

Main Summary Screen:

Kern County Department of Emergency Medical Services
Hospital Emergency Department Status

Screen refreshes automatically every 60 seconds Posted: 6/30/2005 2:03:37 PM Elapsed Min: 0

EMS Advisories: 1345 - Hospital D - ED Closure until 1445 hrs.

Hospital	Current Status	Overload Score	Advisories	Last Updated
Hospital A:	Open	11	CT Down	6/30/2005 1:58:15 PM
Hospital B:	Open	6	None	6/30/2005 1:58:51 PM
Hospital C:	Open	7	None	6/30/2005 1:59:21 PM
Hospital D:	ED Closure	17	None	6/30/2005 2:00:15 PM
Hospital E:	Open	3	None	6/30/2005 2:00:47 PM

Log Out Send Page Public Health Report Select EMS option:

Hospital A:	6	None	6/30/2005 2:01:13 PM
Hospital B:	3	None	6/30/2005 2:01:31 PM
Hospital C:	3	None	6/30/2005 2:01:42 PM
Hospital D:	5	None	6/30/2005 2:02:01 PM

Details Screen for EMS Staff Access (hospital users are not allowed to see others):

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	Hosp A	Hosp B	Hosp C	Hosp D	Hosp E	Hosp F
Metro Hospital: COR Phone:						
Date updated:	6/30/2005	6/30/2005	6/30/2005	6/30/2005	6/30/2005	6/30/2005
Time updated:	1:58:15 PM	1:58:51 PM	1:59:21 PM	2:00:15 PM	2:00:47 PM	1:50:08 PM
Updated By:						
Staffing RN/LVN:	6	3	7	8	5	2
Med-Surg, Peds & Tele Admit Holds:	8	7	8	22	2	10
ICU/CC/EDOU Admit Holds:	2	1	2	8	1	10
Amb Volume Last Hour:	5	2	2	4	1	25
Total ED Registered Patients:	35	25	35	70	8	11
Advisories:	CT Down	None	None	None	None	None
Overload Score:	11	6	7	17	3	43
Current Status:	Open	Open	Open	E.D. Closure	Open	Open

Main ED Status Screen

Rural Hospital:
COR Phone:

* Red, Yellow, Green Triage categories are pending deployment in a few weeks that will replace Ambulance Volume in the Previous Hour & Total Number of ED Registered Patients.


Mandatory Disease CMR & Public Health Alert Page (pending deployment):

Kern County Department of Public Health Report - Microsoft Internet Explorer

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 **Kern County Department of Public Health Report** File 17 CMR Reporting Requirements Information

<p>Unusual Patient Volume Beyond Normal (Sentinel Biological Surveillance):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acute Severe Pneumonia or Resp Distress <input type="checkbox"/> Unexplained Encephalopathy <input type="checkbox"/> Acute Onset of Neuro-muscular Symptoms <input type="checkbox"/> Unexplained Rash with History of Fever <input type="checkbox"/> Fever with Minor Membrane Bleeding <input type="checkbox"/> Unexplained Acute Intoxic Syndromes <input type="checkbox"/> Massive Diarrhea with Dehydration & Collapse <p style="text-align: center;"><input type="button" value="Submit"/></p>	<p>Immediate Mandatory Report (with CMR):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anthrax <input type="checkbox"/> Botulism <input type="checkbox"/> Brucellosis <input type="checkbox"/> Cholera <input type="checkbox"/> Ciguatera Fish Poisoning <input type="checkbox"/> Dengue <input type="checkbox"/> Diphtheria <input type="checkbox"/> Domestic Acid Poisoning <input type="checkbox"/> E coli O157:H7 <input type="checkbox"/> Haemolysis <input type="checkbox"/> Hemolytic Uremic Syndrome <input type="checkbox"/> Paralytic Shellfish Poisoning <input type="checkbox"/> Plague <input type="checkbox"/> Rabies (Human or Animal) <input type="checkbox"/> Scorpion Fish Poisoning <input type="checkbox"/> Smallpox <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Verotoxin (Shiga-like toxin) 	<p>CMR - 7 Calendar Days:</p> <p><input type="checkbox"/> CMR for Conditions with 7-Day Report Requirement</p> <p style="text-align: center;"><input type="button" value="Submit"/></p> <p>CMR - 1 Working Day:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amebiasis <input type="checkbox"/> Anisakiasis <input type="checkbox"/> Babesiosis <input type="checkbox"/> Campylobacteriosis <input type="checkbox"/> Colorado Tick Fever <input type="checkbox"/> Conjunctivitis, Newborn <input type="checkbox"/> Cryptosporidiosis <input type="checkbox"/> Encephalitis <input type="checkbox"/> Foodborne Disease <input type="checkbox"/> Hemophilus Influenza <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Listeriosis <input type="checkbox"/> Lymphocytic Choriomeningitis <input type="checkbox"/> Malaria <input type="checkbox"/> Measles (Rubella) <input type="checkbox"/> Meningitis (I.D. Etiology on CMR) <input type="checkbox"/> Pertussis <input type="checkbox"/> Poliovirus-like Particles
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