

**New Jersey Department of Health
Office of Emergency Medical Services**

**INSTRUCTIONS FOR COMPLETING THE
QUARTERLY REPORT FOR SPECIALTY CARE TRANSPORT UNITS (EMS-25)**

HEADER	
Field	Description of requested data information
Program Name	Complete name, no abbreviations;
Address	Mailing address for the program; City, State and Zip;
Person completing report	Name of the person completing this report;
Specialty Care Coordinator	Name of the Specialty Care Coordinator;
Base charge per call	Base charge for this quarter for SCTU services. Do not include mileage and other charges;
Medical Director	List the name of the current program medical director. List all of the names if there is more than one medical director.

SECTION 1 – ORIGIN OF CALL

Box Number	Description of requested data information
1	Total number of transportations from acute care facilities;
2	Total number of transportations from long-term care facilities;
3	Total number of transportations from residences;
4	Total number of transportations from satellite emergency departments;
5	Total number of transportations from physician offices or clinics;
6	Total number of transportations from a free standing facility (i.e., MRI, radiation therapy office, X-ray)
7	Total number of transportations that do not fit in any of the above categories, please explain in the comment section;
8	Total number of transportations completed by the program. Box 8 must equal boxes 1 through 7.

SECTION 2 – PATIENT AGE / SEX BREAKDOWN

Box Number	Description of requested data information
9	0 - 1 years of age that were transported;
10	2 - 8 years of age that were transported;
11	9 - 20 years of age that were transported;
12	21 - 45 years of age that were transported;
13	46 - 65 years of age that were transported;
14	66 and older years of age that were transported;
15	Total for the age breakdown. Box 14 must equal box 7.
16	Total male patients transported;
17	Total female patients transported;
18	Total for the sexes. Box 17 must equal box 7

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SECTION 3 – NATURE OF TRANSFER CATEGORIES	
Box Number	Description of requested data information
19	Total number of transportations that classify the patients transport as a medical;
20	Total number of transportations that classify the patients transport as a trauma;
21	Total number of transportations that classify the patients transport as a burn;
22	Total number of transportations that classify the patients transport as a pediatric;
23	Total number of transportations that classify the patients transport as a OB;
24	Total number of transportations that classify the patients transport as a surgical;
25	Total number of transportations that classify the patients transport as a neurological;
26	Total number of transportations that classify the patients transport as an oncology;
27	Total number of transportations that classify the patients transport as a discharge;
28	Total number of transportations that classify the patients transport as a cardiac;
29	Total number of transportations that classify the patients transport as a cardiac catheterization;
30	Total number of transportations that classify the patients transport as a transplant;
31	Total number of transportations that classify the patients transport as a study or test available at the sending facility;
32	Total number of classifications for transportations. Box 31 must equal box 7.

SECTION 4 – EQUIPMENT AND PROCEDURES UTILIZATION	
Box Number	Description of requested data information
33	Number of patients a cardiac resuscitator (i.e., thumper) was used during transfer;
34	Number of patients a cardiac monitor was utilized during transfer;
35	Number of patients an incubator was utilized during transfer;
36	Number of patients a ventilator was utilized during transfer;
37	Number of patients with an advanced airway which required monitoring during transfer;
38	Number of patients with an IV pump(s) which required monitoring during transfer;
39	Number of patients on an intra aortic balloon pump during transfer;
40	Number of patients on a ventricular assist device during transfer;
41	Number of patients with an active chest tube and required monitoring during transfer;
42	Number of patients with a transvenous pacer during transfer;
43	Number of patients with invasive lines that required monitoring during transfer;
44	Number of patients with more than two intravenous lines at once which required monitoring during transfer;
45	Number of patients venipuncture was performed during transfer;
46	Number of patients initiation of an intravenous line during transfer;
47	Number of patients an intraosseous infusion was initiated during transfer;
48	Number of patients that received additional medications beyond the physician orders during transfer

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SECTION 4 – EQUIPMENT AND PROCEDURES UTILIZATION	
Box Number	Description of requested data information
	(i.e. patient develops chest pain and nitroglycerin was given sublingually;
49	Number of patients nasotracheal / endotracheal intubation was performed during transfer;
50	Number of patients cardiac defibrillation was performed during transfer;
51	Number of patients cardiac pacing with external pacer was performed during transfer;
52	Number of patients a synchronized cardioversion was utilized during transfer;
53	Number of patients suctioning was utilized during transfer;
54-56	List additional equipment or procedures utilized during transfer.

SECTION 5 – DESTINATIONS	
Box Number	Description of requested data information
57	Number of patients transported to a long term care facility;
58	Number of patients transported to a residence;
59	Number of patients transported to a physician and or clinic;
60	Number of patients transported to an acute care hospital for tests or procedures, services not available from the sending facility;
61	Number of patients transported to an acute care hospital for admission;
62	Number of patients transported to a freestanding facility.
63	Number of patients transported to another location not listed above, please explain in comments
64	Total number of patients for boxes 57, 58, 59, 60, 61, 62 and 63.

<p><u>Matching Totals</u> Boxes 7, 14, 17, 31 and 64 must calculate out to be the same number.</p>
