Oklahoma Emergency Medical Services Prehospital Care Report

2678386381

Incident Location | Incident Zip Code | Report Number

Incident Date / / | Area Code - | Telephone Number - | Global Positioning (GPS) - Latitude - Longitude

PATIENT INFORMATION

Last Name | First Name | M.I.

Ethnic Origin: Asian, White, Black, Other, Hispanic, Unknown, Nat Amer

Gender: Male, Female

Street Address

City | State | Zip Code | Social Security Number -

Age: Years, Months, Days, Approx

Date of Birth /

BILLING INFORMATION

Name/Company

Address

City | State | ZIP Code

Relationship to Patient | Home Phone # | Work Phone #

Insurance Code: Medicare, Medicaid, Workers Comp, Self Pay, Private Ins, None

Primary Insurance Carrier

Policy #

Medicare #

Medicaid #

Chief Complaint

Current Medications

Allergies (Meds)

Narrative/Assessment

Report given to:_____ Narrative page 1 of _____ pages

NECESSITY FOR SERVICE

Upon Arrival, Patient found In: Ambulating, Geri/Cardiac chair, Recliner, Wheelchair, Bed, Gurney/Exam table, Floor, Other_____

Was Stretcher Necessary? Unable to sit upright, Unable to balance in sitting position, Unconscious/Shock, Req. Physical restraints, Severe hemorrhage, Bed Confined, MI, Unset or poss. fracture, Acute stroke, MVC, Other_____

Fetal position, Contractures, Paralyzed

Patient Moved to Stretcher via: Total lift, Draw Sheet, Other_____

Did Patient: Vomit, Complain of nausea, Complain of pain

Was Patient: Incontinent, Combative, Confused/Lethargic, Dizzy, Weak, Other_____

Did Patient require: IV, Saline/hep lock, Drug therapy, Oxygen, Intubation, Ventilator, EKG monitor, Chemstrip, Other_____

Patient Placed in: Ambulating, Geri/Cardiac chair, Recliner, Wheelchair, Bed, Gurney/Exam table, Other_____

TIME	PULSE	RESP	B/P	LOC	O2 SAT%	EKG	TIME	TREATMENT / RESPONSE	TIME	TREATMENT / RESPONSE
			/							
			/							
			/							
			/							
			/							

Crew #1	Crew #2	Crew #3
B I AC P HP Oth 1stR Stdnt	B I AC P HP Oth 1stR Stdnt	B I AC P HP Oth 1stR Stdnt

Research Code | Originating Fac | Receiving Fac | Mileage Scene | Mileage Dest | Mileage Total | Crew Member 1 | Crew Member 2 | Crew Member 3

Patient Authorization and Release: I, the undersigned, hereby authorize _____ ("Provider") to provide me with emergency or non-emergency transportation and/or any medical treatment of services it deems necessary. I acknowledge that I am responsible for paying for all charges based on Providers current billing rates, regardless of whether or not I personally requested emergency medical services (EMS) originally. I hereby assign to Provider all my insurance and third party agency benefits for EMS and authorize such benefits to be paid to Provider.

I authorize the release of any medical, hospital, or other records or information about me or my dependents to my insurance carriers in order to determine insurance or other third party benefits for EMS to which my dependents or I may be entitled.

Patient Signature | Date/Time

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Report Number

Use Military Time

Call Received	
Enroute	
Arrive Scene	
Depart Scene	
Arrive Dest.	
Return Service	

Response Mode
To Scene
- Emergency
- Non Emerg.

- In City
- Outside

From Scene
- Emergency
- Non Emerg.

Response Outcome
- Transported
- Care Transfer
- Cancelled
- Refused
- Treat, No Tran.
- False Call
- P.O.V.
- No Pt. Found
- D.O.A.

Type of Call
- Prehospital
- Standby
- Transfer-Interfacility

Pre-hospital
- Medical Illness
- Trauma

Transfer Type
- Admission Transfer
- Discharge (Hosp.)
- Inter Fac. (Hosp.)

Medical Control
- Protocol
- On Line
- D.N.R.

Additional Info
- Special Situation
- Mutual Aid
- ALS Assist
- Scheduled

Incident Location
- Residence
- Highway
- Other Traffic Way
- Water
- Office/Business
- Education Facility
- Farm/Ranch
- Public Area
- Nursing Facility
- Clinic/Dr Office
- Hospital
- Other

Was Incident Work-Related? Y N

Called By
- Patient/Family
- Bystander
- Fire
- Police
- Nursing Fac
- Acute Care Fac

Used 911
- Yes
- No

Assistance

	None	By-stander	1st Resp	Fire	Police
First Aid					
AED					
BLS					
ALS					

Suspected Medical Illness

Primary — *Mark 1*; Secondary — *Mark All that apply*

- Abdominal Pain
- Airway Obstruction
- Allergic Reaction
- Behavioral
- Breathing Difficulty
- Cardiac Arrest
- Cardiac Symptoms
- Chest Pain
- CVA
- Dehydration
- Dizziness
- Gynecological
- Hypertension
- Hypo/Hyperglycemia
- Hypo/Hyperthermia
- Nausea/Vomiting
- Obstetrical
- Pain
- Paralysis
- Poisoning/Ingestion
- Respiratory Arrest
- Seizure
- Shock
- Unconscious
- Weakness
- Other

Medical History
- Allergies
- Asthma
- Behavioral
- Cancer
- Cardiac
- CHF
- COPD
- CVA
- Diabetes
- Drug/ETOH
- Emphysema
- HTN
- Com Disease
- Recent Surgery
- Renal Failure
- Seizures
- Non-Pertinent
- Other
- None

EKG

I	L	
		PEA
		NSR
		Sin. Tach.
		Sin. Brady
		Asystole
		AV Block
		Atrial Fib.
		Atrial Flut.
		Vent. Tach.
		Vent. Fib.
		SV Tach.
		Pace Rhythm
		PVC's

Medical History

Medication Treatment Category
- Allergic Reaction
- Bradycardia
- Chest Pain
- Cardiac Arrest
- Dysrhythmia
- Hypotension
- Overdose
- Pain Control
- Seizures
- Thrombolytics
- Asthma
- CHF
- COPD
- Diabetes
- Hypertension
- OB/GYN
- Poisoning
- RSI
- Tachycardia
- Miscellaneous

BLS TREATMENT

	CM1	CM2	CM3
Assessment			
Airway Adjunct			
Oxygen			
IV Monitor			
Abdom. Thrust			
Back blows			
Auto-Defib.			
CPR			
Wound Mgmt			
Cervical Collar			
Back Board			
Extrication			
Splint Extremities			
MAST			
OB Delivery			
Restraints			
Suction			
Ventilation			
Glucometer			
Other BLS			

ALS TREATMENT

	CM1	CM2	CM3
Assessment			
Blood Draw			
IV-Central			
IV-Ext. Jugular			
IV-Intraosseous			
IV-Peripheral			
Cardiac Monitor			
Cardioversion			
Manual Defib.			
Pacing			
PTL			
Nasal Intub.			
Oral Intub.			
Drug Admin.			
Cricothyrotomy			
Needle Thorac.			
Glucometer			
12 Lead			
Other ALS			

Cardiac Arrest

Use Military Time

Time of Arrest	
Time CPR	
Time BLS	
Time ALS	
Time Defib	

	Yes	No	Unk
Witnessed Arrest?			
Pulse Restored?			
ByStander CPR			

Procedures

	1	2	3+	U
IV-Central				
IV-Peripheral				
Defibrillation				
Intubation				

IV Type/Rate

	GAUGE	TKO	BOLUS	OPEN	OTHER
D5W					
NS					
LR					
Other					

Lines 1 2 3 4

Airway
- Patent
- Oral/Nasal
- Intubation
- RSI
- PTL
- Cricothyrotomy
- Suction
- Ventilation
- Oxygen

Size ____ Verified

Possible Contributing Factor
- Alcohol
- Substance
- Extrication >15 min.
- Self-Infliction
- Patient abused
- Equipment
- HAZMAT
- Sports
- Delay in EMS access
- Delay in detection
- Weather
- Med. Examiner Delay

Pre-hospital Trauma Mechanism
- Assault
- ATV
- Bicycle
- Bite/Sting
- Ejection
- Electrical
- Explosion
- Fire/Burn
- Motorcycle
- MVC
- Occupant (Death)
- Vehicle Rollover
- Near/Drown
- Pedestrian
- Shooting
- Significant Fall
- Stabbing
- Other Trauma

Anatomical Trauma Criteria
- Penetrating
- Burns (>20%)
- Amputation
- Paralysis
- Flail chest
- Fracture
- Fracture Skull
- Pelvis

Glasgow Coma Scale

Eyes	Verbal	Motor
4 Spontan.	5 Oriented	6 Obeys
3 To Speech	4 Confused	5 Localizes
2 To Pain	3 Inapp.	4 Withdraws
1 None	2 Garbled	3 Flexion
Score_____	1 None	2 Extension
		1 None

Injury Site/Type

	None	Amputation	Burn/Elec	Burn	Frac/Dislo	Pain	Hemolysis	Penetrate	Soft-Open	Soft-Closed
Head										
Face										
Eye										
Neck										
Chest										
Back										
Abdomen										
Pelv/Genit										
Upper Ext										
Lower Ext										

PT Protection
- Shoulder/Lap Belt
- Shoulder Belt
- Lap Belt
- Airbag (Deployed)
- Child Safety Seat
- Helmet
- Personal Flotation Dev
- None
- Info Not Available
- Unknown

PT Location
- Driver
- Pass. Front
- Pass. Left Rear
- Pass. Right Rear
- Truck Bed
- Other
- Unknown

Rescue/ Extraction
- Yes
- No

Total Extrication Time

Pupils

	Left	Right
Normal		
Constricted		
Dilated		
Non-Reactive		

Skin
- Warm
- Cyanotic
- Cool
- Diaphoretic
- Dry
- Pale
- Moist
- Pink

Pediatric Trauma Score Score _____

Weight	Airway
>20 kg (+2)	Patent (+2)
10-20 kg (+1)	Maintainable (+1)
<10 kg (-1)	Unmaintainable (-1)

CNS	BP
Awake (+2)	>90 (+2)
Obtunded (+1)	90-50 (+1)
Comatose (-1)	<50 (-1)

Wounds	Skeletal
None (+2)	None (+2)
Minor (+1)	Closed Fx (+1)
Major (-1)	Open/Multi (-1)

This is to certify that I am refusing treatment/transport. I have been informed of the risk(s) involved, and hereby release the ambulance service, its attendants, and its affiliates, from all responsibility which may result from this action.

Patient Signature _____ Date/Time