| MMDDYY RUN NO 5-   | A G E N C Y V E H I D   |
|--|---|
| AGENCY NAME  | MILEAGE CALL REC'D  |
| DISPATCH INFORMATION   | LOCATION ENROUTE  |
| CALL LOCATION  | CODE BEGIN AT SCENE FROM SCENE  |
| A FUDCT MANELLE MARKET MANACE  | AT DESTINATION  |
| FIRST NAME LAST NAME   | Residence IN SERVICE  |
| ADDRESS  | O Health IN QUARTERS Farm   |
| APPT/UNIT NUMBER (PHO)NE   | - Industrial Call Received as   |
| APPITONITI NUMBER (PHU) NE   | O Recreational O EMERGENCY  |
|  | Other NON EMERGENCY   |
| AGE D.O.B.   MM / DD / Y Y Y Y (1) (1)   S S # -     -   | STANDBY   |
| Physician CARE IN PROGRESS ON None Citizen   | ARRIVAL:  PD/FD/Other First Responder  Other EMS  PAD used  |
| MECHANISM OF INJURY  ○ MVA (✓ seat belt used →)  ○ Fall of feet ○ GSW ○ Machinery  ○ Extrication require                                     | d Seat belt used? Seat Belt Orew Patient  |
| O Struck by vehicle Unarmed assault Knife —  | minutes   |
| CHIEF COMPLAINT SUBJECTIVE ASSESSMENT  |   |
|  |   |
| PRESENTING PROBLEM Allergic Reaction Unconscious/Unresp. Shock   | ○ Major Trauma ○ OB/GYN   |
| Fill in circle Syncope Seizure Head  |   |
| General Illness/Malaise Substance Abuse (Potential) Fracture Respiratory Arrest General Illness/Malaise Substance Abuse (Potential) Apparent | re/Dislocation O Soft Tissue Injury OHeat   |
| Cardiac Related (Potential)  Diabetic Related (Potential)  | Hazardous Materials Obvious Death   |
| Cardiac Arrest Pain Other  PAST MEDICAL HISTORY V TIME RESP PULSE B.P. CON   | TEVEL OF SCIOUSNESS GCS R PUPILS L SKIN STATUS  |
| None Pate: Pate:   | Normal Ol Ounremarkable   |
| O Allergy to Regular   | Voice Constricted C Warm C Cyanotic U   |
| O Seizures O Diabetes A C Labored O Irregular  | Pain Sluggish Moist Flushed P No-Reaction Dry Jaundiced S   |
|  | Normal Unremarkable Dilated Cool Pale C Voice Constricted Warm Cvanotic                                 |
| Regular Shallow Regular  | Pain Sluggish Moist Flushed P   |
| C Labored   Irregular   C Rate:   Rate:   Rate:  | Unresp. No-Reaction O Dry Jaundiced S  Normal O Unremarkable  |
| N O Regular  | Voice Constricted C Warm Cyanotic U   |
| S Shållow Regular Labored Irregular  | Pain     Sluggish     Moist     Flushed     P       Unresp.     No-Reaction     Dry     Jaundiced     S |
| OBJECTIVE PHYSICAL ASSESSMENT  |   |
|  |   |
|  |   |
| COMMENTS   |   |
|  |   |
|  |   |
| TREATMENT GIVEN FILL IN CIRCLE   |   |
| O WOVER to attributance on Stretchel/Dackboard   | O Medication Administered (Use Continuation Form) O IV Established Fluid Cath. Gauge                    |
| O Walked to ambulance  | O Mast Inflated @ Time  |
|  | ○ Bleeding / Hemorrhage Controlled (Method Used:) ○ Spinal Immobilization Neck and Back                 |
| O Esophageal Obturator Airway / Esophageal Gastric Tube Airway (EOA/EGTA)  | Limb Immobilized by Fixation Traction   |
| O EndoTracheal Tube (E/T) Oxygen Administered @ L.P.M., Method   | O (Heat) or (Cold) Applied O Vomiting Induced @ Time Method   |
| O Suction Used   | Restraints Applied, Type In County  |
| ○ C.P.R. in progress on arrival by: ○ Citizen ○ PD/FD/Other First Responder ○ Other  | Alive Stillborn Male Female   |
|  | Transported in Trendelenburg position     Transported in left lateral recumbent position                |
|  | Transported with head elevated  |
| O Defibrillation/Cardioversion No. Times Manual Semi-automatic   | Other:  |
| DISPOSITION (See List)   | DISP. CODE  CONTINUATION FORM USED  CONTINUATION YES  CONTINUATION YES                                  |
| DRIVER'S NAME NAME   | NAME  |
| CFR OFFR   | O CFR   |
| AEMT#  | EMT #  EMS 100 (11/86) provided by NYS-EMS PROGRAM  |
| © COPYRIGHT 1986 NEW YORK STATE DEPARTMENT OF HEALTH   | DOH 3283 (4/11)   |