

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: _____