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

Date: BH

MICN: Base Physician: Lead Agency: Other Units:

FIRE INCIDENT #: District: Location: Med Com:

MCI Description:

**TAG # _____	**TAG # _____	**TAG # _____	**TAG # _____	**TAG # _____
CATEGORY: ☐ IMMEDIATE ☐ TRAUMA ☐ DELAYED ☐ MINOR ☐ AMA	CATEGORY: ☐ IMMEDIATE ☐ TRAUMA ☐ DELAYED ☐ MINOR ☐ AMA	CATEGORY: ☐ IMMEDIATE ☐ TRAUMA ☐ DELAYED ☐ MINOR ☐ AMA	CATEGORY: ☐ IMMEDIATE ☐ TRAUMA ☐ DELAYED ☐ MINOR ☐ AMA	CATEGORY: ☐ IMMEDIATE ☐ TRAUMA ☐ DELAYED ☐ MINOR ☐ AMA
AGE: _____ ☐ YRS ☐ MOS	AGE: _____ ☐ YRS ☐ MOS	AGE: _____ ☐ YRS ☐ MOS	AGE: _____ ☐ YRS ☐ MOS	AGE: _____ ☐ YRS ☐ MOS
SEX: ☐ M ☐ F	SEX: ☐ M ☐ F	SEX: ☐ M ☐ F	SEX: ☐ M ☐ F	SEX: ☐ M ☐ F
CHIEF COMPLAINT: _____ _____ _____	CHIEF COMPLAINT: _____ _____ _____	CHIEF COMPLAINT: _____ _____ _____	CHIEF COMPLAINT: _____ _____ _____	CHIEF COMPLAINT: _____ _____ _____
B/P: _____ HR: _____	B/P: _____ HR: _____	B/P: _____ HR: _____	B/P: _____ HR: _____	B/P: _____ HR: _____
RR: _____ SPO2: _____	RR: _____ SPO2: _____	RR: _____ SPO2: _____	RR: _____ SPO2: _____	RR: _____ SPO2: _____
DESTINATION REQUEST: _____	DESTINATION REQUEST: _____	DESTINATION REQUEST: _____	DESTINATION REQUEST: _____	DESTINATION REQUEST: _____
DESTINATION/RECEIVING HOSP: _____	**DESTINATION/RECEIVING HOSP:** _____	**DESTINATION/RECEIVING HOSP:** _____	**DESTINATION/RECEIVING HOSP:** _____	**DESTINATION/RECEIVING HOSP:** _____
BH ORDERS: _____	BH ORDERS: _____	BH ORDERS: _____	BH ORDERS: _____	BH ORDERS: _____
AMBULANCE/ UNIT ID: _____	AMBULANCE/ UNIT ID: _____	AMBULANCE/ UNIT ID: _____	AMBULANCE/ UNIT ID: _____	AMBULANCE/ UNIT ID: _____
902-H: _____ ETA: _____	902-H: _____ ETA: _____	902-H: _____ ETA: _____	902-H: _____ ETA: _____	902-H: _____ ETA: _____