IMPERIAL COUNTY EMS PATIENT CARE REPORT

DATE	ENCOUNTER OR DISPATCH ADDRESS

PATIENT INFORMATION

NAME			SSN	AGE	SEX	WEIGHT	DOB
ADDRESS			ILLNESSES				
CITY	STATE	ZIP	MEDS				
INSURANCE	TELEPHONE		ALLERGIES			PHYSICIAN	

INCIDENT #	UNIT #	AGENCY	CALL REC'D	ENROUTE	ARV. SCN.	DPT. SCN.	ARV. DEST.	READY

PATIENT ASSESSMENT

PATIENT STATUS	CHIEF COMPLAINT / MECHANISM OF INJURY	
[ ] MILD [ ] MODERATE [ ] SEVERE		[ ] MAJOR TRAUMA

NARRATIVE:

UNREMARKABLE		UNREMARKABLE	
HEAD / FACE	[ ]	PELVIS / GROIN	[ ]
NECK	[ ]	ARMS / HANDS	[ ]
CHEST	[ ]	LEGS / FEET	[ ]
ABDOMEN	[ ]	BACK	[ ]

INITIAL VITALS	LUNG SOUNDS	SKINS	PUPILS
PULSE	L R CLEAR	COLOR	L R PERL
RESP	L R WHEEZES		L R PINPOINT
B/P	L R RALES	TEMPERATURE	L R DILATED
EKG	L R DIMINISHED		L R UNEQUAL
	L R ABSENT	MOISTURE	L R FIXED
GLUCOMETER	L R OTHER:		L R CATARACTS
			L R OTHER

GLASGOW COMA SCALE					
MOTOR		VERBAL		EYE	
6	OBEYS	5	ORIENTED	4	SPONTANEOUS
5	LOCALIZES	4	CONFUSED	3	VOICE
4	WITHDRAWAL	3	INAPPROPRIATE	2	PAIN
3	FLEXION	2	INCOMPREHENSIBLE	1	NONE
2	EXTENSION	1	NONE	GCS TOTAL =	
1	NONE				

TREATMENT PRIOR TO ARRIVAL

[ ] BYSTANDER CPR AGENCY ADMINISTERING CARE: _____ [ ] DRUGS: _____

[ ] CLEAR AIRWAY [ ] VENTILATIONS [ ] OXYGEN [ ] INTUBATION [ ] IV: _____

[ ] CPR [ ] SPLINT / BANDAGE [ ] IMMOBILIZE SPINE [ ] COUNTERSHOCK

PATIENT CARE

CARE GIVER	TIME	PROCEDURE - MEDICATION	PATIENT RESPONSE / UPDATE	PULSE	RESP	B/P	EKG

ETT	Care Giver #1:	Time:	Attempts:	[ ] Successful [ ] Unsuccessful	Size ETT:	Breath Sounds:	Right:	Left:
INTUBATION	Care Giver #2:	Time:	Attempts:	[ ] Successful [ ] Unsuccessful	Size ETT:	Breath Sounds:	Right:	Left:

PATIENT DISPOSITION

CARE TRANSFERRED TO:	RECEIVING HOSPITAL:	BH RUN #:		RESPONSE CODE 2 3
AGENCY: TIME:	MEDICAL RECORD #:	BH MD / MICN:		TRANSPORT CODE 2 3
[ ] PATIENT TRANSPORTED [ ] DOS	REASON FOR SELECTION	COMMUNICATION	LICENSE / CERT#	SIGNATURE
[ ] RELEASED [ ] NO PATIENT CONTACT	[ ] NEAREST [ ] REQUEST BY MD,	FAILURE PROTOCOL		
[ ] CANCELLED BY:	[ ] DIVERSION PATIENT, GUARDIAN	[ ]		

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