

ABBREVIATED EMS PATIENT REPORT FOR RECEIVING FACILITY

PATIENT'S FULL NAME			
AGE AND / OR DOB			
CHIEF COMPLAINT			
HISTORY OF PRESENT ILLNESS MECHANISM OF INJURY			
KEY ON-SCENE FINDINGS / BYSTANDER INFORMATION			
PERTINENT PAST MEDICAL HISTORY			
CURRENT MEDICATIONS			
ALLERGIES			
PERTINENT ASSESSMENT FINDINGS			
TREATMENTS / INTERVENTIONS / MEDICATIONS ADMINISTERED & TIMES / PATIENT RESPONSE			
VITAL SIGNS	<u>INITIAL</u>	<u>IF UNSTABLE EN ROUTE</u>	<u>AT TRANSFER</u>
	TIME _____ BP _____ / _____ P _____ R _____ SpO ₂ _____	TIME _____ BP _____ / _____ P _____ R _____ SpO ₂ _____	TIME _____ BP _____ / _____ P _____ R _____ SpO ₂ _____
ADDITIONAL PATIENT ASSESSMENT PARAMETERS (AS DEEMED APPROPRIATE FOR PATIENT CONDITION)	TIME _____	TIME _____	TIME _____
	BGL _____ ETCO ₂ _____ ECG _____ GCS _____	BGL _____ ETCO ₂ _____ ECG _____ GCS _____	BGL _____ ETCO ₂ _____ ECG _____ GCS _____
<input type="checkbox"/> TRAUMA	TOURNIQUET APPLIED AT _____ TOTAL IV FLUID ADMINISTERED _____ CHEST DECOMPRESSED USING _____ C-SPINE AND SPINE EVALUATED / CLEARED / MOTION RESTRICTION COMPLETED USING _____ GCS SCORE CALCULATED _____ ANALGESICS ADMINISTERED _____ TXA ADMINISTERED _____		
<input type="checkbox"/> CARDIAC ARREST	CPR STARTED AT _____ DEFIBRILLATIONS AT _____ INTUBATION AT _____ ETCO₂ _____ ROSC ACHIEVED AT _____		
<input type="checkbox"/> STEMI	12-LEAD ECG OBTAINED AND TRANSMITTED / SUBMITTED: ASPIRIN ADMINISTERED _____ FIBRINOLYTICS ADMINISTERED _____ NITROGLYCERIN ADMINISTERED _____		

<input type="checkbox"/> STROKE	TIME LAST KNOWN WELL _____ VALIDATED STROKE SCALE (TYPE AND CALCULATED SCORE) _____ STROKE ASSESSMENT FINDINGS _____ BGL _____
<input type="checkbox"/> OPIOID	NALOXONE ADMINISTRATION(S) AND ROUTE(S) _____ INTUBATION / SUPRAGLOTTIC AIRWAY COMPLETED AT _____

SUBMITTED BY: _____ **DATE:** _____

CONTACT #: _____ **EMS INCIDENT # (IF KNOWN):** _____

EMS AGENCY: _____