

MMDDYY RUN NO 5-

AGENCY VEH ID

AGENCY NAME
DISPATCH INFORMATION
CALL LOCATION

MILEAGE

LOCATION CODE
END
BEGIN
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
AGE D.O.B. MM/DD/YYYY 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

MECHANISM OF INJURY
MVA (seat belt used) Struck by vehicle
Fall of feet Unarmed assault
GSW Knife Machinery
Extrication required minutes
Seat belt used? Yes No Unknown
Seat Belt Use Reported By Crew Police Patient Other

CHIEF COMPLAINT
SUBJECTIVE ASSESSMENT

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

VITAL SIGNS table with columns: PAST MEDICAL HISTORY, TIME, RESP, PULSE, B.P., LEVEL OF CONSCIOUSNESS, GCS, R, PUPILS, L, SKIN, STATUS

OBJECTIVE PHYSICAL ASSESSMENT

COMMENTS

TREATMENT GIVEN FILL IN CIRCLE
Moved to ambulance on stretcher/backboard
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:

CREW table with columns: DISPOSITION (See List), DISP. CODE, CONTINUATION FORM USED, IN CHARGE, DRIVER'S NAME, NAME