

# Midland Park Ambulance Corps Patient Care Report

2012-101

Date: 03/06/2012 Unit: Patient # 1 of 1 End Mileage: ☐ Mutual Aid To:

<b>Patient Information</b>	Age:	DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	<b>Times (Military):</b> Dispatched: 15:01 In Service: On Scene: In Route: Arrived: Available: Out Svc: 15:04
	Name:			
Address:			Town:	
<b>Call Information</b>	Motor Vehicle Crash		Location of PT At Scene:	
Call Type:				

Location of Call: ☐ PT's Home ☒ Other Intsct. Franklin Ave and Madison Ave, Mi PT's Physician:

<b>Clinical Information</b>	Chief Complaint:		Time of Symptom Onset:
	Aid Given: Given By: <input type="checkbox"/> PD <input type="checkbox"/> Family <input type="checkbox"/> Bystander <input type="checkbox"/> Other:		
	Allergies:		
	Medications:		
	Dispatched for an MVA at Franklin and Adam. Location does not exist in Midland Park wound up being a Wyckoff call. Dispatcher error.		

## Remarks:

Vitals							
Time	BP	Pulse	Respirations	Lung Sounds	Consciousness	Pupils	SKIN

<b>Treatment/Interventions Given</b>  	<b>Injured Area:</b> <table> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Back</td> <td>Arm <input type="checkbox"/> L <input type="checkbox"/> R</td> <td>Hip <input type="checkbox"/> L <input type="checkbox"/> R</td> </tr> <tr> <td><input type="checkbox"/> Face</td> <td><input type="checkbox"/> Chest</td> <td>Hand <input type="checkbox"/> L <input type="checkbox"/> R</td> <td>Leg <input type="checkbox"/> L <input type="checkbox"/> R</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Abdomen</td> <td>Foot <input type="checkbox"/> L <input type="checkbox"/> R</td> <td></td> </tr> </table>	<input type="checkbox"/> Head	<input type="checkbox"/> Back	Arm <input type="checkbox"/> L <input type="checkbox"/> R	Hip <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Face	<input type="checkbox"/> Chest	Hand <input type="checkbox"/> L <input type="checkbox"/> R	Leg <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen	Foot <input type="checkbox"/> L <input type="checkbox"/> R		<b>Loss of Consciousness</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	<input type="checkbox"/> Head	<input type="checkbox"/> Back	Arm <input type="checkbox"/> L <input type="checkbox"/> R	Hip <input type="checkbox"/> L <input type="checkbox"/> R										
<input type="checkbox"/> Face	<input type="checkbox"/> Chest	Hand <input type="checkbox"/> L <input type="checkbox"/> R	Leg <input type="checkbox"/> L <input type="checkbox"/> R											
<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen	Foot <input type="checkbox"/> L <input type="checkbox"/> R												
<b>Call Outcome</b> <input type="checkbox"/> BLS Transport <input type="checkbox"/> BLS/ALS Transport <input type="checkbox"/> Air Transport <input type="checkbox"/> Refusal (Attach RMA Form) <input type="checkbox"/> D.O.A. <input checked="" type="checkbox"/> Cancelled <input type="checkbox"/> Other / Non-Emergency <input type="checkbox"/> Unable to fill rig / No Crew	<b>CREW</b> <input checked="" type="checkbox"/> Duty <input type="checkbox"/> 2nd Rig <input type="checkbox"/> General Driver ID# to scene _____ to hospital _____ to garage _____ Crew: 72 63 89 _____ On Scene: _____ <b>Patient Transferred To:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Valley <input type="checkbox"/> Other Passengers: Equipment Left: Preparer's Signature: _____ ID#: 63	<b>ALS</b> <b>Unit #</b> _____ <input checked="" type="checkbox"/> Not Called <input type="checkbox"/> Unavailable <input type="checkbox"/> Cancelled by PD <input type="checkbox"/> Cancelled by BLS <input type="checkbox"/> Cancelled by MD <input type="checkbox"/> Responded & Released <input type="checkbox"/> Responded ALS Transport <input type="checkbox"/> Responded No Transport <input type="checkbox"/> RMA Attached												