

TO: Medical Personnel  
FROM: Human Resource

It has come to our attention from several emergency rooms that many EMS narratives have taken a decidedly creative direction lately.

Effective immediately, all members are to refrain from using slang and abbreviations to describe patients, such as the following:

Trauma patients are not FDGB (fall down, go boom), TBC (total body crunch) or "hamburger helper".

Similarly, descriptions of a car crash do not have to include phrases like "negative vehicle to vehicle interface" or "terminal deceleration syndrome." HAZMAT teams are highly trained professionals, not "glow worms."

Persons with altered mental states as a result of drug use are not considered "pharmaceutically gifted."

Cardiac patients should not be referred to with "MUH" - (messed up heart), "PBS" (pretty bad shape), PCL" (pre-code looking) or "HIBGIA" (had it before, got it again). Stroke patients are NOT "Charlie Carrots." Nor are rescuers to use CCFCCP (Coo Coo for Cocoa Puffs) to describe their mental state.

Gunshot wounds to the head are not "trans-occipital implants."

The homeless are NOT "urban outdoorsmen", nor is endotracheal intubation referred to as a "PVC Challenge".

And finally, do not refer to recently deceased persons as being "paws up," ART (assuming room temperature), CC (Cancel Christmas), CTD (circling the drain), or NLPR (no long playing records).

I know you will all join me in respecting the cultural diversity of our patients to include their medical orientations in creating proper, narratives and log entries.

Sincerely,  
Directory of Human Resource