DHEC PATIENT CARE FORM

Q.A. NO.

TRIP NO.

PATIENT IDENTIFICATION (Please Print)

LAST NAME (10–29) FIRST NAME (30–45) MI (46)

STREET (47–71) APT. #

CITY (72–87) STATE (88–89) ZIP CODE (90–94)

SSN (95-103)

SEX (104)

1 ☐ Male
2 ☐ Female
3 ☐ Undetermined

RACE (105)

1 ☐ White
2 ☐ Black
3 ☐ Am. Indian
4 ☐ Hispanic
5 ☐ Asian
6 ☐ Other

AGE (106–109)

CHECK ONE
1 ☐ YRS.
2 ☐ MOS.
3 ☐ DAYS

DISPOSITION (110–111)

01 ☐ TREAT/NO TRANS.
02 ☐ DOA AT SCENE
03 ☐ HOSPITAL ER
04 ☐ HOSP. DIR. ADMIT.
06 ☐ PATIENT'S HOME
07 ☐ NURSING HOME
08 ☐ DR.'S OFFICE
09 ☐ OUTPATIENT
10 ☐ PT. REFUSED TREAT.
13 ☐ EMS TRANSFER

TYPE OF INCIDENT

TRAUMA (112)	MEDICAL (113)
1 ☐ MVA	1 ☐ ENVIRON
2 ☐ MC	2 ☐ BEHAV
3 ☐ BIKES	3 ☐ OB/GYN
4 ☐ PED	4 ☐ RESP
5 ☐ ASSAULT	5 ☐ CARDIAC
6 ☐ FALL	6 ☐ INTERFAC
7 ☐ FIRE	7 ☐ OTHER
8 ☐ INTERFAC	
9 ☐ OTHER	

CALL TYPE

TO SCENE (114)
1 ☐ EMERGENT
2 ☐ NONEMERGENT
CODE _____

PATIENT STATUS

ON SCENE (115)
1 ☐ URGENT
2 ☐ NON URGENT

FROM SCENE (116)
1 ☐ URGENT
2 ☐ NON URGENT
CODE _____

INCIDENT LOCATION

ST. OR HWY. NAME OR NO.

CITY

County (117-118) Zip Code (119-123)

SAFETY EQP (124)

1 ☐ Seatbelts 4 ☐ Child Seat
2 ☐ Helmets 5 ☐ None
3 ☐ Airbags 6 ☐ Unkn.

SITE OF INCIDENT (125)

1 ☐ ROADWAY 4 ☐ RECREATIONAL
2 ☐ RESIDENCE 5 ☐ AGRICULTURAL
3 ☐ INDUSTRIAL 6 ☐ OTHER

PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126–137)

003 ☐ Seizure	024 ☐ Multitrauma/Shock	074 ☐ Respiratory Distress
004 ☐ Diabetic	030 ☐ Head Injury	080 ☐ Coronary Problems
011 ☐ Abrasion/Contusions	032 ☐ Spinal Injury	083 ☐ Cardiac Arrest
013 ☐ Laceration	084 ☐ Stroke	Other ____ Other ____
023 ☐ Fracture	051 ☐ G.I. Problems	

PRIMARY IMPRESSION (138–140)

TREATMENT PROCEDURES (141–174)

01 ☐ Dressing Applied	07 ☐ Oxygen Given	13 ☐ Cardiac Massage
02 ☐ Limb Splinted	08 ☐ Suction Used	14 ☐ Bleeding Controlled
03 ☐ Spine Immobilized	09 ☐ Antishock Trousers	15 ☐ Cold Application
04 ☐ Neck Immobilized	10 ☐ Airway Maintained	16 ☐ Patient Restrained
05 ☐ OB Assistance	11 ☐ Antishock Treatment	17 ☐ Other (Use Comments)
06 ☐ Oral Airway Used	12 ☐ Artificial Resp.	18 ☐ Ventilator

HCFA CODES (175–180)

SITE OF TRAUMA (181–189)

1 ☐ Head
2 ☐ Face
3 ☐ Neck
4 ☐ Chest
5 ☐ Abdomen
6 ☐ Hip/Pelvis
7 ☐ Upper Extr.
8 ☐ Lower Extr.
9 ☐ Back

ADVANCED PROCEDURES (190–223)

1. ☐ EKG Monitored Rhythm _____ Time _____
2. ☐ First Defib Attempted Watt Sec. _____ Time _____
   Post Defib Rhythm _____
3. ☐ Second Defib Attempted Watt Sec. _____ Time _____
   Post Defib Rhythm _____
4. ☐ Third Defib Attempted Watt Sec. _____ Time _____
   Post Defib Rhythm _____

INTUBATED 5. ☐ ET Size _____ Total # Attempts ☐ (224)
15 ☐ RSI 16 ☐ LMA 17 ☐ Crico

6. ☐ EXTERNAL PACING
7. ☐ BLOOD DRAWN DEXTROSE BGL _____
8. ☐ IV STARTED/GAUGE SOLUTION _____
   RATE _____ IV TIME IV VOLUME
9. ☐ IV STARTED/GAUGE SOLUTION _____
   RATE _____ IV TIME IV VOLUME
14 ☐ IV ATTEMPTED Total # ☐ (225)
10. ☐ PLEURAL DECOMPRESSION Time _____
11. ☐ INTRAOSSEOUS INF. _____
12. ☐ AUTOMATIC DEFIB
13. ☐ PATIENT ASSISTED MEDS. _____

Ordering Physician _____
(Name) (Signature)

DRUGS USED (226–241)

DRUG	DOSE	TIME	DRUG	DOSE	TIME

REVISED TRAUMA SCORE

GCS: (242) EYES _____ (247–249) SBP _____ RTS (254–255)
(243) VERBAL _____ (250–252) RR _____
(244) MOTOR _____
(245–246) GLASGOW _____ (253) ANATOMICAL INJ. 1 ☐ YES 2 ☐ NO

VITAL SIGNS

BP	PULSE		RESPIRATONS		PUPIL		LEVEL OF CONSC.		TIME
/	RATE	☐ REG. ☐ IRREG.	RATE	☐ REG. ☐ IRREG.	E U N C D		A V P U		
/		☐ REG. ☐ IRREG.		☐ REG. ☐ IRREG.					
/		☐ REG. ☐ IRREG.		☐ REG. ☐ IRREG.					
/		☐ REG. ☐ IRREG.		☐ REG. ☐ IRREG.					
/		☐ REG. ☐ IRREG.		☐ REG. ☐ IRREG.					

EXPOSURE TO PT's BODY FLUIDS? (256) 1. ☐ YES 2. ☐ NO

1st Responder (257) 1. ☐ YES Name _____ 2. ☐ NO

COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)

Patient Care Form Left In (258): 1. ☐ ED 2. ☐ ICU 3. ☐ OTHER _____ ☐ See Page 2

TIME RECORD

RUN DATE (259–266) MONTH DAY YEAR

Call Received: (267–270)	
Call Dispatched: (271–274)	
Departed Base: (275–278)	
Arrive Scene: (279–282)	
Departed Scene: (283–286)	
Arrive Destination: (287–290)	

CAUSE OF DELAY _____

DHEC PERMIT NO. (291–295)

RECEIVING AGENCY (296–299)

SENDING AGENCY (300–303)

PROVIDER TIME (OPTIONAL)

ATTENDANT'S SIGNATURE & CERTIFICATION NO.

PRIMARY PATIENT ATTENDANT (304–308)

2ND ATTENDANT/DRIVER (309–313)

3RD ATTENDANT/DRIVER (314–318)

(RECEIVING NURSE OR PHYSICIAN)