

MOCK COUNTY EMS / FIRE

PREHOSPITAL CARE REPORT

(Print-and-Fill Narrative Form)

1. Scene & Dispatch Information

Run Number: 129 Date: 25/02 Dispatch Time: 09:00

Incident Location: chennai

Unit Transport: yes Lead Paramedic ID: 5294

2. Patient Demographics

Patient Name (Last, First): shreyansh

DOB: 25/02/2003 Age: 19 Gender: ☒ Male ☐ Female ☐ Other

Primary Complaint / Mechanism of Injury:

3. Vitals Timeline

Time	Pulse (BPM)	Blood Pressure	SpO2 (%)	Respirations (Rate/Quality)
	103		98	good

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: _____