

EMS Patient Report

Alpha / Bravo

Pt Room #:

☐ Code Trauma

☐ Code AMI / Code Ice

☐ Code Neuro

☐ Code Sepsis

Date/Time: May 05, 2017 05:22:24 PM

Agency:

Unit #:

Age:

☐ Y ☐ M ☐ D

Sex ☐ M ☐ F

Other Agency:

ETA:

Chief Complaint: ☐ Item 1 ☐ Item 2 ☐ Item 3 ☐ Item 4 ☐ Item 5 ☐ Item 6 ☐ Item 7

☐ Item 8 ☐ Item 9 ☐ Item 10 ☐ Item 11 ☐ Item 12 ☐ Item 13 ☐ Item 14 Other:

Notes:

☐ Y ☐ N Fever, headache, joint/muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and in some cases bleeding
☐ Y ☐ N Travel within 21 days of symptoms onset to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone) or other countries where EVD has been reported

If the patient answers yes to both questions follow the facility EVD protocol)

Patient Vitals

BP: HR: RR: SPO2: % Rhythm: Skin:

LungSounds O2: lpm ☐ NC ☐ NRB Pain Temp: LOC Glucose

☐ IV Intubated GCS E V M = Total ☐ Backboarded

☐ IO Size Depth Loss of Consciousness Duration ☐ C-Collar

Meds Given:

Interventions:

Medical History:

☐ CHF ☐ COPD ☐ Diabetes ☐ Cardiac ☐ Cancer ☐ Seizure ☐ HTN

☐ CVA/TIA ☐ A-Fib ☐ Psych ☐ Asthma ☐ PE/DVT ☐ Dialysis ☐ Other ->

Allergies:

Notes:

Trauma

Code AMI

☐ Fall Height Surface
☐ MVA Speed Air Bag ☐ Y ☐ N Seat Belt ☐ Y ☐ N Ejected ☐ Y ☐ N
☐ GSW/Stab Area of Injury Bleeding Controlled: ☐ Y ☐ N
☐ Other

Current Rhythm
 Cardiologist
 Previous MI ☐ Y ☐ N
 Date
 PT Name:

Code Neuro

Code ICE

Last Known Well Time
 CVA symptoms ☐ < or ☐ > 4 hours
 Patient has current symptoms ☐ Y ☐ N
 F A S T

ROSC
 Total Down Time
 Meds Given

ST Elevation

☐ I ☐ aVR ☐ V1 ☐ V4
☐ II ☐ aVL ☐ V2 ☐ V5 ☐ Y ☐ N
☐ III ☐ aVF ☐ V3 ☐ V6

**Does the 12-Lead State
 Acute MI**

Additional

Notes:

Call Taken By:

Sign:

Date: May 05, 2017



NNS

Patient Information/Label