spurgeon; Deputy Agency Director, Regulatory Health Services
- Hospital Association of Southern California (HASC)
- Mercy Air
- Orange County Communications
- Orange County Fire Chiefs Association
- Orange County Medical Association (OCMA)
- Orange County Paramedic Training Programs
- Quality Assurance Board (QAB), Orange County EMS
- Regional Paramedic Advisory Committees (RPAC), each Base Hospital
- State EMS Authority (EMSA)

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Date: 10/16/2006



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INTRODUCTION

Orange County EMS (OCEMS) collects data on EMS activity for the purpose of system monitoring and to facilitate continuous quality improvement activities at all levels of the prehospital healthcare delivery system. Data is collected from field providers (paramedics), base hospitals, paramedic receiving centers and trauma centers.

The County of Orange Health Care Agency/Emergency Medical Services Quarterly System Activity Report is generated every three calendar months and reflects system data of interest to all EMS system participants, including hospitals and provider agencies. The quarterly report is actually a series of individual reports and offers a "snapshot" of prehospital emergency medical care in Orange County. Other reports contained herein provide additional insight into Orange County's medical care system.

Data from the Base Hospital Report (BHR) and/or the Prehospital Care Report (PCR) is entered by the Base Hospitals into a database tracking system called *Central-One*, designed by Lancet Technology, Inc. All Base Hospitals are contractually obligated to collect, enter and submit this information to OCEMS. Many of the reports contained in this summary are prepared from information obtained from this database. EMS activity by system participants not entered by the base hospitals into *Central-One* is not reflected in the System Activity Report (i.e. Basic Life Support calls not requiring Advanced Life Support and care).

Data for other reports, such as the Hospital Diversion report, is obtained from the ReddiNet computer system. All paramedic receiving center hospitals are required to have the ReddiNet system, used primarily for communications between hospitals and for notifying other System participants of the hospital's open/closed status. The ReddiNet system is also used during mass casualty incidents, whether actual events or planned drills. Reports contained in this quarterly activity report are:

Central-One Reports:

- Transport / Non-Transport and Destination by Facility Type
- Call Volume by Receiving Center
- Call Volume by Provider Agency and ALS Unit
- Call Volume by Base Hospital
- Patient Assessment / Primary Suspected Problem – Detailed
- Patient Assessment / Primary Suspected Problem – Condensed
- Patient Assessment / Primary Suspected Problem – By Age
- Use of *ALS no-contact*: by Base Hospital
- Use of *ALS no-contact*: Patient Assessment / Primary Suspected Problem
- Trauma Designations

Other Reports:

- Interfacility Transfers via the 9-1-1 System
- Aeromedical Transports
- Hospital Diversion: Emergency Department Saturation
- Hospital Diversion: Trauma Centers

The report contains various web links throughout that will direct you to a specific [OCEMS Policy](#) or [OCEMS Treatment Guideline](#) that pertains to each individual report. Simply click on the link and you will be directed to the document as posted on the [OCEMS Website](#). If you are viewing a paper version of this report, a list of web site links has been added to the "Glossary" section to facilitate accessing the desired information when internet access becomes available.

Suggestions for additional reports are welcome and should be directed to [Kenneth Miller, MD, PhD](#), Interim Medical Director of OCEMS.



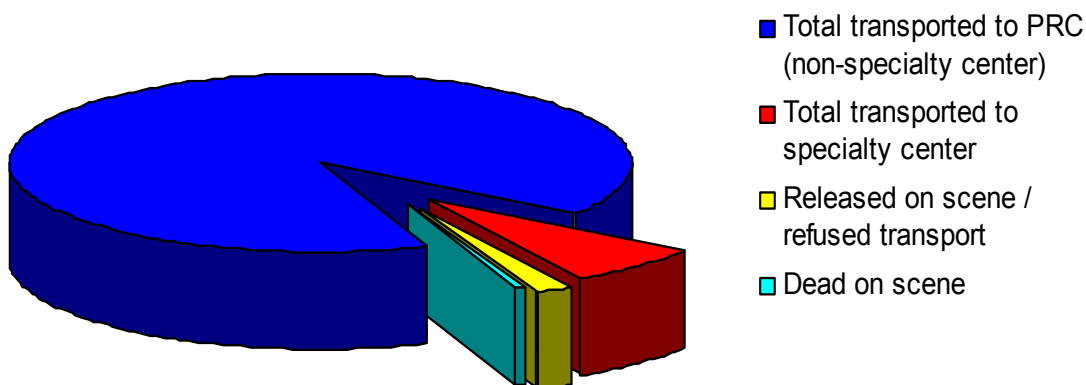
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Transport / Non-transport and Destination by Facility Type

This report provides a quick overview of the disposition of patients seen by ALS providers (transported and not transported) and entered into the *Central-One* database. The numbers of patients transported to either a regular paramedic receiving center or to a specialty center are shown; for non-transported patients, the number who are released on scene and/or refuse transport, and those who are dead on scene are listed. *Data Source: Central-One*

Total Number of Calls	13,190	100%
Total Number of Patients Transported	12,868	98%
Total transported to PRC (non-specialty center)	11,940	90%
Total transported to specialty center	928	7%
<i>Trauma center (PTRC)</i>	911	
<i>Burn center</i>	17	
Total Number of Patients Not Transported	322	2%
<i>Released on scene / refused transport</i>	235	2%
<i>Dead on scene</i>	87	<1%





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Call Volume by Receiving Center

This report provides a breakdown of the number of patient transports to each of the approved paramedic receiving centers in Orange County as well as those hospitals outside of Orange County approved to receive EMS patients. Data Source: Central-One

ID#	RECEIVING HOSPITAL	# Patients	Percentage (Rounded)
01	Anaheim General Hospital	125	<1%
02	Anaheim Memorial Medical Center	717	6%
05	Chapman Medical Center	143	1%
15	Coastal Communities Hospital	152	1%
07	Fountain Valley Regional Medical Center	432	3%
19	Garden Grove Hospital & Medical Center	313	2%
09	Hoag Memorial Hospital – Presbyterian	1,490	11%
10	Huntington Beach Hospital	551	4%
39	Irvine Regional Medical Center	433	3%
04	Kaiser Foundation – Orange County	277	2%
12	La Palma Intercommunity Hospital	184	1%
13	Los Alamitos Medical Center	468	4%
17	Mission Regional Hospital & Medical Center	1,068	8%
38	Orange Coast Memorial Hospital	453	4%
20	Placentia Linda Hospital	397	3%
21	Saddleback Memorial Medical Center	920	7%
22	St. Joseph Hospital	771	6%
23	St. Jude Medical Center	750	6%
24	San Clemente Hospital	255	2%
25	South Coast Medical Center	183	1%
26	Tustin Hospital & Medical Center	28	<1%
27	UCI Medical Center	737	6%
28	West Anaheim Medical Center	614	5%
29	Western Medical Center – Santa Ana	852	7%
30	Western Medical Center – Anaheim	314	2%
	LA County Hospitals		
53	Community Hospital of Long Beach	23	<1%
34	Long Beach Memorial Medical Center	111	<1%
56	Presbyterian Intercommunity Hospital	7	<1%
37	St. Mary Medical Center	4	<1%
55	Whittier Medical Center	73	<1%
36	Other	10	<1%
	Not documented	13	<1%
	TOTAL TRANSPORTED PATIENTS	12,868	98%
60	Release signed	235	1.7%
99	Dead on scene	87	<1%
	TOTAL NON-TRANSPORTED PATIENTS	322	2%
	TOTAL PATIENTS	13,190	100%



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Call Volume by Provider Agency and ALS Unit

This report reflects the number of base contacted, *ALS no-contact*, and CSO calls for each fire department, by individual ALS unit. Basic Life Support calls are not included in this report.

Data Source: Central-One

Agency	Total	Percentage (Rounded)	ALS Unit	Number of Calls
Anaheim Fire	1,771	13%	All units are assigned to Anaheim Memorial Base	
			A 1	253
			A 2	257
			A 3	144
			A 4	316
			A 5	104
			A 6	211
			A 7	108
			A 8	92
			A 9	73
			A 10	58
			A 43	90
			A 44	65
Brea Fire	247	2%	All units are assigned to St. Jude Base	
			Brea 1	153
			Brea 3	94
Costa Mesa Fire	612	5%	All units are assigned to Hoag Base	
			M 81	117
			M 82	94
			M 83	185
			M 84	64
			M 85	152
Fountain Valley Fire	359	3%	All units are assigned to Huntington Beach Base	
			V 31	248
			V 32	111
			VT31 A	0
Fullerton Fire	630	5%	All units are assigned to St. Jude Base	
			F 1	161
			F 2	153
			F 4	176
			F 5	140
Garden Grove Fire	455	3%	All units are assigned to UCIMC Base	
			G 1	222
			G 2	141
			G 2R	1
			G 3	2
			G 5	88
			G 6 A	1
			G 7 A	0



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Call Volume by Provider Agency and ALS Unit: Continued

Agency	Total	Percentage (Rounded)	ALS Unit	Number of Calls
Huntington Beach Fire	1,017	8%	All units are assigned to Huntington Beach Base	
			H 41	217
			H 42	154
			H 43	116
			H 44	63
			H 45	203
			H 46	108
			H 47	53
			H 48	103
Laguna Beach Fire	101	<1%	All units are assigned to Hoag Base	
			L 1	69
			L 4	32
Los Angeles County Fire	241	2%	All units are assigned to St. Jude Base	
			LAS 191	237
			LAS 192	4
Newport Beach Fire	595	5%	All units are assigned to Hoag Base	
			N 62	252
			N 63	203
			N 65	140
			N 68 A	0
Orange Fire	704	5%	All units are assigned to UCIMC Base	
			O 1 A	7
			O 2 A	0
			O 3 A	15
			O 4 A	9
			O 5 A	44
			O 6 A	4
			O 7 A	1
			O 8 A	1
			OR 3	193
			OR 4	220
			OR 5	210
Santa Ana Fire	965	7%	Units are assigned to West Med Santa Ana Base	
			SA 1	227
			SA 2R	1
			SA 3	141
			SA 4	133
			SA 5	213
			SA 7	135
			SA 8	115



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Call Volume by Provider Agency and ALS Unit: Continued

Agency	Total	Percentage (Rounded)	ALS Unit	Number of Calls	
Orange County Fire	5,488	41%	Units are assigned to Base Hospital as <i>NOTED</i>		
			HBH	OCFA 2 A	1
			WMSA	OCFA 4	127
			MISSION	OCFA 5	188
			WMSA	OCFA 6	131
			MISSION	OCFA 7	180
			WMSA	OCFA 8A	1
			MISSION	OCFA 9 A	42
			SJMC	OCFA 10 A	3
			HBH	OCFA 13 A	2
			WMSA	OCFA 15A	0
			HBH	OCFA 17	256
			MISSION	OCFA 18A	8
			MISSION	OCFA 19	187
			WMSA	OCFA 21	246
			MISSION	OCFA 22	321
			MISSION	OCFA 222	294
			WMSA	OCFA 23	69
			MISSION	OCFA 24	233
			HBH	OCFA 25 A	2
			WMSA	OCFA 26	164
			WMSA	OCFA 28 A	0
			MISSION	OCFA 29	165
			MISSION	OCFA 30 A	33
			MISSION	OCFA 31	179
			SJMC	OCFA 32	124
			SJMC	OCFA 34	243
			SJMC	OCFA 35 A	3
			WMSA	OCFA 36	122
			WMSA	OCFA 37 A	0
			MISSION	OCFA 38	122
			MISSION	OCFA 39 A	30
			MISSION	OCFA 40 A	7
			MISSION	OCFA 42 A	7
			WMSA	OCFA T43 A	0
			HBH	OCFA 44A	0
			MISSION	OCFA 45 A	115
			HBH	OCFA 46	216
			HBH	OCFA T46 A	0
			HBH	OCFA 48	336
			MISSION	OCFA T49 A	17
			MISSION	OCFA 50 A	31
			MISSION	OCFA 51	69
			SJMC	OCFA 53 A	0

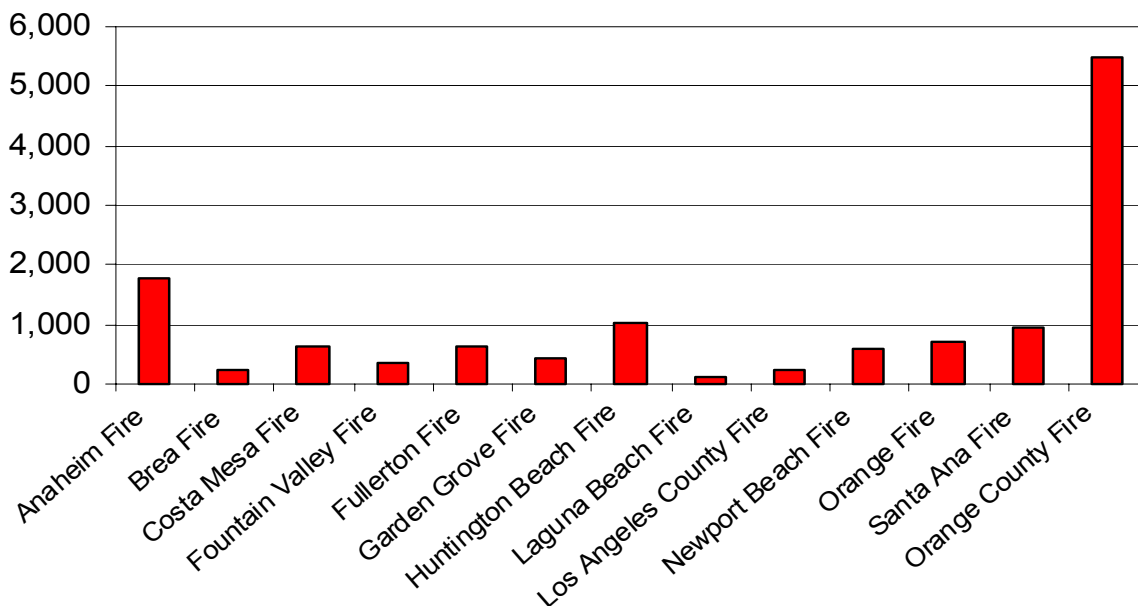


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Call Volume by Provider Agency and ALS Unit: Continued

Agency	Total	Percentage (Rounded)	ALS Unit	Number of Calls
Orange County Fire, cont			Units are assigned to Base Hospital as <i>NOTED</i>	
		MISSION	OCFA 54 A	13
		MISSION	OCFA 55 A	1
		MISSION	OCFA 57 A	30
		MISSION	OCFA 58	63
		MISSION	OCFA T59	74
		MISSION	OCFA 60	117
		SJMC	OCFA 61	274
		SJMC	OCFA 62	129
		SJMC	OCFA 63 A	4
		HBH	OCFA 64	230
		HBH	OCFA 65	125
		HBH	OCFA 66	154
		WMSA	OCFA 215 A	0
Mercy Air	5			
Not Documented	0			
TOTAL	13,190			





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Call Volume by Base Hospital

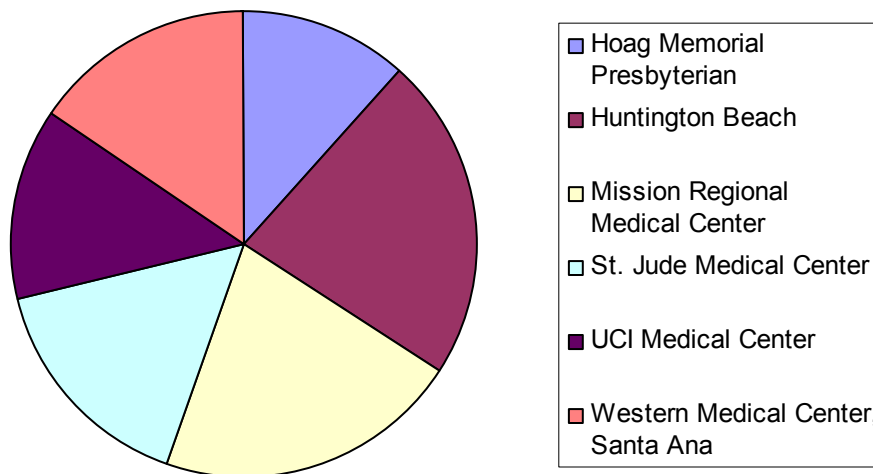
This report shows the number of calls managed by each of the six Base Hospitals for patient encounters in which paramedics established on-line medical control, as well as those managed under the [ALS No-Contact](#) criteria. One ALS provider agency operates under an expanded scope termed [Comprehensive Standing Orders](#) (CSO); these calls are reflected in the data reported by the one Paramedic Resource Hospital. *Data Source: Central-One*

<i>Paramedic Resource Hospital</i>	<i>Total number of calls</i>	<i>Percentage of total county calls (Rounded)</i>
Anaheim Memorial	1,383	11%
<i>Base Hospital</i>		
Hoag Memorial Presbyterian	1,371	11%
Huntington Beach	2,666	20%
Mission Regional Medical Center	2,488	18%
St. Jude Medical Center	1,885	14%
UCI Medical Center	1,550	12%
Western Medical Center, Santa Ana	1,847	14%
Total	13,190	100%

COMMENT:

All *Base Hospitals* have a radio and are able to provide on-line medical direction to field paramedics, using a specially trained Registered Nurse (known as a Mobile Intensive Care Nurse) to relay instructions from the Base Hospital physician.

A *Paramedic Resource Hospital* does not have a radio and cannot provide on-line medical direction. Paramedics assigned to the *Paramedic Resource Hospital* operate under an expanded scope termed *Comprehensive Standing Orders* and do not require on-line medical direction for the majority of their calls. When on-line medical direction is required, contact is made with one of the Base Hospitals, usually UCI Medical Center.





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Patient Assessment / Primary Suspected Problem – Detailed

When paramedics evaluate a patient, they and the base hospital make a working diagnosis or assessment of the patient's presumed medical problem. This report summarizes the types of medical problems encountered by ALS providers, grouped by general classifications. See the Glossary for additional information. (The alpha-numeric indicator preceding each assessment is the OCEMS-assigned approved coding used when entering information into the Lancet database.) *Data Source: Central-One*

Assessment Category	Specific Assessment	Number	Percent
Total			
Airway Problems	total	66	<1%
A 04, A 05	Croup / epiglottitis	24	<1%
	All others	42	<1%
Breathing Problems	total	1,797	13%
B 03	Asthma	309	2%
B 02	COPD	338	3%
B 14 / B 01	CHF / Pulmonary Edema	350	3%
	All others	800	6%
Circulatory Problems	total	3,410	25%
C 01	Syncope	809	6%
C 08	Angina	901	7%
C 09	R/O MI	633	5%
C 10	Dysrhythmias	355	3%
C 07 / C 03	Hypovolemic Shock / Cardiogenic Shock	82	<1%
C 04	GI bleeding	143	1%
	All others	487	4%
Delicate CNS	total	3,257	25%
D 01	Alcohol-related	196	1%
D 05 / D 06	Overdose / drug ingestion	431	3%
D 02	Seizure (non-febrile)	790	6%
D 07 / D 23	CVA / TIA	695	5%
D 12	Head trauma to PTRC	52	<1%
D 24	Head trauma to PRC (e.g., concussion)	77	<1%
	All others	1,017	8%
External Soft Tissue	total	155	1%
E 03 / E 04 / E 05 / E 08	Burns (All Categories)	19	<1%
E 12	Burn victim to Burn Center	17	<1%
	All others	119	<1%



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Patient Assessment / Primary Suspected Problem - Detailed: Continued

Assessment Category	Specific Assessment		
Skeletal Injuries	total	415	3%
F 01 / F 02 / F 03	Suspected fracture (all)	188	1%
F 05	Amputation	13	<1%
F06	Strain/Sprain	100	<1%
	All others	114	<1%
GI / GU	total	376	2%
G 01 / G 02	Abdominal pain (all)	225	2%
G 08	Flank / Groin pain (e.g., kidney stones)	43	<1%
	All others	108	<1%
Multiple System Problems	total	3,393	25%
H 01	Cardiopulmonary arrest - medical	332	3%
H 20 / H 21	Cardiopulmonary arrest - traumatic	16	<1%
H 03	Hypertension	14	<1%
H 04 / H 05	Diabetic-related problem	680	5%
H 06	Submersion (drowning /near-drowning)	4	<1%
H 08	MTV to PRC	105	<1%
H 09	MTV / CTV to PTRC	859	7%
H10	General Weakness	727	6%
H15	Allergic Reaction	125	1%
H18	Hypotension	180	1%
	All others	351	2%
OB / GYN	Total	146	1%
I 06	Field delivery	11	<1%
I 03 / I 04 / I 05 / I 07 / I 11	Other OB-related	56	<1%
I 01	Gynecological	36	<1%
	All others	43	<1%
Pediatric	Total	171	1%
J 03 / J 04	Newborn	9	<1%
J 07	Febrile seizure	125	1%
J 01	Suspected SIDS	2	<1%
	All others	35	<1%
Not Documented		415	3%



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Patient Assessment / Primary Suspected Problem – Condensed

This report summarizes the general assessment categories and the most frequently used specific initial assessment for all patient encounters (ALS Assessment, Base Hospital Contacted, ALS No-Contact Criteria, and Comprehensive Standing Orders “CSO”). *Data Source: Central-One*

By Assessment Category

Assessment Category	Number	Percentage (Rounded)
Airway Problems	66	<1%
Breathing Problems	1,797	13%
Circulatory Problems	3,414	25%
Delicate CNS	3,257	24%
External Soft Tissue	155	1%
Skeletal Injuries	415	3%
GI / GU	376	2%
Multiple System Problems	3,393	25%
OB / GYN	146	1%
Pediatric	171	1%
Total	13,190	100%

Most Frequently Used Assessment, Listed in Descending Frequency

	Specific Assessment	Number	Percentage (Rounded)	Field Treatment
1.	Angina / rule out MI	1,534	12%	Chest Pain / Cardiac Ischemia - C15
2.	MTV / CTV to PTRC	836	6%	Trauma Treatment Guidelines
3.	Syncope	809	6%	
4.	Seizures (non-febrile)	789	6%	Seizures - M-40
5.	General weakness	727	6%	
6.	CVA/TIA	695	5%	CVA - M-25
7.	Hypoglycemia/Diabetic	680	5%	Altered Mental Status (AMS) - M-20
8.	Asthma / COPD	647	5%	Respiratory Disease - M35
9.	Overdose / drug ingestion	431	3%	Substance Overdose / Poisoning - M-50
10.	Dysrhythmias	353	3%	Cardiac Emergencies
	All other assessments	5,550	43%	
	Total	13,190	100%	



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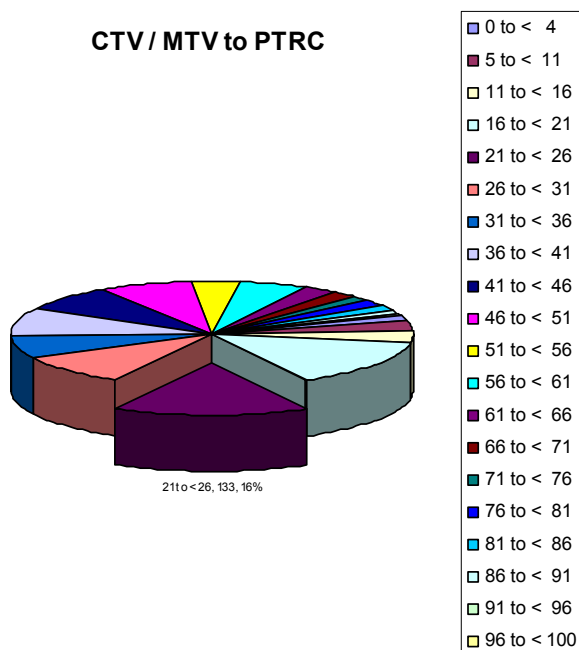
Patient Assessment / Primary Suspected Problem – By Age

This report summarizes the most frequently used specific initial assessment for all patient encounters (ALS Assessment, Base Hospital Contacted, ALS No-Contact Criteria, and Comprehensive Standing Orders “CSO”) and categorizes them by the patient’s age (in years). **Note: Totals do not include “Blank” and “Not Documented” items.** *Data Source: Central-One*

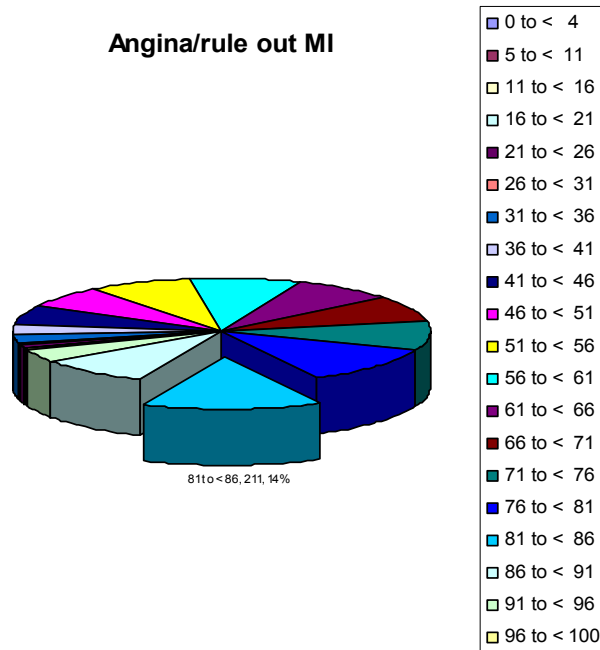
Assessment	0-<4	5-<11	11-<16	16-<21	21-<26	26-<31	31-<36	36-<41	41-<46	46-<51
Angina/rule out MI	0	0	0	2	12	10	35	50	88	103
CTV/MTV to PTRC	13	24	31	121	133	87	74	75	64	62
Syncope	1	10	12	24	21	23	19	14	27	35
Seizures	56	35	53	54	53	61	47	66	80	67
General Weakness	0	0	5	8	11	9	7	16	17	29
CVA/TIA	0	0	0	1	2	4	0	7	13	28
Hypo/Hyperglycemia/Diabetic	2	4	4	10	9	19	20	36	33	51
Asthma/COPD	9	22	25	19	8	13	11	19	18	25
Drug Ingestion / OD	3	1	23	76	51	44	46	38	51	45
Dysrhythmias	0	2	1	8	8	8	10	16	19	15
Total (Top Ten Assessments)	84	98	154	323	308	268	269	337	410	460
Total (All Other Assessments)	180	92	134	263	221	223	183	265	282	311
Total Volume for age group	264	190	288	586	529	491	452	602	692	771
Percentage of Total Volume	2%	1%	2%	4%	4%	4%	4%	5%	5%	6%

Assessment	51-<56	56-<61	61-<66	66-<71	71-<76	76-<81	81-<86	86-<91	91-<96	96+
Angina/ rule out MI	121	132	123	124	134	173	211	137	54	8
MTV / CTV to PTRC	34	45	23	16	11	19	15	8	4	1
Seizures	42	37	35	55	85	102	136	77	35	15
Syncope	48	35	26	21	22	22	20	13	3	1
CVA / TIA	41	33	46	51	75	130	110	87	33	7
Asthma/ COPD	25	33	47	56	71	108	131	107	48	9
Hyper/Hypoglycemia / Diabetic	67	75	54	47	71	76	51	27	12	0
General Weakness	27	51	36	59	58	105	81	32	23	3
Drug Ingestion / OD	22	21	5	6	10	8	2	2	0	0
Dysrhythmias	29	18	24	28	33	50	48	25	6	3
Total (Top Ten Assessments)	456	480	419	463	570	793	805	515	218	47
Total (All Other Assessments)	293	299	292	318	438	520	618	462	258	61
Total Volume for age group	749	779	711	731	1058	1308	1423	977	476	108
Percentage of Total Volume	6%	6%	5%	6%	8%	10%	11%	7%	4%	<1%

CTV / MTV to PTRC



Angina/rule out MI





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Use of ALS No-Contact Criteria: By Base Hospital

This report shows the frequency of use of *ALS No-Contact* criteria by paramedics assigned to each Base Hospital. (See [OCEMS Treatment Guideline I-40](#) for specific criteria). *Data Source: Central-One*

<i>Paramedic Resource Hospital</i>	<i>Total # of calls</i>	<i># of base contact calls</i>	<i># of CSO calls</i>	<i>% of CSO calls</i>
Anaheim Memorial	1383 ¹	N/A	1,383	100%
<i>Base Hospital</i>	<i>Total # of calls</i>	<i># of base contact calls</i>	<i># of ALS no-contact calls</i>	<i>% of ALS no-contact calls</i>
Hoag Memorial	1,371	681	690	50%
Huntington Beach	2,666	1,437	1,229	46%
Mission Regional Med Cntr	2,488	1,413	1,075	43%
St. Jude Medical Center	1,885	1,180	705	37%
UCI Medical Center	1,550	1,104	446	29%
Western Medical Center Santa Ana	1,847	1,195	692	37%
Total (ALS no-contact calls only)	-----	-----	4,837²	41%
Total (all base hospitals)	11,807	7,010	6,220³	47%
Total (all county)	13,190	7,010⁴	-----	53%

¹ The number of base contacted calls for the Paramedic Resource Hospital is included in the numbers reported by the Base Hospitals.

² This reflects the total number of ALS no-contact calls only. The corresponding percentage relates to the total number of ALS no-contact calls (4,837) to the total number of ALS Base Hospital Contacted calls throughout the county (11,807).

³ The total number of ALS no-contact and Comprehensive Standing Orders (CSO) calls for each of the hospitals. The corresponding percentage relates to the total number of ALS no-contact and CSO calls (6,220) to the total number of ALS calls throughout the county (13,190).

⁴ The total number of Base Hospital Contact calls. The corresponding percentage relates to the total number of Base Hospital Contact calls (7,110) to the total number of ALS calls throughout the county (13,190).

COMMENT: Paramedics assigned to the Paramedic Resource Hospital practice under an expanded scope termed *Comprehensive Standing Orders* which allows for fewer base contacts for on-line medical direction. Although any of the six Base Hospitals can be utilized for on-line medical control, UCI Medical Center is the hospital most commonly contacted.

Use of *ALS No-Contact* varies at each of the Base Hospitals. The percentage of *ALS No-Contact* calls at each Base reflects usage by paramedics assigned to that Base Hospital. See the report "*Call Volume by Provider Agency and ALS Unit*" to determine which units are assigned to each Base Hospital.



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Use of *ALS No-Contact Criteria*: Patient Assessment/Primary Suspected Problem

This report shows the general assessment category and the most frequently used specific initial assessments when paramedics use *ALS no-contact* criteria only. This report does not include data in regards to the use of Comprehensive Standing Orders (CSO). CSO is an expanded scope of practice in which paramedics can perform ALS interventions in the absence of on-line medical control, and provides additional interventions beyond those included in *ALS no-contact* criteria. The city of Anaheim Fire Department paramedic units exclusively operate under Comprehensive Standing Orders. All other Fire Department paramedics (with the exception of Los Angeles County Fire Department in the City of La Habra) may operate using *ALS no-contact* criteria. *Data Source: Central-One*

By Assessment Category

Assessment Category	Number	Percentage (Rounded)
Airway Problems	29	<1%
Breathing Problems	486	10%
Circulatory Problems	1,110	23%
Delicate CNS	1,585	33%
External Soft Tissue	73	<1%
Skeletal Injuries	222	5%
GI / GU	210	4%
Multiple System Problems	1,016	21%
OB / GYN	55	<1%
Pediatric	50	<1%
Total	4,836	100%

Most Frequently Used Assessment, Listed in Descending Frequency

	Specific Assessment	Number	Percentage (Rounded)
1.	Syncope	827	6%
2.	General weakness	465	10%
3.	CVA/TIA	445	9%
4.	Hypoglycemia/Diabetic	392	8%
5.	Seizures (non-febrile)	367	8%
6.	Delicate CNS, all other	366	8%
7.	Breathing problems, other	354	5%
8.	Alcohol or drug ingestion / OD	345	5%
9.	Asthma / COPD	132	3%
10.	Angina / rule out MI	17	<1%
	All other assessments	1,126	38%
	Total	4,836	100%



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Trauma Designations

Patients sustaining either penetrating or blunt-force injuries meeting specified criteria are classified as either a *critical trauma victim (CTV)* or a *moderate trauma victim (MTV)* and are triaged to a specialty hospital approved by OCEMS to evaluate and treat these types of patients. (See [OCEMS Policy 310.30](#)).
NOTE: THIS REPORT IS GENERATED ON DATA ENTERED INTO THE CENTRAL ONE DATABASE, NOT TRAUMA ONE.
This multi-part report summarizes:

Trauma designations per Base Hospital / Paramedic Resource Hospital

The number of ALS patients meeting trauma criteria designated by each base hospital and transported to a PTRC.

Base Hospital	Trauma designations	Percentage
Anaheim Memorial	101	11%
Hoag	51	6%
Huntington Beach	154	16%
Mission	160	18%
St. Jude	114	13%
UCI Medical Center	124	13%
Western Medical – Santa Ana	206	23%
Total	911	100%

Designated trauma patients received at each Paramedic Trauma Receiving Center (PTRC)

The number of trauma patients received by each of the three Orange County trauma hospitals and one trauma hospital in LA County approved to receive OC EMS trauma patients.

Trauma Hospital	Number of traumas	Percentage
Mission	170	19%
UCI Medical Center	384	42%
Western Medical – Santa Ana	319	35%
Long Beach Memorial	34	4%
Dead on Scene	1	<1%
Not Transported (AMA)	3	<1%
Total	911	100%

Categories / types of designated trauma patients directed to a PTRC

The general classifications or types of trauma patients, designated by the base hospitals for transport to a PTRC. (* *Not Documented* cases not included in overall percentage calculations.)

Classification	Number	Percentage
Critical trauma victim (CTV)	145	15%
Moderate trauma victim (MTV)	735	80%
Traumatic full arrest	3	<1%
Neurosurgical emergency	28	3%
Total	911	100%



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Interfacility Transfers via the 9-1-1 System

This report lists the number of occasions in which paramedic receiving centers accessed the 9-1-1 system to utilize paramedics to monitor and escort patients to another acute care hospital for higher level of care, listed by sending facility and reason for transfer. (See [OCEMS policy 670.10.](#)) NOTE: INTERFACILITY TRANSFERS ARE ONLY PERFORMED AFTER THE PATIENT HAS BEEN MEDICALLY EVALUATED AND A PHYSICIAN HAS DETERMINED THAT THE PATIENT REQUIRES A SERVICE NOT AVAILABLE AT THE INITIAL FACILITY. FEDERAL TRANSFER GUIDELINES APPLY.

ID#	Hospital	Total	IFT	CC	neuro-M	neuro-T	trauma	cardiac	vascular	OB	burn	peds	other
01	Anaheim General	1	1			1							
02	Anaheim Memorial Medical Center	13	12	1	5	2	5						ENT
03	Brea Community Hospital	0	Closed as a PRC April 2005										
05	Chapman General	6	6		3	1		1	1				
33	Children's Hospital of Orange Co.	0											
15	Coastal Communities Hospital	9	9		1		5	2					ortho
07	Fountain Valley Hospital	6	5	1	1	1	4						
19	Garden Grove Medical Center	12	12		2	3	7						
09	Hoag Memorial Hospital	1	1				1						
10	Huntington Beach Hospital	11	10	1	2	1	3	2		3			
39	Irvine Medical Center	7	7		2	1	4						
04	Kaiser Permanente	2	2				2						
12	La Palma Intercommunity	10	10		6	1	2						liver prob
13	Los Alamitos Medical Center	0											
17	Mission Regional Hospital	1	1		1								
38	Orange Coast Memorial	4	3	1			4						
20	Placentia Linda Hospital	11	11			5	2	1	1	1	1		
21	Saddleback Memorial	5	4	1			4					1	
22	St. Joseph Hospital	0											
23	St. Jude Medical Center	4	4				4						
24	San Clemente Hospital	8	7	1	1	3		1		2			CT
25	South Coast Medical Center	1		1			1						
26	Tustin Hospital Medical Center	1	1		1								
27	UCI Medical Center	0											
28	West Anaheim Medical Center	6	5	1	2		3			1			
30	Western Medical Center-Anaheim	5	4	1		1	4						
29	Western Medical Center-Santa Ana	0											
	Others	0											
Total		124	114	9	27	20	55	7	2	7	1	1	4
<i>Percentage</i>		<i>100%</i>	<i>93%</i>	<i>7%</i>	<i>21.8%</i>	<i>16.1%</i>	<i>44.4%</i>	<i>5.6%</i>	<i>1.6%</i>	<i>5.6%</i>	<i>0.8%</i>	<i>0.8%</i>	<i>3.2%</i>
<i>Comments</i>		<ul style="list-style-type: none"> • Mercy Air utilized once for IFT. • RNs accompanied 10 patients to monitor IV drips outside the paramedic scope of practice. • RN and respiratory therapist accompanied one patient. 											



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Aeromedical Transports

This report summarizes all patient transports via helicopter following a 9-1-1 request for scene responses. Air Rescue/Transport Providers are required to submit an incident report to OCEMS that outlines the specifics of the Air Rescue and/or Transport. The data listed below is a compilation of the submitted data. (See [OCEMS policy 750.05](#))

Number of Aeromedical Transports		5
Provider	Mercy Air	5
	OCFA Air Rescue	0
Medical situation	Trauma	4
	Medical	1
Circumstances (primary)	Location / Traffic / ETA	5
	Remote area	
	Prolonged extrication	
	Time of Day	
	Local PTRC sat	
Receiving hospital	Mission	1
	UCIMC	
	WMSA	3
	LBMMC	1
	Other	

Mercy Air is the approved *air ambulance* provider in Orange County and is staffed and equipped to provide ALS level care. The Orange County Fire Authority has an *air rescue* helicopter and is neither staffed nor equipped to provide ALS level care. When an *air rescue* helicopter is used for medical transport, a field paramedic must accompany the patient, taking appropriate ALS equipment.

COMMENT: Use of an *air rescue* helicopter for medical transport is restricted to those times when air or ground ambulance is inappropriate or unavailable. The OCFA's *air rescue* helicopter is used primarily when the patient is in a remote, difficult to access area without a landing area, requiring ALS personnel to rappel into the scene and/or the patient to be removed via a Stokes basket and hoist. It is also utilized in search and rescue missions when the patient's location is unknown.

Reference: [California Code of Regulations, Title 22, Division 9, Chapter 8, Sections 100280 and 100281.](#)



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Hospital Diversion: Emergency Department Saturation

This report reflects the total number of hours each paramedic receiving center requested that BLS and ALS ambulances be diverted to another acute care hospital due to Emergency Department Saturation. (See [OCEMS policy 310.96](#)). *Data Source: Reddinet*

NOTE: HOSPITALS COULD STILL RECEIVE BLS / ALS PATIENTS WHILE REQUESTING DIVERSION

Hospital	Jan. '05 ER Sat	Feb. '05 ER Sat	Mar. '05 ER Sat	Apr. '05 ER Sat	May '05 ER Sat	Jun. '05 ER Sat	Jul. '05 ER Sat	Aug. '05 ER Sat	Sep. '05 ER Sat	Oct. '05 ER Sat	Nov. '05 ER Sat	Dec. '05 ER Sat	'05 YTD ER Sat
Anaheim General	46:23:00	23:37:00	35:04:00	65:28:00	18:31:00	21:18:00	48:10:00	22:07:00	47:28:00	14:49:00	8:03:00	81:23:00	432:21:00
Anaheim Memorial	7:04:00	30:10:00	2:05:00	5:15:00	0:00:00	0:00:00	7:53:00	1:59:00	0:00:00	7:10:00	9:27:00	84:34:00	155:37:00
Brea Community	20:04:00	31:56:00	0:36:00	Closed as a PRC April 2005									52:36:00
Chapman	19:05:00	8:37:00	10:44:00	13:50:00	11:01:00	4:42:00	0:00:00	1:30:00	7:46:00	19:45:00	15:47:00	15:44:00	128:31:00
Coastal Comm.	69:21:00	25:52:00	35:24:00	33:17:00	19:05:00	5:25:00	13:21:00	15:24:00	22:45:00	15:57:00	4:59:00	30:12:00	291:02:00
Fountain Valley	0:45:00	10:17:00	0:00:00	9:49:00	0:00:00	0:00:00	0:00:00	0:00:00	13:05:00	4:07:00	0:00:00	1:54:00	39:57:00
Garden Grove	13:21:00	2:05:00	3:04:00	7:40:00	4:36:00	12:04:00	0:00:00	7:41:00	3:40:00	4:11:00	1:45:00	30:33:00	90:40:00
Hoag Memorial	0:00:00	15:31:00	12:43:00	7:58:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	6:03:00	42:15:00
Huntington Beach	0:42:00	4:54:00	8:30:00	3:52:00	1:57:00	4:49:00	9:04:00	2:04:00	7:45:00	8:58:00	12:15:00	47:26:00	112:16:00
Irvine Medical	86:35:00	88:22:00	71:07:00	79:11:00	77:58:00	55:45:00	59:21:00	45:58:00	53:34:00	48:34:00	90:50:00	183:01:00	940:16:00
Kaiser	43:11:00	46:40:00	76:34:00	80:43:00	48:53:00	34:14:00	27:37:00	59:51:00	66:26:00	70:00:00	67:58:00	126:47:00	748:54:00
La Palma Int.	17:24:00	26:01:00	4:00:00	11:19:00	29:48:00	7:26:00	16:43:00	4:47:00	4:33:00	1:08:00	0:00:00	17:46:00	140:55:00
Los Alamitos	58:19:00	72:58:00	36:44:00	55:14:00	72:56:00	59:12:00	59:03:00	65:27:00	61:17:00	82:02:00	80:03:00	173:57:00	877:12:00
Mission Hospital	132:25:00	141:12:00	52:31:00	104:39:00	79:15:00	15:55:00	27:47:00	57:26:00	44:31:00	43:46:00	71:30:00	207:52:00	978:49:00
Orange Coast	0:00:00	19:04:00	12:23:00	19:01:00	10:38:00	13:07:00	9:33:00	10:35:00	6:45:00	23:51:00	14:18:00	14:44:00	201:59:00
Placentia Linda	4:58:00	18:30:00	23:22:00	18:23:00	26:11:00	19:48:00	24:48:00	14:14:00	18:36:00	24:58:00	19:29:00	78:44:00	292:01:00
Saddleback	167:18:00	114:44:00	76:14:00	109:09:00	135:47:00	91:52:00	92:37:00	49:47:00	55:26:00	39:44:00	54:01:00	155:44:00	1142:23:00
San Clemente	39:20:00	11:42:00	5:18:00	10:12:00	11:04:00	14:26:00	2:16:00	10:44:00	7:52:00	5:44:00	4:00:00	33:59:00	156:37:00
South Coast	14:07:00	18:45:00	1:12:00	5:26:00	5:11:00	7:25:00	11:53:00	20:17:00	4:40:00	10:48:00	1:52:00	43:27:00	145:03:00
St. Joseph	4:24:00	3:39:00	1:37:00	5:59:00	2:56:00	0:00:00	4:47:00	4:07:00	2:27:00	2:02:00	2:13:00	5:20:00	39:31:00
St. Jude	6:13:00	34:56:00	47:00:00	36:06:00	24:25:00	34:56:00	33:27:00	64:50:00	64:56:00	59:01:00	70:46:00	129:24:00	606:00:00
Tustin	0:00:00	1:35:00	0:00:00	1:31:00	3:07:00	2:19:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	8:32:00
UCI Med. Ctr.	49:02:00	126:40:00	51:57:00	82:51:00	109:24:00	138:36:00	183:47:00	76:10:00	86:28:00	89:27:00	65:02:00	196:03:00	1255:27:00
West Anaheim	79:59:00	88:10:00	64:27:00	74:54:00	40:26:00	40:51:00	85:57:00	43:07:00	27:08:00	47:03:00	44:28:00	228:13:00	864:43:00
WMC-Anaheim	20:43:00	3:44:00	23:29:00	10:57:00	1:01:00	36:24:00	41:18:00	1:11:00	16:07:00	41:11:00	19:48:00	0:58:00	408:51:00
WMC-Santa Ana	73:24:00	60:57:00	43:35:00	45:56:00	32:29:00	29:47:00	35:02:00	15:53:00	22:55:00	18:27:00	25:48:00	59:54:00	464:07:00
TOTAL	974:07:00	1054:38:00	699:40:00	922:40:00	790:39:00	650:21:00	794:24:00	643:09:00	646:10:00	682:43:00	684:22:00	2073:42:00	10616:35:00
MEDIAN	19:34:30	25:56:30	18:02:30	19:01:00	19:05:00	14:26:00	16:43:00	15:53:00	16:07:00	18:27:00	14:18:00	59:54:00	246:30:30
MEAN	37:27:58	40:33:46	26:54:37	36:54:24	31:37:34	26:00:50	31:46:34	25:43:34	25:50:48	27:18:31	27:22:29	82:56:53	408:19:48



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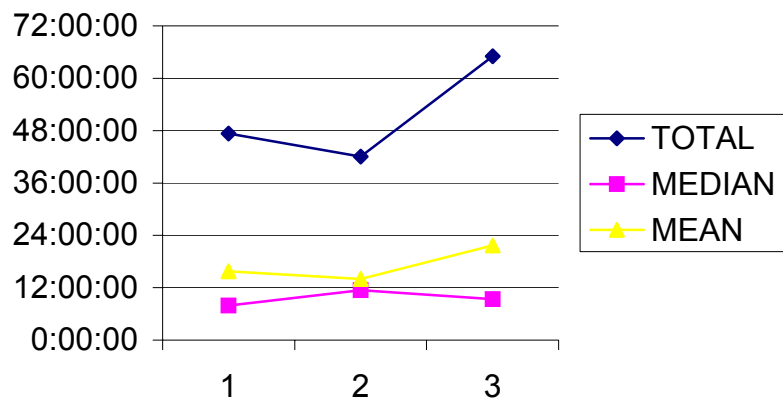


Hospital Diversion: Trauma Centers (PTRC)

This report reflects the total number of hours each Paramedic Trauma Receiving Center requested that ALS ambulances carrying trauma victims be diverted to another PTRC due to system saturation. (See [OCEMS policy 310.96](#)). *Data Source: Reddinet*

PTRC	Jan 2005 PTRC Sat	Feb 2005 PTRC Sat	Mar 2005 PTRC Sat	Apr 2005 PTRC Sat	May 2005 PTRC Sat	Jun 2005 PTRC Sat	Jul 2005 PTRC Sat	Aug 2005 PTRC Sat	Sep 2005 PTRC Sat	Oct 2005 PTRC Sat	Nov 2005 PTRC Sat	Dec 2005 PTRC Sat	2005 YTD PTRC Sat
Mission Hospital	0:00:00	0:00:00	16:29:00	0:00:00	0:00:00	1:58:00	2:05:00	0:24:00	2:34:00	7:53:00	11:27:00	9:21:00	52:11:00
UCIMC	33:36:00	30:18:00	23:41:00	31:24:00	27:45:00	36:21:00	49:11:00	35:30:00	33:36:00	31:57:00	25:19:00	48:18:00	406:56:00
WMC-Santa Ana	6:30:00	5:10:00	3:06:00	3:53:00	1:21:00	0:00:00	6:36:00	6:09:00	0:00:00	7:29:00	5:18:00	7:23:00	52:55:00
TOTAL	40:06:00	35:28:00	43:16:00	35:17:00	29:06:00	38:19:00	57:52:00	42:03:00	36:10:00	47:19:00	42:04:00	65:02:00	512:02:00
Median	6:30:00	5:10:00	16:29:00	3:53:00	1:21:00	1:58:00	6:36:00	6:09:00	2:34:00	7:53:00	11:27:00	9:21:00	0:00:00
Mean	13:22:00	11:49:20	14:25:20	11:45:40	9:42:00	12:46:20	19:17:20	14:01:00	12:03:20	15:46:20	14:01:20	21:40:40	170:40:40

Diversion for Trauma 4th Quarter 2005





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GLOSSARY of Terms and Abbreviations

ALS	<u>Advanced Life Support.</u> Services designed to provide definitive prehospital emergency medical care, administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system, at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.
Airway Problems	Initial Assessment Codes A___. This category identifies patients with airway problems including croup, epiglottitis, laryngospasm, injuries, aspirated emesis, and obstructions due to a foreign body.
Air Ambulance	Any aircraft specially constructed, modified or equipped and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support. (REFERENCE: CALIFORNIA CODE OF REGULATIONS, TITLE 22, CHAPTER 8, SECTION 100280)
Air Rescue Aircraft	An aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable.
ALS No-Contact	ALS interventions which the paramedic can perform in the absence of on-line medical control. (REFERENCE: OCEMS TREATMENT GUIDELINE I-40.)
ALS Provider	An agency approved to provide ALS-level care.
AMA	<u>Against Medical Advice.</u> Patient left against the advice of medical staff, but with their knowledge.
Base Hospital	A paramedic receiving hospital, staffed with a Mobile Intensive Care Nurse (MICN) and Base Physician and equipped with radio equipment, which provides on-line medical support to assist paramedics in the care of a patient. Provides retrospective medical control through quality improvement activities, and offers training and education to ALS providers.



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Glossary: (Continued)

BHR	<u>Base Hospital Report.</u> A standardized form on which Base Hospital personnel (MICN's) document the assessment and care of patients, including response to treatment, performed by paramedics in the prehospital setting.
BLS	<u>Basic Life Support.</u> Emergency first aid and cardiopulmonary resuscitation procedures to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.
BLS Provider	An agency approved to provide BLS-level care.
Breathing Problems	Initial Assessment codes B__. This category identifies patients with breathing problems including asthma, emphysema (COPD), congestive heart failure (CHF), pulmonary edema, pneumonia, smoke inhalation, and chest injuries.
Burn Center	A hospital holding a permit from the Department of Health Services which is committed to provide specialty care to burn patients.
Circulatory Problems	Initial Assessment codes C__. This category identifies patients with circulatory-related problems including syncope, anaphylaxis, angina, possible myocardial infarction (R/O MI), internal bleeding (including GI bleeding), aneurysm, dysrhythmia, hypovolemia and cardiogenic shock
CSO	<u>Comprehensive Standing Orders.</u> An expanded scope of practice in which paramedics can perform ALS interventions in the absence of on-line medical control. Provides additional interventions beyond those included in <i>ALS no-contact</i> . (REFERENCE: TREATMENT GUIDELINE I-40.)
CTV	<u>Critical Trauma Victim.</u> Those patients with obvious, immediate need for paramedic trauma center level care as defined here: A victim of blunt or penetrating trauma, resulting in any of the following physical findings: respirations <12 or >30/minute, pulse <50 or >130/minute, systolic blood pressure <90 (adults) or <70 (pediatric patients); or penetrating injury to the neck, chest or abdomen; or blunt head injury with Glasgow coma score of <12, unequal pupils or focal neurologic deficit; or spinal cord injury with paralysis or paresthesia; or flail chest; or bilateral femur fractures.



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Glossary: (Continued)

Delicate CNS	Initial Assessment codes D__. This category identifies patients with alteration in (central nervous system) neurological status, including seizures (non-febrile), CVA (cerebrovascular accident) or TIA (transient ischemic attack), head trauma, spine injury, alcohol / drug / overdose related problems, anxiety and psychiatric issues.
Diversion	A request by hospitals to temporarily close to ambulance-transported patients. Permitted reasons are: emergency department resources are totally committed; neuro services unavailable; trauma services unavailable; CT scanner unavailable; an internal problem affecting the physical plant (fire, electrical outage, flooding etc). (REFERENCE: OCEMS POLICY #670.10.)
DOA	<u>Dead On Arrival.</u> The patient has no blood pressure, no respiratory rate, and no heart rate on arrival to the ED. For Orange County, patients with these vital signs are considered dead on arrival regardless of treatments they may received in the ED.
External Soft Tissue	Initial Assessment codes E__. This category identifies patients with injuries including skin wounds, all types of burns, bites or stings, eye injury, and crush injury.
GI / GU	Initial Assessment codes G__. This category identifies patients with gastrointestinal or genitourinary-related problems, including abdominal pain, flank/groin pain, or injury to either of these two systems.
IFT	<u>Interfacility Transfer.</u> Transport of a patient from one acute care facility to another acute care facility for higher level of care. Can be performed by ambulance with BLS personnel, Critical Care Transport ambulance with a Registered Nurse, or by paramedic by accessing the 9-1-1 system if an immediate need to transport.
MICN	<u>Mobile Intensive Care Nurse.</u> A Registered Nurse, who has additional training on EMS protocols and who, in conjunction with the Base Hospital physician, provides on-line medical support to paramedics.
MTV	<u>Moderate Trauma Victim.</u> Those patients with potential need for trauma center level-care. Situations or conditions include: mechanism of injury (ejection, falls >15', auto/pedestrian accidents, bicycle or motorcycle crash >20 mph) and other injuries or conditions, including blunt head injury with loss of consciousness >5 minutes, extremes of age, pregnancy >20 weeks, other



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Glossary: (Continued)

Multiple System Problems

Initial Assessment codes H__. This category identifies patients with problems involving more than one body system, including: hyper- or hypotension, sepsis, hyper- or hypoglycemia, cardiopulmonary arrest, trauma, cancer, allergic reactions, medication reactions, and environmental emergencies.

OB / GYN

Initial Assessment codes I__ (Obstetrical/Gynecological). This category identifies patients with a pregnancy or gynecological-related problem, including pre-term or normal labor, field delivery, ectopic pregnancy, eclampsia, or sexual assault.

On-line medical control

ALS interventions provided under the direction of a physician. May be accomplished by use of radio communications or cellular phone.

PRC

Paramedic Receiving Center. A hospital with a permit for basic or comprehensive emergency services which has been designated as a participant in the EMS system by the Orange County EMS Agency.

Paramedic Resource Hospital

A hospital that provides retrospective medical control through quality improvement activities and offers training and education to ALS providers. A paramedic resource hospital does not have a paramedic radio and therefore cannot provide on-line medical direction to ALS providers.

PTRC

Paramedic Trauma Receiving Center. a.k.a. Trauma Center; A hospital, designated by OCEMS, which is committed to provide specialty care to trauma patients. In general, all patients designated as *critical trauma victims* and the majority of patients designated as *moderate trauma victims* will be transported to a trauma receiving center.

PCR

Patient Care Report / Prehospital Care Report. A standardized form on which EMS service providers document the assessment and care of patients, including response to treatment, in the prehospital setting.

Pediatric Emergency

Initial Assessment codes J__. This category identifies medical situations of pediatric-age patients (<8 years), including febrile seizure, sudden infant death syndrome (SIDS), normal or distressed newborns, apparent life-threatening events (ALTE), and possible child abuse/neglect.



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ReddiNet

A computer-based communications system which allows hospitals to share information. Used to post a hospital's open / closed status. Also used during mass casualty incidents for patient assignment and patient tracking.

Skeletal Injuries

Initial Assessment codes F__. This category identifies injuries to the skeletal system and includes strains and sprains, fractures, dislocations and amputations.



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Web Links

[OCEMS Website](http://www.ohealthinfo.com/medical/ems/)

<http://www.ohealthinfo.com/medical/ems/>

[OCEMS Policy](http://www.ohealthinfo.com/medical/ems/p&p/)

<http://www.ohealthinfo.com/medical/ems/p&p/>

[OCEMS Treatment Guideline](http://www.ohealthinfo.com/medical/ems/guidelines/)

<http://www.ohealthinfo.com/medical/ems/guidelines/>

[ALS No-Contact](http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/i40.pdf)

http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/i40.pdf

[Comprehensive Standing Orders](http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/i40.pdf)

http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/i40.pdf

[Chest Pain / Cardiac Ischemia - C15](http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/c15.pdf)

http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/c15.pdf

[Respiratory Disease - M-35](http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/m35.pdf)

http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/m35.pdf

[Seizures - M-40](http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/m40.pdf)

http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/m40.pdf

[CVA - M-25](http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/m25.pdf)

http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/m25.pdf

[Altered Mental Status \(AMS\) - M-20](http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/m20.pdf)

http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/m20.pdf

[Substance Overdose / Poisoning - M-50](http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/m50.pdf)

http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/m50.pdf

[Cardiac Emergencies](http://www.ohealthinfo.com/medical/ems/guidelines/cardiac.htm)

<http://www.ohealthinfo.com/medical/ems/guidelines/cardiac.htm>

[OCEMS Treatment Guideline I-40](http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/i40.pdf)

http://www.ohealthinfo.com/docs/medical/ems/treatment_guidelines/i40.pdf

[See OCEMS Policy 310.30](http://www.ohealthinfo.com/docs/medical/ems/P&P/310.30.pdf)

<http://www.ohealthinfo.com/docs/medical/ems/P&P/310.30.pdf>

[OCEMS policy 310.96](http://www.ohealthinfo.com/docs/medical/ems/P&P/310.96.pdf)

<http://www.ohealthinfo.com/docs/medical/ems/P&P/310.96.pdf>

[OCEMS policy 670.10](http://www.ohealthinfo.com/docs/medical/ems/P&P/670.10.pdf)

<http://www.ohealthinfo.com/docs/medical/ems/P&P/670.10.pdf>

[OCEMS policy 750.05](http://www.ohealthinfo.com/docs/medical/ems/P&P/750.05.pdf)

<http://www.ohealthinfo.com/docs/medical/ems/P&P/750.05.pdf>

[Reference: California Code of Regulations, Title 22, Division 9, Chapter 8, Sections 100280 and 100281.](http://www.emsa.ca.gov/Legislation/reg8.pdf)

<http://www.emsa.ca.gov/Legislation/reg8.pdf>