Ambulance Run

## RUN REPORT #

Date of Run: Mo Day Century Year

Ambulance Service #

Vehicle ID #

Ambulance Service Name

## PATIENT INFORMATION

Last Name First Name M.I.

Street, Route, etc. City

County State Zip

Date of Birth: Month Day Century Year

RACE: 1 Black 2 White 3 Hispanic 4 Other

SEX: 1 Male 2 Female

## LOCATION OF PICKUP

Name of Hospital, Nursing Home, Clinic, or Street, Route, Highway #

City County State Zip

## PATIENT DESTINATION

Name of Hospital, Nursing Home, Clinic, Ambulance Service, Home, etc.

City State

## NARRATIVE

ACTUAL MILEAGE TO SCENE: _____ MILEAGE FROM SCENE TO DESTINATION: _____

## TYPE OF RUN

TO SCENE

1 Emergency response requested

2 Non-emergency response (routine)

FROM SCENE

01 Life threatening, transported

02 Urgent, transported

03 Routine, transported

04 Dry run, no transport

## TIMES

Call Received

Unit Dispatched

Unit En Route

Arrive Location

Depart Location

Arrive Destination

## PLACE OF INCIDENT

0 Home

1 Farm

2 Mine/Quarry

3 Industrial Place

4 Recreation/Sport

5 Street or Highway

6 Public Building

7 Residential Institution (hospital)

8 Other

9 Unspecified

## LICENSE NO.

Driver

Att. #1

Att. #2

## VITAL SIGNS

Systolic Blood Pressure

Respiratory Rate

Glasgow Coma Score

## PROTECTIVE EQUIPMENT

1 None 6 Belt & Bag

2 Unknown 7 Helmet

3 Seat Belt 8 Other

4 Child Seat 9 Not Applicable

5 Air Bag

## FACTORS AFFECTING EMS

01 Adverse weather

02 Adverse road conditions

03 Vehicle problems

04 Unsafe scene

05 Language barrier

06 Extrication >20 minutes

07 Hazardous materials

08 Crowd control

09 Med. control failure

10 Other _____

11 Not applicable

## TREATMENT AUTHORIZATION

1 On-line (radio/telephone)

2 On-scene

3 Protocol

4 Written orders (patient specific)

5 Orders refused

6 Unknown

7 Not applicable

## TRAUMA ASSESSMENT

| | Amputation | Burn | Crush | Dislocation/FX | Blunt | Gunshot | Laceration | Puncture/Stab | Pain | Soft Tissue |
|---|---|---|---|---|---|---|---|---|---|---|
| Head | 00 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 |
| Face/Eye/Ear | 01 | 11 | 21 | 31 | 41 | 51 | 61 | 71 | 81 | 91 |
| Neck | 02 | 12 | 22 | 32 | 42 | 52 | 62 | 72 | 82 | 92 |
| Spine | 03 | 13 | 23 | 33 | 43 | 53 | 63 | 73 | 83 | 93 |
| Thorax | 04 | 14 | 24 | 34 | 44 | 54 | 64 | 74 | 84 | 94 |
| Abdomen/Pelvic Contents | 05 | 15 | 25 | | 45 | 55 | 65 | 75 | 85 | 95 |
| Upper Arm/Shoulder | 06 | 16 | 26 | 36 | 46 | 56 | 66 | 76 | 86 | 96 |
| Lower Arm/Hand/Elbow | 07 | 17 | 27 | 37 | 47 | 57 | 67 | 77 | 87 | 97 |
| Upper Leg/Hip | 08 | 18 | 28 | 38 | 48 | 58 | 68 | 78 | 88 | 98 |
| Lower Leg/Foot/Knee | 09 | 19 | 29 | 39 | 49 | 59 | 69 | 79 | 89 | 99 |

Cause of Injury

## ILLNESS ASSESSMENT

01 Abdominal pain/problems

02 Airway obstruction

03 Allergic reaction

04 Altered level consciousness

05 Behavioral/psychiatric

06 Cardiac arrest

07 Cardiac rhythm disturbance

08 Chest pain/discomfort

09 Diabetic symptoms

10 Hyperthermia

11 Hypothermia

12 Hypovolemia/shock

13 Inhalation injury (toxic gas)

14 Poisoning/drug ingestions

15 Pregnancy/O.B. delivery

16 Respiratory arrest

17 Respiratory distress

18 Seizure

19 Smoke inhalation

20 Stroke/CVA

21 Syncope/fainting

22 Vaginal hemorrhage

23 Other _____

24 Unknown

25 Not applicable

## DESTINATION DETERMINATION

01 Closest facility (none below)

02 Patient/family choice

03 Patient physician choice

04 Managed care

05 Law enforcement choice

06 Protocol

07 Specialty resource center

08 On-line medical direction

09 Diversion _____ (name of hospital diverted from)

10 Other

11 Unknown

12 Not applicable

## TREATMENT

| D | Att. | |
|---|---|---|
| 01 | 02 | Bag mask/Demand valve |
| 03 | 04 | Bleeding controlled |
| 05 | 06 | Blood specimen drawn |
| 07 | 08 | C.P.R. |
| 09 | 10 | Cardiac pacing |
| 13 | 14 | Cricothyrotomy |
| 15 | 16 | Defibrillation ____ watts/sec. # ____ attempts |
| 19 | 20 | Drug administered |
| 21 | 22 | Endotracheal intubation |
| 25 | 26 | Other airway |
| 27 | 28 | EKG monitor |
| 29 | 30 | Extremity splint |
| 31 | 32 | Extrication time |
| 35 | 36 | Glucose test ____ mg/dl |
| 39 | 40 | I.V. administered # ____ |
| 41 | 42 | I.V. failed # ____ |
| 43 | 44 | I.V. maintained |
| 47 | 48 | Intraosseous infusion # ____ |
| 53 | 54 | N.G. tube |
| 55 | 56 | O.B. delivery |
| 57 | 58 | Oxygen by cannula ____ lpm |
| 59 | 60 | Oxygen by mask ____ lpm |
| 61 | 62 | P.C.P.D. applied |
| 63 | 64 | Pulse oximetry |
| 65 | 66 | Spinal immobilization |
| 69 | 70 | Suction airway |
| 71 | 72 | Thoracentesis |
| 75 | 76 | Other _____ |