

E.M.S. TELEMETRY LOG SHEET

Ambulance Co.		A.L.S. Eng.		Date/Time:		NATURE OF CALL		☐ A.L.S.
Item 1				Aug 06, 2018 18:24:18		☐ Adult Trauma		☐ B.L.S.
Age:		B/P:			Log:		☐ Pediatric Trauma	☐ Refusal
Sex:	☐ M ☐ F	Pulse:			Tape:		☐ Asthma/COPD	☐ D.O.A.
Weight:		Resps:			Resource:	Phone	☐ Cardiac	☐ Psych
Chief Complaint: ☐ CP ☐ ADB Pain ☐ Fall ☐ NIV ☐ Weakness ☐ SOB ☐ Stroke ☐ Overdose ☐ MH ☐ HTN ☐ AMS ☐ Cardiac Arrest ☐ Other :							☐ Overdose	☐ D.M.
							☐ OB/GYN	☐ MVI Pain
							☐ Radio Check	☐ Other
Present History:								

Past Medical History: ☐ Cardiac ☐ HTN ☐ COPD ☐ Asthma ☐ DM ☐ Seizures ☐ CA ☐ IVDA

Skin Condition:			Pupils:		Lung Sounds:		Pain:	Distress:
Color:	Temperature:	Moisture:	L:	Equal	L:	Clear	☐	None
Normal	Normal	Normal	R:	Equal	R:	Clear	☐	
GCS:			Alert and Oriented:		Medications: ☐ Yes ☐ No ☐ Unknown			
Eye Opening:	4 (Spont)		JVD:		List:			
Verbal:	5 (Orient)		Pedal Edema:		Allergies: ☐ Yes ☐ No ☐ Unknown			
Motor:	6 (Obeys)		Chem:		List:			
GCS Total:			Rhythm:					

Field Management:					Pulse OX	
☐ Spinal Immob.	IV	Rate	02 Device	Flow	EDD	☐
☐ Collar	NS		Cannula		Combitube	☐
☐ Backboard	SL		Mask		Field Treatment Prior To Calling 	
☐ Other Immob.	Unable	☐	ETT			
☐ Ventilator	Rate:		Tidal Vol:			

Time:	Orders/Responses:

If Refusal, Patient understands the consequences: ☐ Yes ☐ No

Patient left scene prior to calling: ☐ Yes ☐ No

Hospital:		Destination	Time of Transport:	Level 1 Trauma Patient
Closest:	Item 1	☐		Dest:
Desired:	Item 1	☐	Person Notified:	Trauma Center
ETA:	Item 1			