

# NFIRS 6 - EMS Module



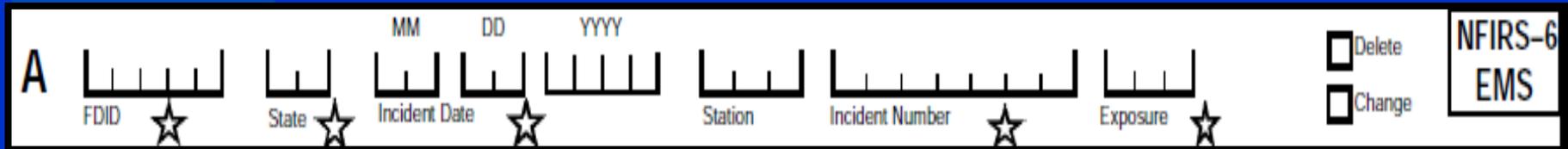
# NFIRS 6 - EMS Module

The EMS Module is an optional module and should be used as directed by your State or local authority.

This module is completed only if the fire department provides emergency medical service. If an independent provider performs EMS, do not use this module.

When you see a star  the field is required.

# A - Header Information



The image shows a header information form for NFIRS-6 EMS. The form is labeled 'A' in the top left corner. It contains several fields for data entry, each with a star icon below it, indicating required or important fields. The fields are: FDID (a single character field), State (a two-character field), Incident Date (a date field with sub-fields for MM, DD, and YYYY), Station (a single character field), Incident Number (a multi-character field), and Exposure (a single character field). To the right of the form, there are two checkboxes: 'Delete' and 'Change'. In the top right corner, there is a box containing the text 'NFIRS-6 EMS'.

**Header information is repeated on all modules.**

**In an automated system, this information is entered once and imported into all modules.**

# B - Number of Patients/Patient Number

<b>B</b>	Number of Patients	Patient Number ☆
	<input type="text"/>	<input type="text"/>
Use a separate form for each patient		

The total number of patients that were treated by emergency responders at the incident and the patient number.

# B - Number of Patients/Patient Number

<b>B</b>	Number of Patients	Patient Number ☆
	<input type="text"/>	<input type="text"/>
Use a separate form for each patient		

**Patient Number is a unique number assigned to each patient treated at a single incident.**

**Always start with the number 001.**

**Complete a separate EMS form for each patient.**

# C - Time Arrived at Patient/Time of Patient Transfer

C Date/Time		Month	Day	Year	Hour/Min
<input type="checkbox"/> Time Arrived at Patient	<input type="checkbox"/>				
<input type="checkbox"/> Time of Patient Transfer	<input type="checkbox"/>				

Check if same date as Alarm date →

**Time Arrived at Patient** - The time when emergency personnel established direct contact with the patient.

**Time of Patient Transfer** - The time when the response unit left the scene or when patient care was transferred to another care provider.

# D - Provider Impression/Assessment

**D** Provider Impression/Assessment ☆ Check one box only  None/no patient or refused treatment

10 <input type="checkbox"/> Abdominal pain	18 <input type="checkbox"/> Chest pain	26 <input type="checkbox"/> Hypovolemia	34 <input type="checkbox"/> Sexual assault
11 <input type="checkbox"/> Airway obstruction	19 <input type="checkbox"/> Diabetic symptom	27 <input type="checkbox"/> Inhalation injury	35 <input type="checkbox"/> Sting/Bite
12 <input type="checkbox"/> Allergic reaction	20 <input type="checkbox"/> Do not resuscitate	28 <input type="checkbox"/> Obvious death	36 <input type="checkbox"/> Stroke/CVA
13 <input type="checkbox"/> Altered LOC	21 <input type="checkbox"/> Electrocutation	29 <input type="checkbox"/> OD/Poisoning	37 <input type="checkbox"/> Syncope
14 <input type="checkbox"/> Behavioral/Psych	22 <input type="checkbox"/> General illness	30 <input type="checkbox"/> Pregnancy/OB	38 <input type="checkbox"/> Trauma
15 <input type="checkbox"/> Burns	23 <input type="checkbox"/> Hemorrhaging/Bleeding	31 <input type="checkbox"/> Respiratory arrest	00 <input type="checkbox"/> Other
16 <input type="checkbox"/> Cardiac arrest	24 <input type="checkbox"/> Hyperthermia	32 <input type="checkbox"/> Respiratory distress	
17 <input type="checkbox"/> Cardiac dysrhythmia	25 <input type="checkbox"/> Hypothermia	33 <input type="checkbox"/> Seizure	

**Captures the single clinical assessment which led to the care given.**

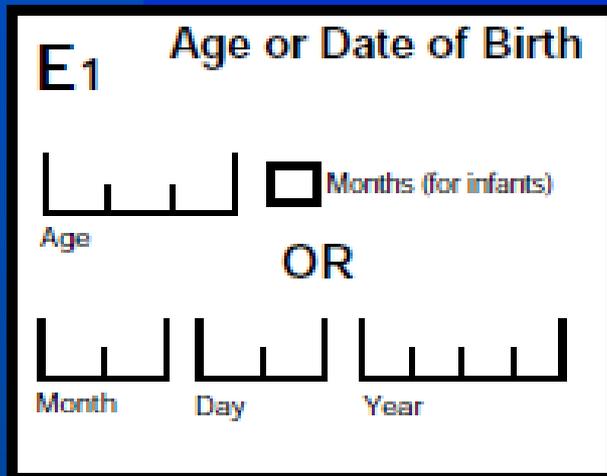
# E<sub>1</sub> - Age or Date of Birth

**E<sub>1</sub> Age or Date of Birth**

Age  Months (for infants)

OR

Month Day Year

The diagram shows a form titled 'E1 Age or Date of Birth'. It has two main sections. The top section is for 'Age' and includes a checkbox labeled 'Months (for infants)'. The bottom section is for the 'Date of Birth' and is divided into three columns: 'Month', 'Day', and 'Year'. Each column contains a series of vertical lines representing input fields.

Identifies the age or date of birth of the patient.

Use months for infants.

# E<sub>2</sub> - Gender

E <sub>2</sub>	Gender
1 <input type="checkbox"/>	Male
2 <input type="checkbox"/>	Female

Identifies the gender (sex) of the patient.

# F<sub>1</sub> - Race

F <sub>1</sub>	Race
1	<input type="checkbox"/> White
2	<input type="checkbox"/> Black, African American
3	<input type="checkbox"/> Am. Indian, Alaska Native
4	<input type="checkbox"/> Asian
5	<input type="checkbox"/> Native Hawaiian, Other Pacific Islander
0	<input type="checkbox"/> Other, multiracial
U	<input type="checkbox"/> Undetermined

F <sub>2</sub>	Ethnicity
1	<input type="checkbox"/> Hispanic or Latino
2	<input type="checkbox"/> Non Hispanic or Latino

**F<sub>1</sub> Identifies race of casualty.**

Based upon US Census Bureau categories.

**F<sub>2</sub> Identifies the ethnicity of the casualty.**

Currently the only Census Bureau classification for ethnicity is Hispanic.

# G<sub>1</sub> - Human Factors

**G<sub>1</sub> Human Factors**  None  
**Contributing to Injury**

Check all applicable boxes

- 1  Asleep
- 2  Unconscious
- 3  Possibly impaired by alcohol
- 4  Possibly impaired by drug
- 5  Possibly mentally disabled
- 6  Physically disabled
- 7  Physically restrained
- 8  Unattended person

The physical or mental state of the patient that contributed to their own injury.

# G<sub>2</sub> - Other Factors

**G<sub>2</sub> Other Factors**  None

If an illness, not an injury, skip G<sub>2</sub> and go to H<sub>3</sub>

1  Accidental  
2  Self-inflicted  
3  Inflicted, not self

Factors contributing to the patient's injury other than those covered by Human Factors G<sub>1</sub>.

If this was an illness and not an injury, skip G<sub>2</sub> and complete H<sub>3</sub>.

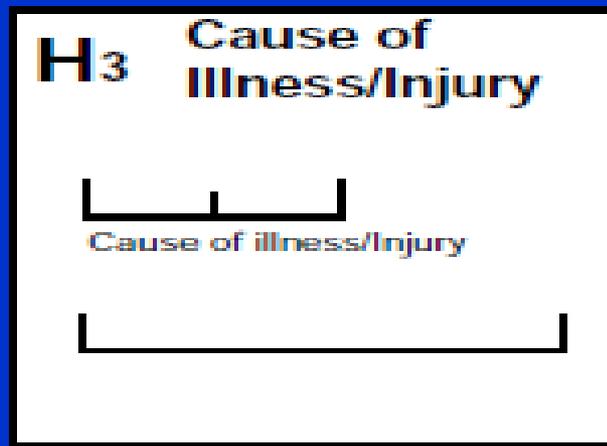
# H<sub>1</sub> - Body Site / H<sub>2</sub> - Injury Type

<b>H1</b> Body Site of Injury	<b>H2</b> Injury Type
List up to five body sites	List one injury type for each body site listed under H1
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

**H<sub>1</sub>** identifies the area of the body that sustained the injury.

**H<sub>2</sub>** describes the injury received to that site.

# H<sub>3</sub> - Cause of Illness/Injury



Identifies the physical event that caused the injury or illness.

# I - Procedures Used

Procedures Used		Check all applicable boxes	<input type="checkbox"/> No treatment
01	<input type="checkbox"/> Airway insertion	14	<input type="checkbox"/> Intubation (EGTA)
02	<input type="checkbox"/> Anti-shock trousers	15	<input type="checkbox"/> Intubation (ET)
03	<input type="checkbox"/> Assist ventilation	16	<input type="checkbox"/> IO/IV therapy
04	<input type="checkbox"/> Bleeding control	17	<input type="checkbox"/> Medications therapy
05	<input type="checkbox"/> Burn care	18	<input type="checkbox"/> Oxygen therapy
06	<input type="checkbox"/> Cardiac pacing	19	<input type="checkbox"/> OB care/delivery
07	<input type="checkbox"/> Cardioversion (defib) manual	20	<input type="checkbox"/> Prearrival instructions
08	<input type="checkbox"/> Chest/Abdominal thrust	21	<input type="checkbox"/> Restrain patient
09	<input type="checkbox"/> CPR	22	<input type="checkbox"/> Spinal immobilization
10	<input type="checkbox"/> Cricothyroidotomy	23	<input type="checkbox"/> Splinted extremities
11	<input type="checkbox"/> Defibrillation by AED	24	<input type="checkbox"/> Suction/Aspirate
12	<input type="checkbox"/> EKG monitoring	00	<input type="checkbox"/> Other
13	<input type="checkbox"/> Extrication		

**Identifies the procedures attempted or performed on a patient.**

**Check all that apply.**

# J - Safety Equipment

**J** Safety Equipment  None

Used or deployed by patient.  
Check all applicable boxes.

1  Safety/Seat belts  
2  Child safety seat  
3  Airbag  
4  Helmet  
5  Protective clothing  
6  Flotation device  
0  Other  
U  Undetermined

**Identifies the types of safety equipment in use by the patient at the time of injury.**

**Check all that apply.**

# K - Cardiac Arrest

**K** Cardiac Arrest  
Check all applicable boxes

1  Pre-arrival arrest?  
If pre-arrival arrest, was it:  
1  Witnessed?  
2  Bystander CPR?

2  Post-arrival arrest?

Initial Arrest Rhythm

1  V-Fib/V-Tach  
0  Other  
U  Undetermined

This field is required if the patient went into or was found in cardiac arrest.

Was cardiac arrest pre-arrival?  
Was it witnessed? Was  
bystander CPR performed? Or

Was cardiac arrest post-arrival?

What was the initial arrest  
rhythm?

# L<sub>1</sub> - Initial Level of FD Provider

L <sub>1</sub>	Initial Level of Provider	☆
1	<input type="checkbox"/> First Responder	
2	<input type="checkbox"/> EMT-B (Basic)	
3	<input type="checkbox"/> EMT-I (Intermediate)	
4	<input type="checkbox"/> EMT-P (Paramedic)	
0	<input type="checkbox"/> Other provider	
N	<input type="checkbox"/> No Training	

**Identifies the training level of the first fire department responder(s) to provide patient care.**

# L<sub>2</sub> - Highest Level of FD Provider

L <sub>2</sub>	Highest Level of Care Provided On Scene	<input type="checkbox"/> None
1	<input type="checkbox"/> First Responder	
2	<input type="checkbox"/> EMT-B (Basic)	
3	<input type="checkbox"/> EMT-I (Intermediate)	
4	<input type="checkbox"/> EMT-P (Paramedic)	
0	<input type="checkbox"/> Other provider	

**Identifies the highest level of fire department care that the patient received at the scene.**

# M - Patient Status

<b>M</b>	<b>Patient Status</b>
1	<input type="checkbox"/> Improved
2	<input type="checkbox"/> Remained same
3	<input type="checkbox"/> Worsened
Check if:	
1	<input type="checkbox"/> Pulse on transfer
2	<input type="checkbox"/> No pulse on transfer

Identifies the change in mental or physical status of the patient at the time responsibility for patient care was transferred to another agency.

Indicate if the patient had a pulse when transferred.

# N - Disposition

<b>N</b>	EMS	<input type="checkbox"/> Not transported
	Disposition	
	1	<input type="checkbox"/> FD transport to ECF
	2	<input type="checkbox"/> Non-FD transport
	3	<input type="checkbox"/> Non-FD trans/FD attend
	4	<input type="checkbox"/> Non-emergency transfer
0	<input type="checkbox"/> Other	
NFIRS-6 Revision 01/01/04		

**Describes whether or not the patient was transported from the scene and who provided the transport.**

# Questions?

