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SERVICE NAME: (PLEASE PRINT)

Patient Care Report

Service #:	Unit #:	Incident #: -	Pt. Record #:	Crash #:
Date of Onset: / /	Date Unit Notified: / /		Run Report Date: / /	Trauma ID #:

Dispatched For:

TIMES (MILITARY)

Dispatch Notified: : :	Time Left Scene: : :		
Unit Notified: : :	Arrived at Destination: : :		
Unit Enroute: : :	Back In Service: : :		
Arrived at Scene: : :	Total Incident Time: : :		
Minutes For Response:	911 ☐ YES ☐ NO	Time of Injury/Illness:	
Minutes At Scene:			
Minutes For Transport:			

PATIENT INFORMATION

(Last Name) (First) (MI)

(Street Address) (Apt. #)

(City) (State) (Zip Code)

(Phone) (Date of Birth) (Age yrs. mons)

(Gender) ☐ M 1 ☐ F 2 ☐ Unk 3 (SSN#) __ __ __ - __ __ - __ __ __ __

Ethnicity: ☐ 0 Other ☐ 1 Hispanic

Race: ☐ 0 Other, including multi racial ☐ 1 White ☐ 2 Black ☐ 3 American Indian, Eskimo or Aleut ☐ 4 Asian ☐ U Undetermined

Chief Complaint:

Injury/Illness Narrative:

Past Medical History:

Pertinent Findings on Physical Exam:

Allergies:

Patient Medications:

Emerg. Med. Care Given:

Patient Response to Emerg. Med. Care:

Provider Impression: - Select one

☐ Abdominal Pain/Problems	☐ Cardiac Rhythm Disturbance	☐ Hypothermia (Trauma)	☐ Pregnancy/OB Delivery	☐ Stings/Venomous Bites
☐ Airway Obstruction	☐ Chest Pain/Discomfort	☐ Hypovolemia	☐ Psychiatric Disorder	☐ Stroke/CVA
☐ Alleged Sexual Assault	☐ Diabetic Symptoms	☐ Inhalation Injury (Toxic Gas)	☐ Respiratory Arrest	☐ Syncope/Fainting
☐ Allergic Reaction	☐ Electrocution	☐ **Not Applicable**	☐ Respiratory Distress	☐ Traumatic Hypovolemia
☐ Altered Level of Consciousness	☐ Hyperthermia	☐ Obvious Death	☐ Seizure	☐ Traumatic Injury
☐ Behavioral Disorder	☐ Hypoglycemia	☐ Other	☐ Shock	☐ Vaginal Hemorrhage
☐ Cardiac Arrest	☐ Hypothermia (Disease)	☐ Poisoning/Drug Ingestion	☐ Smoke Inhalation	☐ Unknown

Mutual Aid	EMS Tier	Destination / Transferred To

MODE OF TRANSPORT

☐ Fixed Wing ☐ Ground ☐ **None** ☐ Other ☐ Rotor Craft

DESTINATION DETERMINATION/OUT OF HOSPITAL TRIAGE CRITERIA

☐ Closest Facility	☐ Managed Care	☐ Other	☐ Protocol	☐ Trauma Triage (GCS, Vitals)	
☐ Diversion	☐ **Not Applicable**	☐ Patient Choice	☐ Specialty Resource Center	☐ Trauma Triage (Mechanism of Injury)	
☐ Family Choice	☐ On-Line Medical Direction	☐ Patient Physician Choice	☐ Trauma Triage (Anatomy of Injury)	☐ Trauma Triage (Risk Factors)	
☐ Law Enforcement Choice				☐ Unknown	

CLINICAL INFORMATION

Time	B/P	PULSE	RESP	TEMP	Pulse O2	Glasgow Coma Scale Eye	Verb	Motor	Total	Revised Trauma Score (RTS) Resp	BP	GCS	Total	Revised Trauma Score Pediatric Resp	BP	GCS	Total
	/																
	/																
	/																
	/																

Respiratory Effort

☐ 1 Normal ☐ N **Not Assessed** ☐ 2 Shallow/Labored ☐ U Unknown ☐ 3 Shallow/Non-Labored ☐ 4 Deep/Labored ☐ 5 Deep/Non-Labored ☐ 6 Absent ☐ 7 Labored/Fatigued

Resp. Sounds

L Clear R; L Bronchi R; L Rhales R; L Wheezes R

Skin Perfusion:

☐ 1 Normal ☐ 2 Decreased ☐ 3 **Not Assessed**

Pupils:

L Normal R; L Constricted R; L Dilated R; L No react. R

Eye Opening Component

0 Not applicable
1 None
2 Responds to Pain
3 Responds to Speech
4 Spontaneous Opening

Verbal Component

For patients >5 years:
1 None
2 Non-specific sounds
3 Inappropriate words
4 Confused conversation or speech
5 Oriented and appropriate speech
9 Unknown

Glasgow Coma Scale (GCS) Values

For patients 2-5 years:
1 None
2 Grunts
3 Cries and/or screams
4 Inappropriate words
5 Appropriate words
9 Not assessed

For patients 0-23 months:
1 None
2 Persistent cry, grunting
3 Inappropriate cry
4 Cries, inconsolable
5 Smiles, coos, cries appropriately
9 Not assessed

For patients >5
Motor Component
1 None
2 Extensor posturing in response to painful stimulation
3 Flexor posturing in response to painful stimulation
4 General withdrawal in response to painful stimulation
5 Localization of painful stimulation
6 Obeys commands with appropriate motor response
9 Unknown

For patients up to 5 years
1 None
2 Extensor posturing in response to painful stimulation
3 Flexor posturing in response to painful stimulation
4 General withdrawal in response to painful stimulation
5 Localization of painful stimulation
6 Spontaneous
9 Not assessed

Revised Trauma Score (RTS) Values

Resp. Rate		Systolic B.P.		GCS Total	
10-29	4	BP>89	4	13-15	4
>29	3	76-89	3	9-12	3
6-9	2	50-75	2	6-8	2
1-5	1	1-49	1	4-5	1
None	0	None	0	< 4	0

Cardiac Arrest Information

Cardiac Arrest:	Y	N	**Bystander CPR:**	Y	N
Witnessed Arrest:	Y	N	**Pulse Restored:**	Y	N
Trauma Arrest:	Y	N	**Number of Shocks:**		

Cardio Pulmonary Arrest Time: _____

	Min.	<4	<8	<12	>12	Unk.
Arrest to CPR:						
Arrest to DEFIB.						
Arrest to Meds.						

Cardiac Rhythm: I = Initial D = Destination **PLEASE NOTE: ANY CHANGES IN CARDIAC RHYTHM SHOULD BE NOTED BELOW BY (↓ TIME COLUMNS)**

I	D	↓ Time rhythm observed		I	D	↓ Time rhythm observed		I	D	↓ Time rhythm observed		I	D	↓ Time rhythm observed		I	D	↓ Time rhythm observed	
			Not Applicable				AV Block - 1st				PEA (EMD)				PVCs				ST Elevation/Abnormal
			Unable to Identify				AV Block -2nd, Type I				Idioventricular				Sinus Bradycardia				SVT
			Asystole				AV Block -2nd, Type II				Junctional				Sinus Rhythm				Vent. Fibrillation
			Atrial Fibrillation				AV Block - 3rd				Pacemaker				Sinus Tachycardia				Vent. Tachycardia
																			Other

Date: Signature _____

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