

Patient # ____

[Agency Name]

[Level of service]

[Call Sign]

By _____

Patient Name	Last	First	M.I.	AGE YRS Mon
---------------------	-------------	--------------	-------------	------------------------------

Incident Onset Date and Time:		A V P U Scale	
Chief Complaint:		Glasgow Comma Scale EYE OPEN: 4 - Spontaneous EYE OPEN: 3 - Verbal EYE OPEN: 2 - Pain EYE OPEN: 1 - None ----- VERBAL: 5 - Oriented VERBAL: 4 - Confused VERBAL: 3 - Inappropriate ----- VERBAL: 2 - Incomprehensible VERBAL: 1 - None ----- MOTOR: 6 - Obeys Cmnds ----- MOTOR: 5 - Localizes Pain MOTOR: 4 - Withdraws MOTOR: 3 - Flexes to Pain MOTOR: 2 - Extends to Pain MOTOR: 1 - Flaccid	A = Awake and Alert V = Verbal Stimuli P = Painful Stimuli U = Unresponsive
Primary Impression:			Revised Trauma Scale
MOI		BP (Systolic)	Respiratory
Allergies		4 = > 89	4 = 10-29
Medications (Current)		3 = 76-89	3 = > 29
[] Diabetic (Reading ____)		2 = 50-75	2 = 6-9
Pertinent Medical History		1 = 1-49	1 = 1-5
		0 = no pulse	0 = 0
		GCS	
		4 = Glasgow Sum of 13-15 3 = Glasgow Sum of 09-12 2 = Glasgow Sum of 06-08 1 = Glasgow Sum of 04-05 0 = Glasgow Sum of 03	

Vitals	Time	Blood Pressure	Pulse	Resp	SPO2	Temp	Eye	Verbal	Motor	SUM	BP	Resp	GCS	SUM
Init		/			RM %									
Rpt		/			%									
Rpt		/			%									
Rpt		/			%									
Rpt		/			%									
Rpt		/			%									

Time	MEDICATIONS GIVEN	RESPONSE TO MEDICATIONS

Time	PROCEDURE	RESPONSE TO PROCEDURES

NARRATIVE: