South Dakota • Emergency Medical Services

PREHOSPITAL CARE REPORT

AGENCY CODE | INCIDENT DATE (MONTH: Jan–Dec; DAY; YEAR: 1998–2003) | CALL RECEIVED | ENROUTE | ARRIVE SCENE | DEPART SCENE | ARRIVE DEST. | DEPART DEST. | RETURN SERVICE (Military Time)

RESPONSE MODE: To Scene: Emergency / Non-Emerg. / Delayed? (Y); From Scene: Emergency / Non-Emerg. / Delayed? (Y)

RESPONSE OUTCOME: Transported; Care Transfer; Cancelled; Refused; Treat, No Tran; False Call; P.O.V.; No Pt. Found; Standby; D.O.A.

LOCATION OF CALL

Was Incident Work-Related? (Y) (N) (UNK)

- Residence
- Farm/Ranch
- Highway 55+
- Public Area
- Other Traffic Way
- Extended Care Facility
- Water
- Clinic/Dr.'s Office
- Office/Business
- Hospital
- Education Facility
- Daycare

TYPE OF CALL (Mark One Only)

- MVC
- Motorcycle
- Pedestrian
- Assault
- ATV
- Bicycle
- Bite/Sting
- Near/Drown
- Electrical
- Fall
- Fire/Burn
- Shooting
- Stabbing
- Mutual Aid
- Oth. Trauma
- Medical/Illness
- Standby

Discharge | Inter-Facil. | (Y) ALS Assist | (Y) Scheduled

ASSISTANCE

None

	Bystander	Family	1st Resp.	Fire	Police
Extricate					
CPR					
Wound Mgt.					
Airway					

CALLED BY

- Patient/Family
- Bystander
- Fire
- Police/Dispatch
- Extended Care Facility
- Hospital/Clinic

911 Used? (Y) (N) (UNK)

SUSPECTED MEDICAL ILLNESS

P = Primary, S = Secondary

- (P) (S) Abdominal Pain
- (P) (S) Airway Obstruction
- (P) (S) Allergic Reaction
- (P) (S) Behavioral
- (P) (S) Breathing Difficulty
- (P) (S) Cardiac Arrest
- (P) (S) Cardiac Symptoms
- (P) (S) Chest Pain
- (P) (S) CVA
- (P) (S) Dehydration
- (P) (S) Dizziness
- (P) (S) Gynecological
- (P) (S) Hypertension
- (P) (S) Hypo/Hyperglycemia
- (P) (S) Hypo/Hyperthermia
- (P) (S) Ingestion/Poisoning
- (P) (S) Nausea/Vomiting
- (P) (S) Obstetrical
- (P) (S) Pain
- (P) (S) Paralysis
- (P) (S) Respiratory Arrest
- (P) (S) Seizure
- (P) (S) Shock
- (P) (S) Unconscious
- (P) (S) Weakness

INJURY SITE/TYPE

None

	Amputate	Burn/Elec.	Blunt	Frac/Disloc	Pain	Paralysis	Penetrate	Soft-Open	Soft-Closed
Head									
Face									
Eye									
Neck									
Chest									
Back									
Abdomen									
Pelv/Genit.									
Upper Ext.									
Lower Ext.									

INJURY MECHANISM

- Flail Chest
- Burns >20%/Face
- Fall >20'
- Paralysis

MOTOR VEHICLE

- Speed 40+MPH
- Deformity 20+"
- Intrusion 12+"
- Rollover
- Ejection
- Death Same MV
- Motorcyl 20+MPH
- Ped. v MV >5MPH

PT. PROTECTION

- Shoulder/Lap Belt
- Shoulder Belt
- Lap Belt
- Airbag (Deployed)
- Safety Seat
- Helmet
- None Used
- Not Available
- Unknown

PT. LOCATION: Driver / Truck Bed / Front / Unknown / Rear

POSSIBLE CONTRIBUTING FACTORS

- Alcohol
- Substance
- Extrication >15 min.
- Patient Abused
- Self-Infliction
- Terrain
- Equipment
- HAZMAT
- Sports
- Delay in EMS Access
- Delay in Detection
- Weather

GENDER

- Female
- Male

ETHNIC ORIGIN

- Asian
- White
- Black
- Other
- Hispanic
- Unknown
- Native American

PAST MEDICAL HISTORY

- Allergies
- Asthma
- Behavioral
- Cancer
- Cardiac
- COPD
- CVA
- Diabetes
- Drug/ETOH
- Emphysema
- Epilepsy
- Non-Pertinent
- None

INITIAL VITAL SIGNS

SYSTOLIC	DIASTOLIC	PULSE	RESP.
		Palpated / Irregular	

Unable to Take / Not Taken

PUPILS

Left	Right
Normal	Normal
Constricted	Constricted
Dilated	Dilated
Non-Reactive	Non-Reactive

GLASGOW COMA SCALE

EYES	VERBAL	MOTOR
(4) Spontan.	(5) Oriented	(6) Obeys
(3) To Speech	(4) Confused	(5) Localizes
(2) To Pain	(3) Inappropr.	(4) Withdraws
(1) None	(2) Garbled	(3) Flexion
	(1) None	(2) Extension
		(1) None

BLS TREATMENT

Assessment	Airway Clear	Abdom. Thrust	Cerv. Collar
Auto-Defib.	Splint Extm.	Back Blows	Extrication
OB Delivery	Oxygen	Restraints	Bleed. Control
CPR	Suction	Ventilation	MAST

(D) (CM2) (CM3)

MEDICAL CONTROL

- Protocol
- Verbal
- None

ALS TREATMENT

Blood Draw	Central IV	Peripheral IV	Cardiac Mon.
Manual Defib.	EOA/EGTA	Nasal Intub.	Oral Intub.
Cardioversion	Drug Admin.	Extern. Jug.	Intraoss. Inf.
Needle Thorac.	Pacing	Cricothyrot.	

(D) (CM2) (CM3)

IV TYPE/RATE

	BOLUS TKO	BOLUS WIDE
D5W		
NS		
LR		

Lines: (1) (2) (3) (4)

MEDICATIONS

Adenocard	Intropin
Aminophyl.	Isuprel
Atropine	Lasix
Benadryl	Lidocaine
Bicarbonate	Morphine
Bretylium	Narcan
Calcium	Nitroglyc.
Decadron	Procain.
Demerol	Proventil
Dextrose 50%	Thiamine
Epinephrine	Valium
Ipecac	Verapamil

CPR INFORMATION

Minutes	<4	4–8	>9	UNK.
Arrest to CPR				
Arrest to Defib.				
Arrest to ALS				

Witnessed Arrest? (Y) (N) (UNK)

Pulse Restored? (Y) (N) (UNK)

DO NOT WRITE IN THIS AREA

604616

DATE OF BIRTH

Jan–Dec; D D Y Y Y Y

EKG

	I	L
NSR	(I)	(L)
Sin. Tach.	(I)	(L)
Sin. Brady.	(I)	(L)
Asystole	(I)	(L)
AV Block	(I)	(L)
Atrial Fib.	(I)	(L)
Atrial Flut.	(I)	(L)
Vent Tach.	(I)	(L)
Vent Fib.	(I)	(L)
SV Tach.	(I)	(L)
PVC's	(I)	(L)

MILEAGE

Scene	Dest.	Total

RESEARCH CODE

PT. RECEIVED BY:

Hosp. (B) / Amb. (SS) / Home (P) / Ext. Care Facil. (EVC) / Oos (RPT)

DRIVER / CREW MEMBER #2 / CREW MEMBER #3

(B) (HP) (SS) (P) (EVC) (RPT)

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SouthDakota

NARRATIVE

604616

DATE	UNIT NO.	INCIDENT LOCATION	DISPATCH ALS [ ] BLS [ ] HOT [ ] COLD [ ]
REASON FOR CALL/CHIEF COMPLAINT			PMR

PATIENT INFORMATION

NAME: Last	First	M.I.	SOCIAL SECURITY NUMBER
ADDRESS:			AGE / SEX / DOB
CITY:	STATE	ZIP	Employer:
TELEPHONE: HOME:	WORK:	SIGNIFICANT OTHER:	TELEPHONE:
INSURANCE:	MEDICARE NO.	MEDICAID NO.	
ALLERGIES	MEDICATIONS		

VITAL SIGNS

TIME	P	R	B/P	RHYTHM	O_2 SAT

TIMES	MILEAGE
CALL RECEIVED	OUT
ENROUTE	
ARRIVE SCENE	SCENE
DEPART SCENE	
ARRIVE DEST.	DEST.
DEPART DEST.	
AVAILABLE	IN

NARRATIVE

RECEIPT OF SERVICES

I acknowledge receipt of the EMS services listed in this document and accept full responsibility for all charges. I authorize payment of medical benefits from my insurance company to the provider of such services and authorize the provider to release medical and other necessary information to my insurance company for that purpose.

Patient Signature Date/Time

REFUSAL OF SERVICES

This is to certify that I am refusing treatment/transport. I have been informed of the risk(s) involved, and hereby release the ambulance service, its attendants, and its affiliates, from all responsibility which may result from this action.

Patient Signature Date/Time

PRIOR EMS:

PHYSICIAN:

Emergency: Private:

INTUBATION ATTEMPTS:	[1] [2] [3]	SUCCESSFUL [ ] UNSUCCESSFUL [ ]
IV ATTEMPTS:	[1] [2] [3]	SUCCESSFUL [ ] UNSUCCESSFUL [ ]

Name of Receiving Facility

Signature of Person Receiving Patient Date/Time

Medical Control Physician Date/Time

DRIVER

CREW MEMBER # 2

CREW MEMBER # 3

Crew Signatures

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