



# EMT Program Prehospital Care Report

Date		Clinical/Field Site				Dept./Unit		Class Number			
Student Name						Incident Location / City				Run Number	
Age	Gender	Weight	Resp. Code		Call Rec.	OnScene	Contact	Enroute(H)	Arrival(H)	No. of Pts.	
Chief Complaint							Location / Position				
History of Present Illness or Injury											
<b>Level of Responsiveness</b> <input type="checkbox"/> Alert <input type="checkbox"/> Voice Only <input type="checkbox"/> Pain Only <input type="checkbox"/> Unresponsive  <b>Alert to:</b> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Event <b>Loss of Con:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <b>Airway</b> Clear        Quiet        Noisy        Foreign Body _____  <b>Breathing</b> Rate _____ Rhythm _____ Tidal Vol _____ Resp. Effort _____  <b>Pulse Characteristics</b> Rate _____ Rhythm _____ Strength _____  <b>Pulse Location</b> Radial pulse present    Carotid pulse present only    No palpable pulse  <b>Skin Color</b> Normal        Pale        Ashen        Flushed        Cyanotic        Diaphoretic  <b>Skin Temp.</b> Cold    Cool    Warm    Hot <b>Skin Moisture</b> Dry        Slightly Moist        Diaphoretic  <b>Skin Turgor</b> Good                      Poor <b>Capillary Refill</b> Normal        Delayed        Absent							<b>Past Medical History</b>				
							<b>Medications</b>				
							<b>Allergies</b>				
							<b>Initial Vital Signs</b>			<b>Local MD</b>	
							Blood Pressure				
Pulse Rate			<b>CRAMS Score</b>								
Resp. Rate			Circulation								
<b>Glasgow Coma Scale</b>			Respirations								
Eye Opening			Abdomen/Thorax								
Verbal Response			Motor								
Motor Response			Speech								
<b>Total GCS</b>			<b>Total CRAMS</b>								
<b>General Assessment</b>							<b>EKG Rhythm</b>				
Time	Management					Response			B.P.	Pulse	Resp.
Receiving Facility						Transport Code	Trauma Activation		Trauma Criteria Met		Continuation Form
							Y        N				Y        N
Reason for Receiving Facility Selection		Pt./Family Request   Undesignated   Closest Special Services   Trauma Center   MD Request Other:				Student's Signature					

<div>Confirmed Critical Trauma Patient Criteria</div> <div>Any trauma patient that meets any one of these criteria should be considered a trauma activation and taken to the appropriate trauma center.</div> <div><div><div>1. CRAMS score of 7 or lower</div><div>2. GSC score of 12 or lower</div><div>3. Penetrating injury to the head</div><div>4. Penetrating injury to the neck</div><div>5. Penetrating injury to the chest</div><div>6. Penetrating injury to the abdomen</div><div>7. Penetrating injury to the pelvis</div><div>8. Penetrating injury to the groin</div><div>9. Penetrating injury to the lower extremity proximal to the knee.</div><div>10. Penetrating injury to the upper extremity proximal to the elbow.</div><div>11. Penetrating injury to the back</div><div>12. Evidence of 2 or more long bone fractures (femur, humerus)</div><div>13. Traumatic Amputation above the wrist or ankle</div><div>14. Traumatic paralysis</div><div>15. Major burns associated with trauma</div><div>16. Blunt trauma that results in an altered mental status, from confusion to unresponsiveness.</div></div></div>	<div><div>Glasgow Coma Scale</div><div>Eye Opening</div><div><div>4 Spontaneous</div><div>3 To Voice</div><div>2 To Pain</div><div>1 None</div></div><div>Verbal Response</div><div><div>5 Oriented</div><div>4 Confused</div><div>3 Inappropriate Words</div><div>2 Incomprehensible Words</div><div>1 None</div></div><div>Motor Response</div><div><div>6 Obeys Commands</div><div>5 Localizes Pain</div><div>4 Withdraws to Pain</div><div>3 Flexion to Pain</div><div>2 Extension to Pain</div><div>1 None</div></div></div> <div><div>CRAMS Score</div><div>Circulation</div><div><div>2 Normal Cap refill and BP&gt;100</div><div>1 Delayed Cap refill or systolic BP = 85-100</div><div>0 No Cap refill or systolic BP&lt;85</div></div><div>Respirations</div><div><div>2 Normal</div><div>1 Abnormal</div><div>0 Absent</div></div><div>Abdomen / Thorax</div><div><div>2 Abdomen and thorax nontender</div><div>1 Abdomen and thorax tender</div><div>0 Abdomen rigid or flail chest or penetrating wounds to abdomen or thorax.</div></div><div>Motor</div><div><div>2 Normal</div><div>1 Responds only to pain or decorticate posturing is present (flexion)</div><div>0 No response or decerebrate is present (extension)</div></div><div>Speech</div><div><div>2 Normal</div><div>1 Confused</div><div>0 No intelligible words</div></div></div> <div><div>Look for D.C.A.P. B.L.S.</div><div>Deformities</div><div>Contusions</div><div>Abrasions</div><div>Penetrations / Punctures</div><div>Burns</div><div>Lacerations</div><div>Swelling</div></div>	<div><div>Samples of General Assessments</div><div>This is only a partial list of General Assessments. It is meant to serve as a guide for writing them.</div><div>Abdominal Pain / Suspect G.I. Bleed</div><div>Abdominal Pain / Suspect Significant Blunt Trauma</div><div>Abdominal Pain / Unknown Etiology</div><div>A.L.O.C. / Suspect Alcohol Intoxication</div><div>A.L.O.C. / Suspect CVA</div><div>A.L.O.C. / Suspect Head Injury</div><div>A.L.O.C. / Suspect Hypoglycemia</div><div>A.L.O.C. / Suspect Narcotic Overdose</div><div>A.L.O.C. / Suspect Post-ictal secondary to seizure</div><div>A.L.O.C. / Unknown Etiology</div><div>Arm Pain / Suspect Musculoskeletal (M.S.) Injury</div><div>Arm pain secondary to burns from radiator fluid</div><div>Back pain / Suspect exacerbation of chronic condition</div><div>Bizarre Behavior / Suspect Psych.</div><div>Cardiac Arrest, Witnessed</div><div>Cardiac Arrest, Unwitnessed</div><div>Chest pain / Suspect Cardiac Etiology</div><div>Chest pain / Suspect Musculoskeletal</div><div>Chest pain / Suspect Pleuritic etiology</div><div>Complete Airway Obstruction</div><div>Dizziness / Suspect cardiac</div><div>Dizziness / Suspect hypovolemia</div><div>Dizziness / Suspect Inner Ear infection</div><div>Dizziness / Unknown Etiology</div><div>Flank Pain / Suspected Kidney Stones</div><div>Generalized Body Pain / Suspect exacerbation of Sickle Cell</div><div>General Weakness / Suspect Dehydration</div><div>General Weakness / Unknown Etiology</div><div>Lower abd. pain/ Suspect Urinary Bladder Infection</div><div>Lower abd. pain / Suspect ectopic pregnancy</div><div>Respiratory arrest</div><div>Severe headache / Suspect hypertensive crisis</div><div>S.O.B. / Suspect Asthma</div><div>S.O.B. / Suspect CHF</div><div>S.O.B. / Suspect exacerbation of COPD</div><div>S.O.B. / Suspect Hyperventilation</div><div>S.O.B. / Suspect respiratory infection</div><div>S.O.B. / Suspect smoke inhalation</div><div>S.O.B. / Unknown Etiology</div><div>Syncopal episode / Suspect hypovolemia</div><div>Syncopal episode / Suspect cardiac</div><div>Traumatic Arrest</div><div>Uterine Contraction / Suspect Active Labor</div><div>Vaginal Bleeding / Suspect Miscarriage</div></div>
<div>Potential Critical Trauma Patient Criteria</div> <div>Any trauma patient that meets any one of the following criteria can be either considered a trauma activation and taken to the appropriate trauma center or trauma base contact should be made for a destination decision.</div> <div><div><div>17. Significant blunt injury to the head</div><div>18. Significant blunt injury to the neck</div><div>19. Significant blunt injury to the chest</div><div>20. Significant blunt injury to the abdomen</div><div>21. Significant blunt injury to the pelvis</div><div>22. Significant blunt injury to the back</div><div>23. Ejection of the patient from a vehicle</div><div>24. Separation of motorcyclist from motorcycle.</div><div>25. Death of an occupant within the same passenger space.</div><div>26. Falls greater than or equal to 15 feet.</div><div>27. Falls greater than or equal to 10 feet in patients who are 14 years of age or less or 55 years of age or greater.</div><div>28. Vehicle rollover without being restrained.</div><div>29. Vehicle impact of 40 mph or greater.</div><div>30. Auto vs. pedestrian at 15mph or greater.</div><div>31. Auto vs. pedestrian if patient is 14 years of age or less or 55 years of age or greater.</div><div>32. Major vehicle damage.</div><div>33. Front axle rearward displacement.</div><div>34. Passenger space intrusion greater than 1 ft.</div><div>35. Bent steering wheel / column</div><div>36. Starred windshield</div><div>37. Any vehicle collision where the infant or child was unrestrained.</div><div>38. Extrication time of 20 minutes or greater.</div><div>39. Blast injuries from an explosion.</div><div>40. Submission with trauma.</div></div></div>	<div><div>Feel for T.I.C.</div><div>Tenderness</div><div>Instability</div><div>Crepitus</div></div> <div><div>S.A.M.P.L.E.</div><div>Signs / Symptoms</div><div>Allergies</div><div>Medications</div><div>Past Medical History</div><div>Last Oral Intake</div><div>Events preceding illness/injury</div></div> <div><div>O.P.Q.R.S.T. for Pain</div><div>Onset</div><div>Provocation</div><div>Quality</div><div>Region / Radiation</div><div>Severity</div><div>Time</div></div> <div><div>P.A.S.T.E. for S.O.B.</div><div>Provocation / Progression</div><div>Associated Chest Pain</div><div>Sputum</div><div>Talking</div><div>Exercise Tolerance</div></div>	<div><div>APGAR Score</div><div>Appearance (color)</div><div><div>2 Completely pink</div><div>1 Body pink, extremities blue</div><div>0 Blue or pale</div></div><div>Pulse</div><div><div>2 Pulse &gt; 100</div><div>1 Pulse &lt; 100</div><div>0 Absent</div></div><div>Grimace (reflex irritability)</div><div><div>2 Cough, sneeze or cry</div><div>1 Grimace</div><div>0 No response</div></div><div>Activity (Muscle tone)</div><div><div>2 Active Movement</div><div>1 Some flexion of extremities</div><div>0 Limp</div></div><div>Respiratory Effort</div><div><div>2 Good cry</div><div>1 Slow or irregular</div><div>0 No response</div></div></div> <div><div>Pediatric Glasgow Coma Scale</div><div>Eye Opening</div><div><div>4 Spontaneous</div><div>3 To Voice</div><div>2 To Pain</div><div>1 None</div></div><div>Verbal Response</div><div><div>5 Coos, babbles or cries spontaneously</div><div>4 Irritable crying</div><div>3 Cries to pain</div><div>2 Moans to pain</div><div>1 None</div></div><div>Motor Response</div><div><div>6 Spontaneous Movement</div><div>5 Withdraws to Touch</div><div>4 Withdraws to Pain</div><div>3 Abnormal Flexion to Pain</div><div>2 Extension to Pain</div><div>1 None</div></div></div> <div><div>Patient Refusal of Care (A.M.A.) Guidelines</div><div><div>1. Establish that the patient is a competent adult or equivalent.</div><div>2. Assess the patient completely. If the patient will not allow the exam, document why the patient will not allow an exam and what is seen, heard, and observed about the patient.</div><div>3. The patient should be offered care for his/her illness or injury and transport to the hospital for further evaluation and care.</div><div>4. The patient who refuses care and transport should be told of all the risks and consequences of refusing further care and transport to the hospital. This includes worse care scenario.</div><div>5. Make base contact, if necessary, for medical direction.</div><div>6. Ask the patient to sign the AMA after reading it to the patient.</div><div>7. Advises the patient that he/she can call back if he/she changes his/her mind or his/her condition changes.</div><div>8. Document all the above with patient responses to each.</div></div></div>