Service: Patient Care Report #

Pick up Location _____ Response mode:_____ UNIT # _____

Name_____ Male F emale Age_____

Home Address_____ D.O.B._____

City_____ State_____ Zip_____ Phone_____

Chief Complaint_____ Incident or Onset Date _____ Time _____ _____

Physician_____ Medication Allergies_____ NKDA

Current Medications: None

Medical/Surgical History:

Type of Incident: Medical / Trauma CC/DNR Number: _____

Number of Patients at Scene: _____ MCI: Y N Weather Condition:

Lengthy Extrication: Y N Explain :

PSAP Call Date_____

Dispatch Location_____

Dispatched_____

Enroute_____

Arr. Scene_____ **Assistance**

Arr. at Pt._____ Patient

Transfer Pt Care_____ Bystander

Transport_____ Police

Arr. Destination_____ Fire

In Service_____ M.D.

Back at Station _____ R.N.

Med Con _____ EMT

Destination_____ CPR started

Radio Phone Cellular

Glasgow Coma Scale

Eye Opening:

Spontaneous	4
On Command	3
Painful Stimulus	2
None	1

Verbal Response:

Oriented	5
Confused	4
Inappropriate	3
Incomprehensible	2
None	1

Motor Response:

Follows Commands	6
Purposeful	5
Withdraw	4
Extension	3
Flexion	2
None	1

Coma Scale Total # _____

Revised Trauma Score

Respirations :	Systolic BP:
10 - 29 = (4)	>89 = (4)
> 29 = (3)	75- 89 = (3)
6 - 9 = (2)	50 -75 = (2)
1 - 5 = (1)	1 - 49 = (1)
None = (0)	No Pulse = (0)

Resp = *BP* =

Coma Scale # (13 - 15) = 5
(9 - 12) = 4
(6 - 8) = 3
(4 - 5) = 2
(< 4) = 1

GCS Score = _____

Total Trauma Score:

Resp + BP + GCS =

L Pupils R

[ ] Normal [ ]
[ ] Constrict [ ]
[ ] Pinpoint [ ]
[ ] Dilated [ ]
[ ] Reactive [ ]
[ ] Non-Reac [ ]

Size_____ mm

L LUNGS R

[ ] Clear [ ]
[ ] Wheezes [ ]
[ ] Rales [ ]
[ ] Rhonchi [ ]
[ ] Diminished [ ]
[ ] Absent [ ]

Pt VehiclePosition

Vehicle Damage

Seatbelt: Y N
Airbag Deploy: Y N
Child Car Seat: Y N

Scene GPS Location:

Mechanism of injury:

BLS Equipment and Procedures

(circle procedures/items used)

BSI Stretcher Straps Blankets Stair Chair Scoop Stretcher
KED Backboard Collar Straps Head Secured
02 _____LPM Via NC NR BVM Suction
Stroke Scale Fibrinolytic Checklist
Pain Scale EPI Pen Blood Glucose Assist with MDI
Semi-Auto Defib # of Shocks EMT #

Other: _____

Standing Orders Per Protocol

Airway Adjuncts

NPA/OPA : Size _____ Attempts____ EMT # _____
ETT/NT : Size _____ Attempts____ Time_____EMT # _____
Lung Sounds : L + / - R + / - EPI Gastric : + / -
Secondary Confirmation : Y N Type:_____
Alternative Airway:
Combitube LMA Size_____ Attempts_____ EMT#_____
MAI Protocol : Y N Needle Cric : Y N EMT#_____
Difficult Airway due to:

Vital Signs

Time	Skin	B/P	Sys/Dias	Pulse	Resp	SP02

Intravenous Therapy (IV or IO)

Time	Type(IV or IO)	Size	Attempts	Site	ml/Fluid	Rate	EMT #

Blood Drawn : Y N Attempted : Y N # of Tubes _____ Blood Glucose level:_____

Time	Medication	Dose	Route	Result	EMT#

Time	ECG Rhythm	Intervention	EMT#

12 Lead : Y N STEMI : Y N

Comments:

Crew Full Name and Signature	Level	EMT #

Primary Impression _____

Secondary Impression_____

Level of Run B I P ALS Intercept Transfer M.D. Signature _____ Attach ECG Strips to Back ------>