

MMDDYY RUNND 5-

AGENCY VEH ID

AGENCY NAME
DISPATCH INFORMATION
CALL LOCATION

MILEAGE
LOCATION CODE
CODE

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

PATIENT INFORMATION
FIRST NAME
LAST NAME
ADDRESS
APPT/UNIT NUMBER
CITY
STATE
ZIP
AGE
D.O.B.
SEX
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 Seat belt used?
Minutes Yes No Unknown Reported By Police Other

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

CHIEF COMPLAINT
SUBJECTIVE ASSESSMENT
PRESENTING PROBLEM
01 Airway Obstructions
02 Respiratory Arrest
03 Respiratory Distress
04 Cardiac Related (Potential)
05 Cardiac Arrest
06 Allergic Reaction
07 Syncope
08 Stroke/CVA
09 General Illness/Malaise
10 Gastro-Intestinal Distress
11 Diabetic Related (Potential)
12 Pain
13 Seizure
15 Behavioral Disorder
16 Substance Abuse (Potential)
17 Poisoning (Accidental)
18 Shock
19 Head Injury
20 Spinal Injury
21 Fracture/Dislocation
22 Amputation
23 Other
24 Major Trauma
25 Trauma-Blunt
26 Trauma-Penetrating
27 Soft Tissue Injury
28 Bleeding/Hemorrhage
29 Burns
30 Heat
31 Cold
32 Hazardous Materials
33 Obvious Death

Table with columns: PAST MEDICAL HISTORY, VITAL SIGNS, TIME, RESP, PULSE, B.P., LEVEL OF CONSCIOUSNESS, GCS, PUPILS, SKIN, STATUS. Includes rows for respiratory rate, pulse rate, blood pressure, consciousness level, and skin condition.

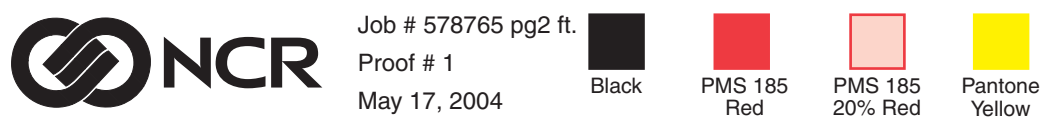
OBJECTIVE PHYSICAL ASSESSMENT

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 #

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