

Patient Care Report Clemson University EMT Program



Clemson Uni						niversi	versity EMT Program																
Deticat #1							Date:																
Patient #:								Age:					Weight:										
Dispatched As:													☐ Male ☐ Female										
*							reen / Pı	riority 3															
□ Me		☐ Traum		, _		,	,	101111															
□ Car		□ First A	l C	hief Compla	int:																		
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		NPA OPA		Advanced Airway				LVE.	Verbal:		М	otor:	Total										
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С		Radial		Carotid		Nor	ne		Scale:	1 . 3	,												
		Speech		Skin Moisture		Color			Respiratory		Pulse			Pupils									
Patient Signs	<u>, C</u>	Coherent		Normal		Normal		Clear		L/R	Normal			Reactive									
atie		ncoherent		Dry		Pale		Wet		L / R	Rapid			Dilated	L / R								
<u>P</u>		Slurred Silent		Moist / Clammy Profuse Sweating		Bluish		Decre		L/R	Weak/Slow Absent			Equal									
	9					Flushed / F	ted	Absen	t					Unequal									
							Vita	ls															
Tin	ne	LOC / A	AVPU	Pulse	BP		RR / Q	uality		O2 Satura	tion	BG	GL .		Pain								
					/																		
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							Medications																
()						Time Medication Route					Response												
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- 1/	11						l																
الر	/ /	1	111	\ //	// 1	1 1		Waiver of Treatment / Patient Refusal															
4 1 1 2 4 1 1 2								I acknowledge that I have been informed that my medical condition requires															
			1 \1	$\mathbf{m} \setminus m$				immediate treatment and/or transport to a physician and that with refusing further emergency medical treatment there is a risk of serious injury, illness, or															
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UJJ/				VVD AVV		0000	dea	ath. Und	erstand	ding these risl	ks, I her	eby releas	se the a	ttending n									
UJT/				VVD 0000		0000	dea per	ath. Und sonnel, t	erstand their ho		ks, I her nd thei	eby releas r advising	se the a physici	ttending n an from al	I								
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Patient Care Report - Additional Information



Sample History	
Signs / Symptoms:	
Allergies:	
Medications:	
Past History	
Last Intake:	
Events:	
Narrative	
* Treatments, Interventions, and Response	
Time Treatment / Intervention	Patient Response
* Transportation Plan and/or ETA to Evacuation Location	* Additional Resource / Equipment Needs