State of New Mexico

Prehospital Data Collection System Field Worksheet

Incident

Dispatch Address_____ Date Of Report _____/_____/_____Time of Report _____:_____

Agency Number_____ Incident Number_____ Date of Dispatch _____/_____/_____Time of Dispatch _____:_____

Response

Response Number_____

Unit Number _____ MPDC _____

Siren to Scene? ☐ Siren from Scene? ☐

Times

Notified ____:____

Response ____:____

On Scene ____:___

Depart ____:____

At Hosp. ____:____

In Service ____:____

Mileage

Beginning _____

On Scene _____

At Hosp. _____

Ending _____

Crew

Crew Code _____ Position _____ EMT-___

Crew Code _____ Position _____ EMT-___

Crew Code _____ Position _____ EMT-___

Crew Code _____ Position _____ EMT-___

Crew Code _____ Position _____ EMT-___

Crew Code _____ Position _____ EMT-___

Patient

Name (Last, First, MI)_____ SSN_____-____-_____ DOB ____ /____/____ Age_____ Gender___

Address_____ City_____ State ____ Zip Code _____ Phone_____ NM Native Tribe _____

Care Factors_____ Medical Control _____ (protocol)☐ Hospital _____ PCR Number _____

Vital Signs / Procedure Matrix

Times→ Vitals & Procedures ↓										
Level of Response	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU
Respirations/Min										
Pulse/Heart Rate										
Blood Pressure	/	/	/	/	/	/	/	/	/	/
Oxygen (L/min)										

Notes _____

Primary Complaint _____

Medical History _____

Current Meds. _____ Allergies _____

_____ _____/_____/_____

Crew Signature / Author of Report Date

_____ _____/_____/_____

Crew Signature Date

Refusal of Service: I have been told, and understand that I am in need of evaluation, treatment and / or transportation to a hospital, and of my own free will, and against advice given, acknowledge MY REFUSAL of such help.

_____ _____/_____/_____

Signature Date

_____ _____/_____/_____

Witness Date