

Seattle Fire Dept. Me

H2062961 BD:5/11/1952 63YM rt

8236051

INCIDENT NUMBER		PT.#		STUDY #		MO.		DAY		YEAR	
INCIDENT ADDRESS											
LOCATION <input type="radio"/> Home <input type="radio"/> Other Res. <input type="radio"/> Pub. Indoors <input type="radio"/> Pub. Outdoors <input type="radio"/> Nursing Home <input type="radio"/> Clinic/MD Off. <input type="radio"/> Other											
SPECIAL LOCATION/EVENT <input type="radio"/> Bridge <input type="radio"/> Freeway <input type="radio"/> Puget Sound <input type="radio"/> Freshwater <input type="radio"/> Safeco <input type="radio"/> C. Link <input type="radio"/> UW Sports <input type="radio"/> Other											
PATIENT NAME (LAST, FIRST)				DOB				MDY			
PRIDE DANIAL				5				11/52			
PATIENT HOME ADDRESS (Include City, State, Zip if not in Seattle)				<input type="radio"/> Seattle				PATIENT'S PHONE NO.			
RACE <input type="radio"/> Cauc. <input type="radio"/> Afr. Am <input type="radio"/> Nat. Am <input type="radio"/> Asian <input type="radio"/> Hispanic <input type="radio"/> Unk./Other				<input type="radio"/> No Patient				AGE			
								63			
NEAREST RELATIVE NAME				ADDRESS				PHONE			
RELATION				PHYSICIAN NAME				OFFICE OR HOSPITAL			
								<input type="radio"/> Group Health			
INITIAL VITAL SIGNS				POSTURAL VITAL SIGNS							
Time				Pulse				HR			
2281				112							
BP				Resp				BP			
2281											
EYE				VERBAL				MOTOR			
INIT				HOSP				INIT			
1. None				1. None				1. None			
2. To Pain				2. Incomprehen				2. Extension			
3. To Voice				3. Inappropriate				3. Flexion			
4. Spontaneous				4. Confused				4. Withdrawal			
				5. Oriented				5. Purposeful			
								6. Obey Cmnd			
INITIAL (Init) GLASGOW COMA SCORE (A) (SUM CODES ABOVE)				INITIAL TRAUMA CODE TOTAL (B) (SUM CODES ABOVE)				ACCIDENT INFORMATION			
0. (3) 1. (4-5) 2. (6-8) 3. (9-12) 4. (13-15)								<input type="radio"/> 1. Airbag & Belt			
HOSPITAL ARRIVAL (Hosp) GLASGOW COMA SCORE				HOSPITAL ARRIVAL TRAUMA CODE TOTAL (B) (SUM CODES ABOVE)				<input type="radio"/> 2. Lap/Shoulder Belt Only			
0. (3) 1. (4-5) 2. (6-8) 3. (9-12) 4. (13-15)								<input type="radio"/> 3. Airbag Only			
MECH				TYPE				<input type="radio"/> 4. Lap Belt			
								<input type="radio"/> 5. Helmet			
								<input type="radio"/> 6. Infant/Child Seat			
								<input type="radio"/> 7. None Used			
								<input type="radio"/> 8. Improper Use			
								<input type="radio"/> 9. Unknown			
								TRAUMA SCORE			
								INITIAL (A+B)			
								HOSPITAL (A+B)			
MEDICAL CONDITION UPON ARRIVAL				<input type="radio"/> Non Cardiac				CPR by SFD			
<input type="radio"/> Suspected MI <input type="radio"/> Other Cardiac								<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Cardiac Arrest (Heart) <input type="radio"/> Respiratory Arrest (Non-Cardiac)								<input type="radio"/> Police <input type="radio"/> Bystander <input type="radio"/> Dispatch Assist			
<input type="radio"/> Cardiac Arrest (Other) <input type="radio"/> Pulmonary Edema (CHF)								<input type="radio"/> Unknown <input type="radio"/> Other <input type="radio"/> None			
Patient in Cardiac Arrest <input type="radio"/> Yes <input type="radio"/> No				Cardiac arrest after SFD arrival <input type="radio"/> Yes <input type="radio"/> No				PAD <input type="radio"/> Yes <input type="radio"/> No			
AED Applied <input type="radio"/> Yes <input type="radio"/> No				First Arrest rhythm:				Arrest seen or heard? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk.			
AED Shock Prior to medic arrival <input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> VF <input type="radio"/> Aystole <input type="radio"/> PEA				Name:			
<input type="radio"/> V Tach <input type="radio"/> Unknown <input type="radio"/> DOA											
ACTION TAKEN				PROC #				EMS #			
<input type="radio"/> Treatment Refused (Signature Required)				5. <input type="radio"/> Intubation				14. <input type="radio"/> Adenosine			
<input type="radio"/> Special Service				6. <input type="radio"/> I-gel S.A.M.D.				15. <input type="radio"/> Diltiazem			
<input type="radio"/> Exam Only, No Aid				7. <input type="radio"/> Eschmann Stylet				16. <input type="radio"/> Morphine			
<input type="radio"/> Medical Assistance				8. <input type="radio"/> Jet Insufflation				17. <input type="radio"/> Diazepam			
<input type="radio"/> POLST/DNR				9. <input type="radio"/> Cricothyrotomy				18. <input type="radio"/> Midazolam			
<input type="radio"/> PT Exam				10. <input type="radio"/> Cardioversion				19. <input type="radio"/> Etomidate			
<input type="radio"/> Oxygen				11. <input type="radio"/> External Pacing				20. <input type="radio"/> Succinylcholine			
				12. <input type="radio"/> Flutter Valve				21. <input type="radio"/> Rocuronium			
				13. <input type="radio"/> Medication				22. <input type="radio"/> Phenobarbital			
UNIT ID				ASSIGNED				ARRIVED			
BLS				TRANSPORT				TRANS. COMP			
ALS				COMPLETE				TRANSPORT			
				To:				CONDITION			
				By:				Alive Dead			
								Ariv: <input type="radio"/> <input type="radio"/>			
								Rel: <input type="radio"/> <input type="radio"/>			
								1ST EMS RESPONDER			
								<input type="radio"/> SFD <input type="radio"/> Mutual Aid <input type="radio"/> Other			
								<input type="radio"/> AMB			
								<input type="radio"/> ALNW			
								<input type="radio"/> Hosp/MD			