

Date/Time: Aug 06, 2018 17:48:24

Provider: ☐ NFD ☐ LWFPD ☐ EAS ☐ BFD ☐ DWFPD ☐ RFD ☐ WFPD ☒ Other: Transport Type: ☐ ALS ☐ BLS Relay: Age: Sex: ☐ M ☐ F WT: ☐ Kgs ☐ LbsChief Complaint: ☐ AMS ☐ Fall ☐ Behavioral ☐ MVC ☐ Chest Pain ☐ ETOH ☐ Abdominal ☐ DIB ☐ N/V/D ☐ Dizziness☐ Other: Past Medical History: ☐ None ☐ Cardiac ☐ HTN ☐ COPD ☐ Asthma ☐ DM ☐ Seizure ☐ CA ☐ CVA ☐ Dementia☐ Other: Medications ☐ None ☐ Blood Thinners ☐ ListAllergies ☐ None ☐ Yes

Initial Field Assessment

Consciousness	Vitals	Pupils	PERL	Skin Parameters
☐ Awake	BP:	L:	☐ WNL ☐ Abnormal	
☐ Oriented X	Pulse:	R:		
☐ Responds to voice	Resp:	Lung Sounds ☐ BBS Clear		
☐ Responds to pain	SPO2 On RA: %	L:		
☐ No Response	ETCO2:	R:		
GCS:	Temp:			
Blood Glucose:	Pain Score /10 Location			

Initial Field Management

Cardiac Monitor	Oxygen Therapy	Vascular Access	Airway Adjuncts
☐ NSR ☐ Paced ☐ ST ☐ A-Fib ☐ SB ☐ Other:	☐ NC ☐ Mask ☐ NRM ☐ CPAP At LPM SpO2 with oxygen: %	☐ IV ☐ IO Saline Lock #1 ☐ Unsuccessful ☐ Refused	☐ ETT ☐ Supraglottic Airway

Medications/TX Initiated Prior to Radio Contact ☐ Albuterol ☐ ASA ☐ Benadryl ☐ Dextrose ☐ Epi 1:1 ☐ Epi 1:10 ☐ Fentanyl
☐ Fluid Bolus ☐ Narcan ☐ NTG ☐ TKO ☐ Versed ☐ Zofran ☐ Other:

Flow Chart of Other Data and Orders

Flow Chart of Other Data and Orders		Trauma					
		☐ CAT I	☐ Yes	☐ No	☐ CAT II	☐ Yes	☐ No
		Collar/Head Immob		☐	SMR		☐
		C-Spine Clearance		☐	Other Splints		☐
Reassessment		Stroke					
BP: Pulse: Resp: SPO2: % Pain:		Cincinnati Stroke Scale				Normal	Abnormal
		Facial Droop				☐	☐
		Arm Drift				☐	☐
		Speech				☐	☐
Communications		Cardiac					
☐ Phone ☐ Telemetry ☐ Merci Closest Hosp: ETA Desired Hosp: ETA Receiving Hosp:		Last Known Well Time: Time Paged: FAST NIH Score:					
		ST elevation in leads: Cardiologist and/or PMD: Patient Name:					

Refusal of Care Information

Competency - Patient is alert and oriented with ability to demonstrate decision making capacity: ☐ Yes ☐ No ☐ No substances suspected	
Patient UNDERSTANDS the CONSEQUENCES of refusal: ☐ Yes ☐ No	ECRN:
ECP:	
Bypass Information	
Reason for Bypass ☐ Trauma Criteria ☐ Patient/Physician Request	
☐ Other:	
Report Called to:	
Time Called:	