

PRE-HOSPITAL NOTIFICATION FORM / EMS COMMUNICATIONS

Date/Time: Nov 05, 2018 16:53:44 **Agency:** **Unit #:** **Priority:**

CHIEF COMPLAINT: ☐ Abnl Labs ☐ AMS ☐ Bleeding ☐ Cardiac Arrest
☐ CP ☐ Cough ☐ Dizziness ☐ Fall ☐ Fever ☐ HTN ☐ Hypotension
☐ Injury ☐ Laceration ☐ MVC/MCC ☐ N/V/D ☐ Overdose ☐ Psych
Pain ☐ Pregnancy Related ☐ Seizure ☐ SOB
☐ Stroke ☐ Syncope ☐ Unresponsive ☐ Weakness Other:

AGE: **SEX:** ☐ Male ☐ Female

Transporting from:
☐ Assisted Living ☐ Clinic ☐ Group Home
☐ ECF ☐ Home ☐ Hospital ☐ Jail
☐ Scene ☐ School ☐ Urgent Care

Vitals: **BP** **P** **R** **O2 Sat**

☐ Not provided ☐ Within normal limits

O2 Device: ☐ Room Air ☐ Nasal Cannula ☐ Non Re-breather ☐ Intubated ☐ C-Pap

Glucose:

GCS:

Pre-Hospital Treatment:

Meds: ☐ Adenosine ☐ Epi ☐ Solumedrol
☐ ASA ☐ Fentanyl ☐ Tylenol
☐ Albuterol ☐ Morphine ☐ Versed
☐ Benadryl ☐ Narcan ☐ Zofran
☐ D50 ☐ NTG ☐ 0.9 NS

IV ☐ Yes ☐ No ☐ No Treatments

Other: ☐ BACKBOARD ☐ SPLINT ☐ CSPINE

Cardiac Arrest

Cardiac Rhythm **Pronouncement Date/Time**

Defibrillation?

Downtime **Pronouncing Provider**

STEMI Alert

Lead(s) of ST Elevation

Activation Initiated By:
☐ EMS/Field ☐ MD/PA ☐ RN
☐ DNR/DNI

Stroke Alert

Mental Status:

Pre-Hospital Stroke

Last Known Normal:

Trauma

Level:

Activation Criteria:

Activation Initiated By:
☐ EMS/Field ☐ RN ☐ MD

Fall ☐

Estimated Height:

Surface Landed On:

Any LOC? ☐ Yes ☐ No
Blood Thinners? ☐ Yes ☐ No

MVC/MCC

Speed: **MPH**

☐ Passenger ☐ Rollover ☐ Restrained
☐ Driver ☐ Ejection ☐ Unrestrained

Penetrating Trauma

☐ Chest ☐ Neck
☐ Back ☐ Upper Ext
☐ Abdomen ☐ Lower Ext
☐ Head ☐ Foot

ETA: **Bed assignment:** **Name of RN/PA/MD receiving report:**

Additional Notes