

MOCK COUNTY EMS / FIRE
PREHOSPITAL CARE REPORT
(Print-and-Fill Narrative Form)

1. Scene & Dispatch Information

Run Number: _____ Date: _____ Dispatch Time: _____

Incident Location: _____

Unit Transport: _____ Lead Paramedic ID: _____

2. Patient Demographics

Patient Name (Last, First): _____

DOB: _____ Age: _____ Gender: [] M [] F [] Other

Primary Complaint / Mechanism of Injury: _____

3. Vitals Timeline

| Time | Pulse (BPM) | Blood Pressure | SpO2 (%) | Respirations (Rate/Quality) |
|------|-------------|----------------|----------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |

4. Interventions Performed

Mark all interventions administered on scene or in transit:

- [] Oxygen Therapy (Specify L/min ____) [] IV Established (Location: ____)
[] CPR / Defibrillation [] Medication Administered (____)
[] Spinal Immobilization / C-Collar [] Bleeding Control / Tourniquet

5. EMS Narrative

Provide a detailed chronological account of the assessment and treatment:

6. Handover & Signatures

Receiving Facility / Hospital Room: _____

Receiving RN/MD Signature: _____ Time: _____

Lead Medic Signature: _____