Use Blue/Black Ink - Press Firmly

SERVICE NAME	SERVICE #	INCIDENT #	TODAY'S DATE

INCIDENT LOCATION

PATIENT INFO

PATIENT LAST NAME	FIRST	M.I.	PHONE	AGE	DATE OF BIRTH	SEX

STREET ADDRESS	SOCIAL SECURITY NUMBER	MEMBERSHIP (Y) Yes (N) No

CITY	STATE	ZIP CODE	INSURANCE CODE #	MILEAGE
				OUT

PRIVATE PHYSICIAN	MEDICAID #	SCENE

◯ BILL TO (COMPANY or NAME)	PHONE	MEDICARE #	DEST

ADDRESS STREET	GROUP INSURANCE #	IN

CITY	STATE	ZIP CODE	OTHER INSURANCE #

CHIEF COMPLAINT	
CURRENT MEDICATIONS	◯ NONE KNOWN
ALLERGIES (MEDS)	◯ NONE KNOWN
PAST MEDICAL HISTORY	◯ MI ◯ CHF ◯ COPD ◯ ↑ BP ◯ DIABETES ◯ CANCER ◯ NONE KNOWN ◯ OTHER

NARRATIVE

◯ Narrative 1 of _____

TIME	P	R	B/P	RHYTHM	TREATMENT	PROVIDER ID #	RESPONSE/COMMENTS

Crew Signatures:

Signature of Person Receiving Patient _____ Time _____

Command Physician _____ ID# _____

A#1 _____

A#2 _____

A#3 _____

A#4 _____

Service Copy

[redacted]

RELEASE OF PATIENT INSURANCE INFORMATION

I acknowledge any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers, or to the billing agent of this physician or supplier which

is _____

any information needed for this or related medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment.

_____ _____

Signature of patient Date

PATIENT REFUSAL OF SERVICES

This is to certify that I, _____

am refusing:

- ○ TREATMENT
- ○ TRANSPORT
- ○ OTHER: _____

I acknowledge that I have been informed of the risk(s) involved and hereby release the ambulance attendant(s), the ambulance service, the medical command physician, and the medical command facility from all responsibility for any ill effects which may result from this action.

_____ _____

Signature of patient Date

_____ _____ _____ _____

Witness Date Witness Date

Use Blue/Black Ink ■ Press Firmly ■ ■ **PENNSYLVANIA EMS REPORT**

AFFILIATE/UNIT NUMBER	INCIDENT LOCAT. MCD CODE	DATE MONTH	DAY	YR	ATTENDANT #1	ATTENDANT #2	ATTENDANT #3	ATTENDANT #4
		○ Jan ○ Feb ○ Mar ○ Apr ○ May ○ Jun ○ Jul ○ Aug ○ Sep ○ Oct ○ Nov ○ Dec						

RESPONSE/ TRANSPORT MODE	DISPATCH	ENROUTE	ARRIVE SCENE	DEPART SCENE	ARRIVE DEST.	AVAILABLE	IN QUARTERS	RESPONSE OUTCOME	SERVICE INCIDENT #
TO SCENE: ○ Emergency ○ Non-Emerg. FROM SCENE: ○ Emergency ○ Non-Emerg.	MILITARY TIME	MILITARY TIME	MILITARY TIME	MILITARY TIME	MILITARY TIME	MILITARY TIME	MILITARY TIME	○ Transported ○ Care Transferred ○ Cancelled ○ Refused ○ False Call ○ No Patient Found ○ P.O.V. ○ Treat/No Transp. ○ Standby ○ D.O.A. ○ Other	

INCIDENT LOCATION

○ Residence ○ Traffic Way 55+ MPH ○ Other Traffic Way ○ Public Place ○ Recreation Area ○ Waterway ○ Wilderness ○ Hotel/Motel ○ Bar/Restaurant ○ Industrial ○ Mine ○ Office/Business ○ Farm ○ Acute Care Facility ○ Clinic/Dr's Office ○ Extended Care Facility ○ EMS Rendezvous ○ Other _____

Was Incident Work Related? ○ Yes ○ No ○ Unknown

INCIDENT TYPE

○ Assault ○ Bicycle ○ Bite/Sting ○ Fall ○ Fire ○ Inter-Facility ○ Medical ○ Motorcycle ○ Pedestrian ○ Recreation Vehicle ○ Shooting ○ Stabbing ○ Vehicular ○ Other _____

SUSPECTED ILLNESS

○ Airway Obst. ○ Behavioral ○ Cardiac Arrest ○ Cardiac Sym. ○ Dehydration ○ Diabetes ○ Dizziness ○ Drowning ○ GI Problem ○ Hemor. ○ Hyperthm. ○ Hypothm. ○ Nausea ○ OB/GYN ○ Pain ○ Paralysis ○ Poison/OD ○ Respiratory ○ Seizure ○ Shock ○ Stroke ○ Vomiting ○ Weakness ○ Other

SEX ○ F ○ M

AGE

INITIAL VITAL SIGNS	SYSTOLIC	DIASTOLIC	PULSE	RESP

GLASGOW COMA SCALE

EYES	VERBAL	MOTOR
(4) Spontan.	(5) Oriented	(6) Obeys Comm.
(3) To Voice	(4) Confused	(5) Pain - Local.
(2) To Pain	(3) Inapprop.	(4) Pain - Withdr.
(1) None	(2) Garbled	(3) Pain - Flexion
	(1) None	(2) Pain - Extends
		(1) None

SAFETY DEVICES

○ Lap Belt ○ Shoulder Belt ○ Lap/Shoulder ○ Airbag ○ Helmet ○ Safety Seat ○ Unknown ○ Not Avl./Used

CONTRIBUTING FACTORS

○ Hazardous Materials ○ Hx of Cardiac/Resp. Dis. ○ Self Extricated ○ Self Infliction ○ StrWhl/Dsh/Wndsd Dam. ○ Walking After Accident ○ Co-Morbid factors

SITUATION OF INJURY

○ Flail Chest ○ Burns 10+%/face/airway ○ Extrication 20+ minutes ○ Falls 20+ feet ○ Limb paralysis

MOTOR VEHICLE

○ Speed 40+ mph ○ 20+ speed change ○ Deformity 20+" ○ Intrusion 12+" ○ Rollover ○ Ejection ○ Death same MV ○ Pedest. vs. MV 5+ mph ○ Pedest. thrown/run over ○ Mtcycle 20+ mph/sep.

INJURY SITE/TYPE

	Amputate	Burn/Elec	Blunt	Penetrate	Frac/Disloc.	Soft-Closed	Soft-Open
Head	○	○	○	○	○	○	○
Face		○	○	○	○	○	○
Eye		○	○	○	○	○	○
Neck/Spine		○	○	○	○	○	○
Chest	○	○	○	○	○	○	○
Back/Spine		○	○	○	○	○	○
Abdomen	○	○	○	○		○	○
Pelv./Groin	○	○	○	○	○	○	○
Arm	○	○	○	○	○	○	○
Hand	○	○	○	○	○	○	○
Thigh	○	○	○	○	○	○	○
Leg/Foot	○	○	○	○	○	○	○

BLS TREATMENT

AIRWAY		**OXYGEN**	
Abdominal Thrust	A1 A2 A3 A4 0	O_2 1-9 lpm	A1 A2 A3 A4 0
Back Blows	A1 A2 A3 A4 0	O_2 10-15 lpm	A1 A2 A3 A4 0
Manual	A1 A2 A3 A4 0	**OTHER**	
Nasopharyngeal	A1 A2 A3 A4 0	Auto Defib.	A1 A2 A3 A4 0
Oropharyngeal	A1 A2 A3 A4 0	Bandage	A1 A2 A3 A4 0
VENTILATION		CPR	A1 A2 A3 A4 0
Pocket Mask	A1 A2 A3 A4 0	Hot Pack	A1 A2 A3 A4 0
Demand Valve	A1 A2 A3 A4 0	Cold Pack	A1 A2 A3 A4 0
Bag Valve Mask	A1 A2 A3 A4 0	Delivery (OB)	A1 A2 A3 A4 0
IMMOBILIZATION		Extrication	A1 A2 A3 A4 0
C-Spine Stabilize	A1 A2 A3 A4 0	Ipecac	A1 A2 A3 A4 0
Cervical Collar	A1 A2 A3 A4 0	Irrigation	A1 A2 A3 A4 0
C-Spine Imm. Dev.	A1 A2 A3 A4 0	MAST Appl'd	A1 A2 A3 A4 0
Board - Long	A1 A2 A3 A4 0	MAST Inflated	A1 A2 A3 A4 0
Board - Short	A1 A2 A3 A4 0	Oral Glucose	A1 A2 A3 A4 0
Splint - Extremity	A1 A2 A3 A4 0	Suctioning	A1 A2 A3 A4 0
Splint - Traction	A1 A2 A3 A4 0	Tourniquet	A1 A2 A3 A4 0

EKG INITIAL/LAST

Nrml. Sin.	I	L
Sin. Tach	I	L
Sin. Brady	I	L
Asystole	I	L
AV Block	I	L
Atrial Fib	I	L
Atrial Flut	I	L
EMD	I	L
Junctional	I	L
Paced	I	L
PVC's	I	L
SV Tach	I	L
Vent Tach	I	L
Vent Fib	I	L
Other	I	L

MEDICATIONS

○ Albuterol	○ Heparin
○ Aminophylline	○ Hydrocortisone
○ Atropine	○ Isoproterenol
○ Bicarb	○ Lidocaine
○ Bretylium	○ Meperidine
○ Calcium	○ Metaproterenol
○ Dexameth	○ Morphine
○ D50	○ Naloxone
○ Diazepam	○ Nitroglycerine
○ Diphenhyd.	○ Nitrous Oxide
○ Dobutamine	○ Oxytocin
○ Dopamine	○ Procainamide
○ Epinephrine	○ Terbutaline
○ Furosemide	○ Verapamil
○ Glucagon	○ Other

IV FLUIDS/RATE

○ D5W ○ Normal Saline ○ Ring. Lact. ○ TKO ○ Bolus ○ Wide

PATIENT RECEIVED BY:

RESEARCH CODE

PATIENT CONDITION

ON SCENE	AT FACILITY
○ Life Threat.	○ Improved
	○ Stable
○ Mod.	○ Unstable
○ Minor	○ Worse

COMMAND FACILITY ID #

MEDICAL COMMAND

○ Telephone ○ Cellular ○ Radio ○ None ○ Protocol ○ MD On-Scene ○ None Required

ALS TREATMENT

Peripheral IV	A1 A2 A3 A4 0	Defib/Cardiovert	A1 A2 A3 A4 0
EKG	A1 A2 A3 A4 0	EOA	A1 A2 A3 A4 0
EndoTrach. Intub.	A1 A2 A3 A4 0	Intraosseous IV	A1 A2 A3 A4 0
Med. Admin.	A1 A2 A3 A4 0	Needle Thorac.	A1 A2 A3 A4 0
Blood Draw	A1 A2 A3 A4 0	Pacing	A1 A2 A3 A4 0
Central Ven. IV	A1 A2 A3 A4 0	Urinary Cath	A1 A2 A3 A4 0
Cricothyrotomy	A1 A2 A3 A4 0		

Region Copy

CPR INFORMATION

	(Minutes) <4	4 - 10	>10	Unk
Arrest to CPR	○	○	○	○
Arrest to Defib	○	○	○	○
Arrest to ALS	○	○	○	○
Witnessed Arrest?	Y	N	Unk	
Bystander CPR?	Y	N	Unk	

PLEASE DO NOT MARK IN THIS AREA