

**COUNTY OF ORANGE / HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
BASE HOSPITAL MULTI-CASUALTY INCIDENT (MCI) WORKSHEET**

BH <input type="text"/>	MONTH <input type="text"/>	DAY <input type="text"/>	YEAR <input type="text"/>	BH CONTACT (TIME):	CLEAR (TIME):		TAKE / SENT	TAKE / SENT	TAKE / SENT
MICN:		Base Physician:				TRAUMA	Trauma	Burn	
MICN #:		BHP #:				MISSION	/		/
**FIRE INCIDENT #:		DISTRICT:		LOCATION:		OCGMC	/	/	/
						UCIMC	/	/	/
						LONG BEACH	/		/
LEAD AGENCY:		OTHER UNITS				PRC	Acute	Moderate	Minor
							/	/	/
INCIDENT NAME:		SITUATION:					/	/	/
							/	/	/
MED COM:							/	/	/

**TAG #: _____ AMBULANCE / UNIT ID #: _____ CATEGORY: <input type="checkbox"/> MILD <input type="checkbox"/> TRAUMA <input type="checkbox"/> MODERATE <input type="checkbox"/> ACUTE AGE: _____ <input type="checkbox"/> YRS. <input type="checkbox"/> MOS SEX: <input type="checkbox"/> M <input type="checkbox"/> F MAJOR INJURY / ILLNESS: _____ B / P: _____ PULSE: _____ <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NONE DESTINATION REQUEST: _____ BH ORDERS: _____ _____ **DESTINATION / Rec'g Hosp: _____ 902-H: _____ ETA: _____	*TAG #: _____ AMBULANCE / UNIT ID #: _____ CATEGORY: <input type="checkbox"/> MILD <input type="checkbox"/> TRAUMA <input type="checkbox"/> MODERATE <input type="checkbox"/> ACUTE AGE: _____ <input type="checkbox"/> YRS. <input type="checkbox"/> MOS SEX: <input type="checkbox"/> M <input type="checkbox"/> F MAJOR INJURY / ILLNESS: _____ B / P: _____ PULSE: _____ <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NONE DESTINATION REQUEST: _____ BH ORDERS: _____ _____ **DESTINATION / Rec'g Hosp: _____ 902-H: _____ ETA: _____	**TAG #: _____ AMBULANCE / UNIT ID #: _____ CATEGORY: <input type="checkbox"/> MILD <input type="checkbox"/> TRAUMA <input type="checkbox"/> MODERATE <input type="checkbox"/> ACUTE AGE: _____ <input type="checkbox"/> YRS. <input type="checkbox"/> MOS SEX: <input type="checkbox"/> M <input type="checkbox"/> F MAJOR INJURY / ILLNESS: _____ B / P: _____ PULSE: _____ <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NONE DESTINATION REQUEST: _____ BH ORDERS: _____ _____ **DESTINATION / Rec'g Hosp: _____ 902-H: _____ ETA: _____	**TAG #: _____ AMBULANCE / UNIT ID #: _____ CATEGORY: <input type="checkbox"/> MILD <input type="checkbox"/> TRAUMA <input type="checkbox"/> MODERATE <input type="checkbox"/> ACUTE AGE: _____ <input type="checkbox"/> YRS. <input type="checkbox"/> MOS SEX: <input type="checkbox"/> M <input type="checkbox"/> F MAJOR INJURY / ILLNESS: _____ B / P: _____ PULSE: _____ <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NONE DESTINATION REQUEST: _____ BH ORDERS: _____ _____ **DESTINATION / Rec'g Hosp: _____ 902-H: _____ ETA: _____	**TAG #: _____ AMBULANCE / UNIT ID #: _____ CATEGORY: <input type="checkbox"/> MILD <input type="checkbox"/> TRAUMA <input type="checkbox"/> MODERATE <input type="checkbox"/> ACUTE AGE: _____ <input type="checkbox"/> YRS. <input type="checkbox"/> MOS SEX: <input type="checkbox"/> M <input type="checkbox"/> F MAJOR INJURY / ILLNESS: _____ B / P: _____ PULSE: _____ <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NONE DESTINATION REQUEST: _____ BH ORDERS: _____ _____ **DESTINATION / Rec'g Hosp:: _____ 902-H: _____ ETA: _____
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****INDICATES REQUIRED FIELD**

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