Ambulance Patient Care Report

Agency Name	Date of Incident	Call Number	Incident Number

Response Times			Response Information		Personnel	Driver
PSAP Call: None	Arrive Scene	In Service: Yes	PCR Number	Starting Mileage	Attendant	❑ To Scene ❑ To Dest. 1
Dispatch Notified	Arrive Patient	Unit Cancelled	# of Patients / MCI ❑ Yes ❑ No	At Scene Mileage	Attendant	❑ To Scene ❑ To Dest. 2
Unit Dispatched	Leave Scene	In Quarters	Responding Unit: Unit 322	Dest. Mileage	Attendant	❑ To Scene ❑ To Dest. 3
Enroute	Arrive Dest.		Crew Number	Ending Mileage	Attendant	❑ To Scene ❑ To Dest. 4

Incident Information

Incident Address	Room/Apt
1700 This Way	

City	County	State	Zip Code
	USA		

Type of Location
❑ Airport ❑ Home/Residence ❑ Mine or Quarry ❑ Residential Institution ❑ Other
❑ Farm ❑ Industrial Place ❑ Place of Sport ❑ Street or Highway
❑ Healthcare Facility ❑ Lake, River ❑ Public Building ❑ Trade or Service

First Responder Agencies

Factors Affecting Care

❑ Amb. Crash ❑ Diversion ❑ Safety
❑ Amb. Failure ❑ Extrication ❑ Traffic
❑ Crowd ❑ HazMat ❑ Weather
❑ Directions ❑ Language Barrier ❑ None
❑ Distance ❑ Staff Delay ❑ Other

Destination/Hospital Name	Facility Diverted From

Response Request	To	Response Mode	From	Disposition
❑ Response (Scene) ❑ Interfacility Transfer ❑ Medical Transport (Scheduled) ❑ Standby ❑ Intercept ❑ Mutual Aid	❑	Lights and Siren	❑	Treated: ❑ Transported by EMS ❑ Transferred Care ❑ Released ❑ Cancelled ❑ Patient Refused Care ❑ Dead at Scene
	❑	No Lights or Siren	❑	
	❑	Initial No Lights and Siren Upgraded to Lights and Siren	❑	
	❑	Initial Lights and Siren Downgraded to No Lights and Siren	❑	

Destination Determination

❑ Closest Facility ❑ Specialty Resource Ctr.
❑ Protocol Guideline ❑ Law Enforcement Choice
❑ Patient/Family Choice ❑ Diversion

Destination Type

❑ Hospital ❑ Ground Ambulance
❑ Home ❑ Police/Jail
❑ Medical Office/Clinic ❑ Morgue
❑ Nursing Home ❑ Other
❑ Air Ambulance

Patient Information

Last Name	First Name	M.I.

Address	Room/Apt

City	County	State

Zip Code	Phone Number ( ) -	KG / LB	Gender M / F

Social Security Number - -	DOB / /	Age

Patient Physician	Guardian Name

Race
❑ American Indian or Alaska Native ❑ Asian
❑ Black or African American ❑ White
❑ Hawaiian or Other Pacific Islander ❑ Other

Ethnicity
❑ Hispanic or Latino
❑ Not Hispanic or Latino

Primary Role of Unit

❑ ALS Ground ❑ Non-Transport
❑ BLS Ground ❑ Other Transport
❑ Critical Care Ground ❑ Rescue
❑ ERU ❑ Rotor Craft
❑ Fixed Wing ❑ Supervisor

Dispatch Reason

❑ Abdominal Pain ❑ Heart Problem
❑ Allergies ❑ Heat/Cold Exposure
❑ Animal Bite ❑ Hemorrhage/Laceration
❑ Assault ❑ Industrial Accident
❑ Back Pain ❑ Ingestion/Poisoning
❑ Breathing Problem ❑ MCI
❑ Burns ❑ Medical Transport
❑ Cardiac Arrest ❑ Pain
❑ Chest Pain ❑ Pregnancy/Childbirth
❑ Choking ❑ Psychiatric Problem
❑ CO Poisoning/Hazmat ❑ Sick Person
❑ Convulsions/Seizure ❑ Stab/Gunshot Wound
❑ Diabetic Problem ❑ Standby
❑ Drowning ❑ Stroke/CVA
❑ Electrocution ❑ Traffic Accident
❑ Eye Problem ❑ Traumatic Injury
❑ Fall Victim ❑ Unconscious/Fainting
❑ Headache ❑ Unknown Problem/Man Down

Prior Aid (Select All That Apply)

❑ AED - ERU
❑ AED - First Responder
❑ AED - Public Access
❑ CPR
❑ Extrication
❑ Spinal Immobilization
❑ Splinting

Airway:
❑ BVM
❑ Combitube
❑ Nebulizer Treatment
❑ Oxygen
❑ Suction

Performed By
❑ EMS Provider
❑ Law Enforcement
❑ Lay Person
❑ Other Healthcare Provider
❑ Patient

Outcome/Condition
❑ Improved
❑ Worse
❑ Unchanged

Provider Impression - Primary/Secondary (Select One For Each)