5-

MMDDYY   RUN NO.   AGENCY   VEH ID

AGENCY NAME

DISPATCH INFORMATION

CALL LOCATION

MILEAGE

LOCATION CODE   END   BEGIN
CODE   TOTAL

CALL REC'D	
ENROUTE	
AT SCENE	
FROM SCENE	
AT DESTINATION	
IN SERVICE	
IN QUARTERS	

PATIENT INFORMATION

FIRST NAME   LAST NAME

ADDRESS

APPT/UNIT NUMBER   (PHO) NE -

CITY   ST ZIP - +4

AGE   D.O.B. MM / DD / YYYY ○ F ○ M SS# - -

- ○ Residence
- ○ Health
- ○ Farm
- ○ Industrial
- ○ Other Work
- ○ Recreational
- ○ Road
- ○ Other

Call Received as
- ○ EMERGENCY
- ○ NON EMERGENCY
- ○ STANDBY

Physician

CARE IN PROGRESS ON ARRIVAL:
- ○ None   ○ Citizen   ○ PD/FD/Other First Responder   ○ Other EMS   ○ PAD used
- ○ Extrication required

MECHANISM OF INJURY
- ○ MVA (✓ seat belt used →)
- ○ Struck by vehicle
- ○ Fall of _____ feet
- ○ Unarmed assault
- ○ GSW
- ○ Knife
- ○ Machinery
- ○

_____ minutes

Seat belt used?
- ○ Yes   ○ No   ○ Unknown

Seat Belt Use Reported By
- ○ Crew   ○ Patient
- ○ Police   ○ Other

CHIEF COMPLAINT   **SUBJECTIVE ASSESSMENT**

PRESENTING PROBLEM
Fill in circle

- ○ Airway Obstructions
- ○ Respiratory Arrest
- ○ Respiratory Distress
- ○ Cardiac Related (Potential)
- ○ Cardiac Arrest

- ○ Allergic Reaction
- ○ Syncope
- ○ Stroke/CVA
- ○ General Illness/Malaise
- ○ Gastro-Intestinal Distress
- ○ Diabetic Related (Potential)
- ○ Pain

- ○ Unconscious/Unresp.
- ○ Seizure
- ○ Behavioral Disorder
- ○ Substance Abuse (Potential)
- ○ Poisoning (Accidental)

- ○ Shock
- ○ Head Injury
- ○ Spinal Injury
- ○ Fracture/Dislocation
- ○ Amputation

- ○ Major Trauma
- ○ Trauma-Blunt
- ○ Trauma-Penetrating
- ○ Soft Tissue Injury
- ○ Bleeding/Hemorrhage

- ○ OB/GYN
- ○ Burns
- **Environmental**
  - ○ Heat
  - ○ Cold
  - ○ Hazardous Materials
- ○ Obvious Death

Other _____

PAST MEDICAL HISTORY	V I T A L S I G N S	TIME	RESP	PULSE	B.P.	LEVEL OF CONSCIOUSNESS	GCS	PUPILS		SKIN		STATUS
○ None ○ Allergy to ____ ○ Hypertension ○ Stroke ○ Seizures ○ Diabetes ○ COPD ○ Cardiac ○ Other (List) ○ Asthma Current Medications (List)			Rate: ___ ○ Regular ○ Shallow ○ Labored	Rate: ___ ○ Regular ○ Irregular		○ Alert ○ Voice ○ Pain ○ Unresp.		○ Normal ○ ○ Dilated ○ ○ Constricted ○ ○ Sluggish ○ No-Reaction		○ Unremarkable ○ Cool ○ Pale ○ Warm ○ Cyanotic ○ Moist ○ Flushed ○ Dry ○ Jaundiced	○ C ○ U ○ P ○ S
			Rate: ___ ○ Regular ○ Shallow ○ Labored	Rate: ___ ○ Regular ○ Irregular		○ Alert ○ Voice ○ Pain ○ Unresp.		○ Normal ○ ○ Dilated ○ ○ Constricted ○ ○ Sluggish ○ No-Reaction		○ Unremarkable ○ Cool ○ Pale ○ Warm ○ Cyanotic ○ Moist ○ Flushed ○ Dry ○ Jaundiced	○ C ○ U ○ P ○ S
			Rate: ___ ○ Regular ○ Shallow ○ Labored	Rate: ___ ○ Regular ○ Irregular		○ Alert ○ Voice ○ Pain ○ Unresp.		○ Normal ○ ○ Dilated ○ ○ Constricted ○ ○ Sluggish ○ No-Reaction		○ Unremarkable ○ Cool ○ Pale ○ Warm ○ Cyanotic ○ Moist ○ Flushed ○ Dry ○ Jaundiced	○ C ○ U ○ P ○ S

OBJECTIVE PHYSICAL ASSESSMENT

COMMENTS

TREATMENT GIVEN   *FILL IN CIRCLE*

- ○ Moved to ambulance on stretcher/backboard
- ○ Moved to ambulance on stair chair
- ○ Walked to ambulance
- ○ Airway Cleared
- ○ Oral / Nasal Airway
- ○ Esophageal Obturator Airway / Esophageal Gastric Tube Airway (EOA/EGTA)
- ○ EndoTracheal Tube (E/T)
- ○ Oxygen Administered @ ___ L.P.M., Method _____
- ○ Suction Used
- ○ Artificial Ventilation Method _____
- ○ C.P.R. in progress on arrival by: ○ Citizen   ○ PD/FD/Other First Responder   ○ Other
- ○ C.P.R. Started @ Time ▶ _____   Time from Arrest Until C.P.R. ▶ _____ Minutes
- ○ EKG Monitored (Attach Tracing) [Rhythm(s) _____]
- ○ Defibrillation/Cardioversion No. Times ___   ○ Manual   ○ Semi-automatic

- ○ Medication Administered (Use Continuation Form)
- ○ IV Established Fluid _____ Cath. Gauge ___
- ○ Mast Inflated @ Time _____)
- ○ Bleeding / Hemorrhage Controlled   (Method Used: _____)
- ○ Spinal Immobilization Neck and Back
- ○ Limb Immobilized by   ○ Fixation   ○ Traction
- ○ (Heat) or (Cold) Applied
- ○ Vomiting Induced @ Time _____ Method _____
- ○ Restraints Applied, Type _____
- ○ Baby Delivered @ Time _____ In County _____
  - ○ Alive   ○ Stillborn   ○ Male   ○ Female
- ○ Transported in Trendelenburg position
- ○ Transported in left lateral recumbent position
- ○ Transported with head elevated
- ○ Other: _____

DISPOSITION   (See List)   **DISP. CODE**   **CONTINUATION FORM USED**   YES ←

CREW

IN CHARGE	DRIVER'S NAME	NAME	NAME
○ EMT ○ AEMT #	○ CFR ○ EMT ○ AEMT #	○ CFR ○ EMT ○ AEMT #	○ CFR ○ EMT ○ AEMT #

▶   AGENCY COPY   ◀