

PRE HOSPITAL		EMS Provider:	Unit:
COMMUNICATIONS REPORT	Date/Time: Jan 25, 2018 11:07:11 AM	Other EMS:	

Transport Type: ☐ ALS ☐ BLS	Age:	☐ Male ☐ Female	Weight:
☐ Relay Call ☐ Refusal of Service ☐ Multiple Patient Refusal			
Chief Complaint: ☐ Stroke ☐ STEMI ☐ AMS ☐ Fall ☐ Psychiatric ☐ MVC ☐ Chest Pain ☐ ETOH ☐ Abdominal ☐ Other:			
Past Medical History ☐ None ☐ CAD ☐ HTN ☐ COPD ☐ Asthma ☐ DM ☐ Seizures ☐ CA ☐ Dementia ☐ Psych ☐ Renal ☐ Other			
MEDS: ☐ None			
ALLERGIES: ☐ NKDA			

INITIAL FIELD ASSESSMENT

CONSCIOUSNESS	Skin Color	Initial Vitals	Repeat Vitals	CARDIAC	OXYGEN THERAPY
A / O x: ☐ 1 ☐ 2 ☐ 3 AVPU: GCS 	 Skin Temperature Skin Moisture 	B/P: / Pulse: Resp: SpO2: CHEM: EtCO2:	 Other:	 	

RESP DISTRESS	STROKE	LUNG SOUNDS	L. PUPIL	IMMOBILIZATION	IV / IO #1
	☐ Facial Droop ☐ Arm Drift ☐ Slurred Speech ☐ Last Known Well	☐ Clear Bilaterally ☐ Wheezing Bilaterally L. LUNG SOUNDS R. LUNG SOUNDS 	 R. PUPIL 	☐ Car Seat ☐ Booster Seat ☐ Seatbelt ☐ Shoulder Harness ☐ Airbag Deployed ☐ C-Collar	TYPE Amt Infused IV / IO #2 TYPE Amt Infused

SEPSIS SCREENING -
☐ Suspected Infection
☐ RR>20
☐ HR>90
☐ Syst BP <90mmHg
☐ Temp > 100.9 or <96.8
☐ SPO2 <90%
☐ New mental status change

IF >3, SEPSIS FIELD CRITERIA MET: If **NO** CONCERN FOR FLUID OVERLOAD - 500CC BOLUS: IF **CONCERN** FOR FLUID OVERLOAD - FLUIDS @ 20CC/HR

TRAUMA EQUIPMENT	☐ Tourniquet	☐ Chest Seal	☐ Quick Clot Gauze	☐ Needle Decompression
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COMMENTS

COMMUNICATIONS

ETA:	Receiving Hosp:	ECRN
Bypassing Closest	☐ Not Bypassing	Physician
		TIME OF DEATH:

REFUSAL OF CARE INFORMATION

COMPETENCY - Patient is alert and oriented with ability to demonstrate decision making capacity?	☐ YES ☐ NO
Patient UNDERSTANDS the CONSEQUENCES OF REFUSING CARE	☐ YES ☐ NO