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| Date Approx. Arrival Time | Anticoagulated? □ Yes □ No PMH Allergies | EMS AgencyIncident #EMS Provider |
| Patient NameDOBPatient StickerAge  |
| **VITALS** | VS approx. time: \_\_\_\_\_\_\_ BP: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_HR: \_\_\_\_\_\_\_ RR: \_\_\_\_\_\_\_ SpO2: \_\_\_\_\_\_\_ VS approx. time: \_\_\_\_\_\_\_ BP: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_HR: \_\_\_\_\_\_\_ RR: \_\_\_\_\_\_\_ SpO2: \_\_\_\_\_\_\_  | Glucose: \_\_\_\_\_\_\_ Approx. time: \_\_\_\_\_\_\_\_ |
| **TREATMENT** | **Medications** | **Approx.** **Time** | **Medication** | **Dose/Rate** | □ IV/IO #1Location \_\_\_\_\_\_\_\_\_\_\_\_\_ Bag # \_\_\_\_\_\_ □ IV/IO #2 Location \_\_\_\_\_\_\_\_\_\_\_\_\_ Bag # \_\_\_\_\_\_Total fluid volume infused \_\_\_\_\_\_\_\_\_\_\_\_\_mL | **Advanced Airway** Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **TRAUMA** | **Trauma Team Activation?**□ Yes □ NoApprox. time \_\_\_\_\_\_\_\_\_\_\_­ | **Eye Opening** | SpontaneousTo SpeechTo PainNone | 4321 | **Verbal Response** | OrientedDisorientedInappropriate WordsIncomprehensible SoundsNone | 54321 | **Motor Response** | Obeys CommandsLocalizes PainWithdraws from PainAbnormal FlexionExtension to PainNone | 654321 |
| **M****I****S****T** | **M**OI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I**njuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**S**igns/Symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **T**reatments□ Oxygen LPM \_\_\_\_\_\_\_\_\_ | □ Needle decompression site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Other |
| **STROKE** | Prehospital Stroke Screen: □ Positive □ Negative □ Not performed Stroke Alert to Hospital: □ Yes □ No | **Stroke Signs & Symptoms**□ **Balance** sudden loss□ **Eyes** sudden change in vision□ **Face** facial droop □ L □ R□ **Arm** downward drift □ L □ R□ **Speech** slurred/strange□ Other:  |
| Last known well: Date \_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_ □ UnknownName of person providing well time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number of person providing well time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CARDIOVASCULAR** | □ STEMI □ Cardiac Arrest □ Chest Pain/Dysrhythmia/Other CVECG approx. time: \_\_\_\_\_\_\_\_\_ Transmitted to hospital? □ Yes □ NoInitial Rhythm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Oxygen \_\_\_\_\_\_ LPMASA 324mg given?□ Yes □ No Approx. time: \_\_\_\_\_\_\_\_\_ |
| Highest defibrillation energy used: \_\_\_\_\_\_\_ JoulesROSC? **□** Yes □ No | Highest pacing energy used: \_\_\_\_\_\_\_ mACapture? **□** Yes □ No |