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| Date  Approx. Arrival Time | | | | | | | Anticoagulated? □ Yes □ No  PMH  Allergies | | | | | | | | | | EMS Agency  Incident #  EMS Provider | | | | | |
| Patient Name  DOB  Patient Sticker  Age | | | | | | |
| **VITALS** | VS approx. time: \_\_\_\_\_\_\_ BP: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_HR: \_\_\_\_\_\_\_ RR: \_\_\_\_\_\_\_ SpO2: \_\_\_\_\_\_\_  VS approx. time: \_\_\_\_\_\_\_ BP: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_HR: \_\_\_\_\_\_\_ RR: \_\_\_\_\_\_\_ SpO2: \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | Glucose: \_\_\_\_\_\_\_  Approx. time: \_\_\_\_\_\_\_\_ | | |
| **TREATMENT** | **Medications** | | **Approx.** **Time** | **Medication** | | | | **Dose/Rate** | | | | □ IV/IO #1  Location \_\_\_\_\_\_\_\_\_\_\_\_\_ Bag # \_\_\_\_\_\_  □ IV/IO #2  Location \_\_\_\_\_\_\_\_\_\_\_\_\_ Bag # \_\_\_\_\_\_  Total fluid volume infused \_\_\_\_\_\_\_\_\_\_\_\_\_mL | | | | | | | | | **Advanced Airway**  Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Size  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **TRAUMA** | **Trauma Team Activation?**  □ Yes □ No  Approx. time \_\_\_\_\_\_\_\_\_\_\_­ | | | | **Eye Opening** | Spontaneous  To Speech  To Pain  None | | | | 4  3  2  1 | **Verbal Response** | | | Oriented  Disoriented  Inappropriate Words  Incomprehensible Sounds  None | | 5  4  3  2  1 | | **Motor Response** | Obeys Commands  Localizes Pain  Withdraws from Pain  Abnormal Flexion  Extension to Pain  None | | | 6  5  4  3  2  1 |
| **M**  **I**  **S**  **T** | **M**OI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I**njuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **S**igns/Symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| **T**reatments  □ Oxygen LPM \_\_\_\_\_\_\_\_\_ | | | | | | | □ Needle decompression site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other | | | | | | | | | | | | | |
| **STROKE** | Prehospital Stroke Screen: □ Positive □ Negative □ Not performed  Stroke Alert to Hospital: □ Yes □ No | | | | | | | | | | | | | | | **Stroke Signs & Symptoms**  □ **Balance** sudden loss  □ **Eyes** sudden change in vision  □ **Face** facial droop □ L □ R  □ **Arm** downward drift □ L □ R  □ **Speech** slurred/strange  □ Other: | | | | | | |
| Last known well: Date \_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown  Name of person providing well time  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number of person providing well time  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **CARDIOVASCULAR** | □ STEMI □ Cardiac Arrest □ Chest Pain/Dysrhythmia/Other CV  ECG approx. time: \_\_\_\_\_\_\_\_\_ Transmitted to hospital? □ Yes □ No  Initial Rhythm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | Oxygen \_\_\_\_\_\_ LPM  ASA 324mg given?  □ Yes □ No Approx. time: \_\_\_\_\_\_\_\_\_ | | | | | | | |
| Highest defibrillation energy used: \_\_\_\_\_\_\_ Joules  ROSC? **□** Yes □ No | | | | | | | | | | | | Highest pacing energy used: \_\_\_\_\_\_\_ mA  Capture? **□** Yes □ No | | | | | | | | | |