# STATE OF CONNECTICUT
# DEPARTMENT OF PUBLIC HEALTH
# OFFICE OF EMERGENCY MEDICAL SERVICES
# PATIENT CARE REPORT

ALS EMERGENCY
ALS NON-EMERGENCY
ALS INTERCEPT
BLS EMERGENCY
BLS NON-EMERGENCY
BLS INTERCEPT
PATIENT REFUSAL
DNR COMFORT CARE
AMBULANCE FOR CHAIR CAR

## 1 – DEMOGRAPHICS

| NAME OF SERVICE: | UNIT #: | SERVICE PROVIDER CERT #: | INCIDENT / CASE #: |
|---|---|---|---|

| DISPATCH DATE: | DISPATCH TIME: | ENROUTE TO SCENE: | ARRIVAL ON SCENE: | DEPARTED SCENE: | ARRIVAL AT HOSPITAL: |
|---|---|---|---|---|---|

| STARTING MILEAGE: | ENDING MILEAGE: | TOTAL MILEAGE: | RETURNED TO SERVICE: |
|---|---|---|---|

| NATURE OF CALL: | CHIEF COMPLAINT: |
|---|---|

| INCIDENT LOCATION: | STREET & TOWN: | CITY: | STATE: | ZIP CODE: |
|---|---|---|---|---|

| PATIENT NAME: | DOB: | AGE: | SEX: | WEIGHT: | SOCIAL SECURITY #: |
|---|---|---|---|---|---|

| ADDRESS: | APT / ROOM #: |
|---|---|

| CITY / TOWN: | STATE: | ZIP CODE: |
|---|---|---|

## 2 – PAST MEDICAL HX

| PAST MEDICAL HISTORY | | PATIENT'S MEDICATIONS (List) | MEDICATION / FOOD ALLERGIES (List) |
|---|---|---|---|
| ❑ ALZHEIMERS | ❑ DIABETES | | ❑ YES NKA |
| ❑ ANAPHYLAXIS | ❑ HYPOTENSION | | |
| ❑ ASTHMA | ❑ HYPERTENSION | | |
| ❑ AMPUTEE | ❑ RESPIRATORY | | |
| ❑ BLINDNESS | ❑ SEIZURES | | |
| ❑ CAD / CARDIAC | ❑ URINARY CATHETER | | |
| ❑ CANCER | ❑ S/P HIP FX | | |
| ❑ CHF | ❑ S/P KNEE FX | | |
| ❑ COPD | ❑ OTHER (Specify in narrative) | | |
| ❑ CRF | | | |
| ❑ CVA / TIA | | | |

## 3 – PHYSICAL EXAM / VITAL SIGNS / TREATMENT

CHIEF COMPLAINT:

| | SET #: | 1 | 2 | 3 |
|---|---|---|---|---|
| ALS / BLS | TIME: | | | |
| | LOC: | | | |
| | RESP: | | | |
| | PULSE: | | | |
| | BP: | | | |
| | CAPILLARY REFILL: | | | |
| | EtCO2-1: | | | |
| ALS | PULSE OXIMETRY: | | | |
| | ECG: | | | |
| | GCS / RTS: | | | |

**ECG**

LEAD USED:
❑ 3-LEAD
❑ 12-LEAD

ISCHEMIC CHANGES:
❑ YES
❑ NO

PACING TIME:

ELECTRICAL CAPTURE:
❑ YES
❑ NO

PACING MILLIAMPS:

CORRESPONDING PULSE:
❑ ELECTRICAL
❑ ELECTRICAL / MECHANICAL

PACING RATE:

JUGULAR VEIN DISTENTION:
❑ YES
❑ NO

TRACHEAL DEVIATION:
❑ YES
❑ NO

EDEMA:
❑ NONE
❑ PERIPHERAL (i.e. ANKLE)

NEEDLE THORACOSTOMY:
❑ YES
❑ NO

AIR EVACUATED?
❑ YES
❑ NO

NEEDLE CRICHOTHYROTOMY:
❑ YES
❑ NO

COMBITUBE:
❑ YES
❑ NO

BLOOD GLUCOSE:

INITIAL:

FINAL: