|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACC Hospital Pre Alert Form** | | | | | | | | | |
| CAD # - | | Crew Call Sign - | | | | EMT # - | | | |
| Hospital Name - | | Date + Time - | | | | | | Dispatcher # - | |
| **P** (Patient) | AGE - | | | | GENDER – MALE FEMALE | | | | |
| **H** (History/ Complaint) | MEDICAL |  | | | | | | | |
| TRAUMA |
| **O** (Abnormal Observations) | BP | HR | RR | T | | SPO2 | BGL  mg/dl | | GCS  /15 |
| **N** (Notable Assessment / Interventions) |  | | | | | | | | |
| **E** (Estimated Time of Arrival) |  | | | | | | | | |

OPF194

Version 8

ACC Hospital Pre-alert Form

November 2020