Corporate Express 13-984110-01 MF3 12 | To reorder call 800-397-8309

**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 | | | | ☐ Trauma Triage (GCS, Vitals) |
| ☐ Diversion | ☐ Managed Care | ☐ Other | ☐ Protocol | ☐ Trauma Triage (Mechanism of Injury) |
| ☐ Family Choice | ☐ **Not Applicable** | ☐ Patient Choice | ☐ Specialty Resource Center | ☐ Trauma Triage (Risk Factors) |
| ☐ Law Enforcement Choice | ☐ On-LIne Medical Direction | ☐ Patient Physician Choice | ☐ Trauma Triage (Anatomy of Injury) | ☐ 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 ☐ 2 Shallow/Labored ☐ 3 Shallow/Non-Labored ☐ 4 Deep/Labored ☐ 5 Deep/Non-Labored ☐ 6 Absent ☐ 7 Labored/Fatigued ☐ N **Not Assessed** ☐ U Unknown

**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

**Glasgow Coma Scale (GCS) Values**

**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
- 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

**Motor Component**
- For patients >5: 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 ____________________



↑ FLIP OVER TO BEGIN PAGE 2 ↑