# Ambulance Patient Care Report

| Agency Name | Date of Incident | **Call Number** | **Incident Number** |
|---|---|---|---|
| | | | |

| **Response Times** | | | **Response Information** | | **Personnel** | **Driver** | |
|---|---|---|---|---|---|---|---|
| PSAP Call | Arrive Scene | In Service | **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 | 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 |
|---|---|
| | |

| City | County | State | Zip Code |
|---|---|---|---|
| | | | |

Type of Location

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

| Response Request | To | Response Mode | From |
|---|---|---|---|
| ❑ Response (Scene) ❑ Interfacility Transfer ❑ Medical Transport (Scheduled) ❑ Standby ❑ Intercept ❑ Mutual Aid | ❑ | Lights and Siren | ❑ |
| | ❑ | No Lights or Siren | ❑ |
| | ❑ | Initial No Lights and Siren Upgraded to Lights and Siren | ❑ |
| | ❑ | Initial Lights and Siren Downgraded to No Lights and Siren | ❑ |

**Disposition**

Treated:
❑ Transported by EMS
❑ Transferred Care
❑ Released

❑ Cancelled
❑ Patient Refused Care
❑ Dead at Scene

**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 ❑ Black or African American ❑ Hawaiian or Other Pacific Islander ❑ Asian ❑ White ❑ Other

Ethnicity
❑ Hispanic or Latino ❑ Not Hispanic or Latino

**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

First Responder Agencies

**Factors Affecting Care**

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

| Destination/Hospital Name | Facility Diverted From |
|---|---|
| | |

**Destination Determination**

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

**Destination Type**

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

**Primary Role of Unit**

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

**Dispatch Reason**

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

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