T 10001

Wyoming EMS 2007 Patient Care Report

RECORD #:

PATIENT INFORMATION

LAST NAME | FIRST NAME | MIDDLE INITIAL

GENDER ☐ Male ☐ Female

RACE / ETHNICITY

Pt's Address, City

PATIENT'S HOME ZIP:

Age ☐ Years ☐ Months (1-23) ☐ Days (1-31) ☐ Hours (1-23)

DOB / /

AGENCY INFORMATION

INCIDENT DATE: / /200

INCIDENT #:

EMS AGENCY & NUMBER:

EMS UNIT CALL SIGN "MS#" ☐ If Fire Unit

INCIDENT INFORMATION

INCIDENT ADDRESS

INCIDENT CITY | INCIDENT ZIP

INCIDENT COUNTY | INCIDENT STATE ☐ WY, or:

DAY OF WEEK: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

INCIDENT LOCATION TYPE (Check 1 Only)

- ☐ Not Applicable (cancelled)
- ☐ Farm
- ☐ Health Care Facility (clinic, hospital, nursing home, etc.)
- ☐ Home/Residence
- ☐ Industrial Place and Premises
- ☐ Lake, River, Ocean
- ☐ Mine or Quarry
- ☐ Place of Recreation or Sport
- ☐ Public Building (schools, government offices)
- ☐ Residential Institution (Nursing Home, jail/prison, etc.)
- ☐ Street or Highway
- ☐ Trade or Service (business, bars, restaurants, etc)
- ☐ Other: _____

INCIDENT / PATIENT DISPOSITION (Check 1 Only)

- ☐ **Treated, Transport EMS**
- ☐ Cancelled
- ☐ Treated & Released
- ☐ No Patient Found
- ☐ No Treatment Required
- ☐ Not Applicable
- ☐ Unknown
- ☐ Pt. Refused Care
- ☐ Dead At Scene
- ☐ Treated, Transferred Care
- ☐ Treated, Transported Law Enforcement
- ☐ Treated, Transported Private Vehicle

SCENE TEMP °F

TYPE OF DELAY(s): (Dispatch / Response / Scene / Transport)

- ☐ None - Not App
- ☐ Not Known
- ☐ Caller (uncooperative)
- Crowd
- Directions
- Distance
- Diversion
- Extrication >20 Min
- Hazmat
- ☐ High Call Volume
- ☐ Language Barrier
- ☐ Location (Inability To Obtain)
- ☐ No Units Available
- Road Conditions
- ☐ Safety "Conditions"
- Staff Delay
- ☐ Technical Failure
- Traffic
- Vehicle Crash
- Vehicle Failure
- Weather
- Wilderness
- ☐ Other:

TIME LOG (Military Time 0000-2359)

PUBLIC SAFETY ACCESS POINT (First phone ring - 911 center)	:
(Dispatch Notified — Only if separate dispatch center from above)	:
UNIT NOTIFIED (Required Time Entry)	:
UNIT EN ROUTE (Required Time Entry)	:
ARRIVE ON SCENE	:
ARRIVED AT PT.	:
TRANSFER OF PATIENT CARE	:
UNIT LEFT SCENE	:
PATIENT ARRIVED AT DESTINATION	:
BACK IN SERVICE	:
UNIT CANCELLED	:
AT HOME LOCATION (Required Time Entry)	:

PRIMARY ROLE OF THE UNIT (Check 1 Only)

- ☐ **Transport (If vehicle has cot, role is transport)**
- ☐ Non-Transport (Fire, 1st Resp)

DISPATCHED BY 911 CTR ☐ Yes ☐ No

TYPE OF SERVICE REQUEST (Check 1 Only)

- ☐ 911 Response (scene)
- ☐ Interfacility Transfer
- ☐ Medical Transport
- ☐ Standby
- ☐ Intercept ☐ Mutual aid

RESPONSE MODE / TRANSPORT MODE

- ☐ ← Lights / Sirens → ☐
- ☐ ← No Lights / No Sirens → ☐
- ☐ { Initial Lights / Sirens, Downgraded To No Lights / Sirens } ☐
- ☐ { Initial No Lights / Sirens, Upgraded To Lights / Sirens } ☐

☐ ODOMETER or ☐ MILEAGE TO

Beginning Odometer		Do Not Use For Mileage
On Scene		Mileage To Scene
Patient Destination		Mileage To Pt Destination
Ending Odometer		Destination To Home

ALCOHOL/DRUG USE INDICATORS

- ☐ None
- ☐ Smell of Alcohol (beverage) on Breath
- ☐ Pt. Admits to Alcohol Use
- ☐ Pt. Admits to Drug Use
- ☐ Alcohol and/or Drug Paraphernalia at Scene
- ☐ Not Applicable

EMERGENCY MEDICAL DISPATCH PERFORMED

- ☐ Not Reported
- ☐ Not Available
- ☐ Yes, w/pre-arrival instructions
- ☐ Yes, w/out pre-arrival instructions

AGENCY SCENE ASSISTANCE BY:

- ☐ None
- ☐ FD
- ☐ PD
- ☐ SO
- ☐ WHP
- ☐ Lay person
- ☐ EMS Provider
- ☐ Other

PRIOR AID:

- ☐ Yes
- ☐ No
- ☐ Not Known
- ☐ Not Applicable

PRIOR AID PERFORMED BY:

- ☐ EMS Provider
- ☐ Law Enforcement
- ☐ Lay person
- ☐ Other Healthcare Provider

OF PATIENTS AT SCENE:

- ☐ Single
- ☐ Multiple
- ☐ None
- ☐ Not Applicable

Mass Casualty Incident ☐ Yes

POSSIBLE INJURY (Check 1 only)

- ☐ **No** (Medical Condition)
- ☐ **Yes** (Trauma Condition) If yes, complete Trauma Section
- ☐ Not Applicable Ex: Refusal Standby, etc.

COMPLAINT REPORTED BY DISPATCH (Check 1 Only)

- ☐ Not Applicable
- ☐ Not Known
- ☐ Abdominal Pain
- ☐ Allergies
- ☐ Animal Bite
- ☐ Assault
- ☐ Back Pain
- ☐ Breathing Problem
- ☐ Burns
- ☐ CO Poisoning/Hazmat
- ☐ Cardiac Arrest
- ☐ Chest Pain
- ☐ Choking
- ☐ Convulsions/Seizure
- ☐ Diabetic Problem
- ☐ Drowning
- ☐ Electrocution
- ☐ Eye Problem
- ☐ Fall Victim
- ☐ Headache
- ☐ Heart Problems
- ☐ Heat/Cold Exposure
- ☐ Hemorrhage/Laceration
- ☐ Industrial Accident
- ☐ Ingestion/Poisoning
- ☐ Pregnancy/Childbirth
- ☐ Psychiatric Problem
- ☐ Sick Person
- ☐ Stab/Gunshot Wound
- ☐ Stroke/CVA
- ☐ Traffic Accident
- ☐ Traumatic Injury
- ☐ Unconscious/Fainting
- ☐ Unknown Problem Man Down
- ☐ **Transferring/Interfacility/ Palliative Care**
- ☐ MCI (Mass Cassulaty Incident)

TRAUMA - Complete this Section if Possible Injury = YES

CAUSE OF INJURY (select from list):

INTENT OF INJURY:

- ☐ Intentional, other
- ☐ Intentional, self
- ☐ Unintentional
- ☐ N/A / Unknown

MECHANISM OF INJURY

- ☐ Blunt
- ☐ Other
- ☐ Not Applicable
- ☐ Burn
- ☐ Penetrate
- ☐ Not Known

USE OF SAFETY EQUIP

- ☐ Not Applicable
- ☐ Not Known
- ☐ None
- ☐ Child Restraint
- ☐ Shoulder Belt
- ☐ Eye Protection
- ☐ Helmet Worn
- ☐ Protective Clothing
- ☐ Lap Belt
- ☐ Personal Flotation Device
- ☐ Other
- ☐ Protective Non-Clothing Gear

TRAUMA INJURY MATRIX

Mark Corresponding Injury Box with an "X"

	Head	Face	Neck	Thorax	Abdomen	Spine	Pelvis	U-extrem	L-extrem
Amputation	10	20	30	40	50	60	70	80	90
Bleeding Cntrl	11	21	31	41	51	61	71	81	91
Bleeding Un-Cntrl	11U	21U	31U	41U	51U	61U	71U	81U	91U
Burn	12	22	32	42	52	62	72	82	92
Crush	13	23	33	43	53	63	73	83	93
Dislocation- Fx	14	24	34	44	54	64	74	84	94
Gunshot	15	25	35	45	55	65	75	85	95
Laceration	16	26	36	46	56	66	76	86	96
Pain W/O Swelling-Bruising	17	27	37	47	57	67	77	87	97
Puncture-Stab	18	28	38	48	58	68	78	88	98
Soft Tissue Swelling/Bruising	19	29	39	49	59	69	79	89	99

TRAUMA - TEAM ACTIVATION CRITERIA

☐ TRAUMA TEAM NOT ACTIVATED

PRIMARY

- ☐ GCS < 12 *or*
- ☐ Systolic BP <90 *or*
- ☐ Resp Rate <10 >29
- ☐ Penetrating Trauma Head/Neck/Torso

ANATOMIC

- ☐ Amputation(s)
- ☐ Burns>10%
- ☐ Penetrating Extremity
- ☐ Flail Chest
- ☐ Traumatic Paralysis
- ☐ Skull Fx Open-Depressed
- ☐ Fx Femur-Pelvis, Long Bone

CONTRIBUTING FACTORS

- ☐ Age <5 >55
- ☐ Pregnancy
- ☐ Immunocompromised
- ☐ Cardio-Resp, Diabetes, Liver Disease, Obesity, Bleeding Disorder

MECHANISM

- ☐ MVC
- ☐ High Impact
- ☐ Large Animal Incident
- ☐ Death In Compartment
- ☐ Pedestrian Thrown or Runover
- ☐ Auto/Ped/Bike > 5 mph Impact
- ☐ Complex Extrication
- ☐ Motorcycle/Bike >20mph
- ☐ Separation of Bike/Rider
- ☐ Rollover
- ☐ Ejection
- ☐ Fall 2 X Pt Height

PROCEDURES (Check Off Procedures Performed)

BLS PROCEDURES: ☐ None

- ☐ Airway Cleared
- ☐ Airway Oral
- ☐ Airway Bagged
- ☐ Airway Nasal
- ☐ Airway Suctioning
- ☐ Blood Glucose Analysis
- ☐ Childbirth
- ☐ CPR
- ☐ Other (not O2/Vitals)
- ☐ Defibrillation AED
- ☐ Defibrillation Placement of Pads AED - NO Shock
- ☐ Extrication
- ☐ Rescue
- ☐ Restraints Physical
- ☐ Spinal Immobilization
- ☐ Splinting
- ☐ Splinting Traction
- ☐ Wound Care

EMT I & P PROCEDURES: ☐ ALS Assessment

- ☐ None
- ☐ 12 Lead ECG
- ☐ 12 Lead Cellular Transmittal
- ☐ Airway Combitube
- ☐ Airway Intub Confirm Co2
- ☐ Ary Intub Confirm Esophageal Bulb
- ☐ Airway Nebulizer Treatment
- ☐ Airway Orotracheal Intub
- ☐ Capnography
- ☐ Cardiac Monitor
- ☐ Cardioversion
- ☐ Chest Decompression
- ☐ Defibrillation Manual
- ☐ External Cardiac Pacing
- ☐ PASG
- ☐ Qualitative Rhythm Interpreta

Venous Access:

- ☐ Blood Draw
- ☐ External Jugular
- ☐ Extremity
- ☐ Intraosseous Adult
- ☐ Intraosseous Ped

PUBLIC ACCESS DEFIBRILLATION

- ☐ None
- ☐ PAD No Shock Advised
- ☐ PAD Shocked

EMT P PROCEDURES ONLY:

- ☐ Airway Nasotracheal Intub
- ☐ Airway Needle Cricothyrotomy
- ☐ Cardioversion
- ☐ Nasogastric Tube Insertion
- ☐ Urinary Catheterization

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CHIEF COMPLAINT:

INCIDENT OR ONSET TIME (HH:MM) :

INCIDENT OR ONSET DATE (mm/dd/yy) / /

CURRENT MEDICATIONS:

Chief Complaint Organ System (Check 1 Only)

☐ N/Applicable ☐ Not Known ☐ Not Reported ☐ Cardiovascular ☐ CNS/Neuro ☐ GI ☐ Global ☐ Endocrine/Metabolic ☐ Musculoskeletal ☐ OB/Gyn ☐ Psych ☐ Pulmonary ☐ Renal ☐ Skin

Chief Complaint Anatomic Location (Check 1 Only)

☐ N/Applicable ☐ Not Known ☐ Not Reported ☐ Abdomen ☐ Back ☐ Chest ☐ Extremity Lower ☐ Extremity Upper ☐ General/Global ☐ Genitalia ☐ Head ☐ Neck

***ALLERGIES*:**

PROVIDER'S PRIMARY IMPRESSION (Select from list):

PROVIDER'S SECONDARY IMPRESSION (Select from list):

PERTINENT HISTORY:

SYMPTOMS: P=PRIMARY (Check 1 Only) **A= ASSOCIATED** *(Check All that Apply)*

P	A		P	A		P	A	
☐	☐	None	☐	☐	Diarrhea	☐	☐	Palpitations
☐	☐	Bleeding	☐	☐	Drainage/Discharge	☐	☐	Rash/Itching
☐	☐	Breathing Problem	☐	☐	Fever	☐	☐	Swelling
☐	☐	Change in Responsiveness	☐	☐	Malaise	☐	☐	Transport Only
☐	☐	Choking	☐	☐	Mass/Lesion	☐	☐	Weakness
☐	☐	Death	☐	☐	Mental Psych	☐	☐	Wound
☐	☐	Device/Equip Prob	☐	☐	Nausea/Vomiting			
			☐	☐	Pain			

BARRIERS TO PATIENT CARE ☐ None

☐ Developmentally Impaired ☐ Hearing Impaired ☐ Language ☐ Physically Impaired ☐ Physically Restrained ☐ Speech Impaired ☐ Unattended/Unsupervised-Including Minors ☐ Unconscious

TIME	PULSE	SYS BP	DIAS BP	RESP	02 SAT	PAIN INDEX	Eye Open: Spontan	Eye Open: Verbal	Eye Open: Pain	Eye Open: None	Verbal: Oriented	Verbal: Confused	Verbal: Inappropriate	Verbal: Non specific sound	Verbal: None	Motor: Obeys verbal	Motor: Localizes Pain	Motor: Withdraws	Motor: Flexion	Motor: Extension	Motor: No Response	GCS Total	EYES: RIGHT Pupil Size	RIGHT Reactive	RIGHT Non-React	EYES: LEFT Pupil Size	LEFT Reactive	LEFT Non-React	SKIN: Normal	Dry	Clammy	Cold	Warm	Cyanotic	Pale
						0 - 10	4	3	2	1	5	4	3	2	1	6	5	4	3	2	1														
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INTERVENTIONS

BLS & ALS MEDICATIONS INTERVENTIONS-FLUID-O2	TIME	DOSAGE/ROUTE GAUGE/RATE	RESPONSE TO / RESULTS / AMOUNT INFUSED MEDICATION / PROCEDURE COMPLICATIONS	ATTEMPTS & Success #	Y - N	INITIATED BY ID#	S/O	V/O
Oxygen: ☐ NRB ☐ NC	:	LPM						
	:							
	:							
	:							
	:							
	:							

NARRATIVE

Signature & Certification Number:

DATE: / /

PRIMARY PATIENT CAREGIVER EMT ☐ I ☐ P ☐ MD/RN Flight Team ☐

REPORT CONTINUED: ☐ No ☐ Yes If Yes, Page: Of

2nd PATIENT CAREGIVER OTHER ☐ BEC ☐ EMT ☐ I ☐ P ☐

3rd PATIENT CAREGIVER OTHER ☐ BEC ☐ EMT ☐ I ☐ P ☐

DRIVER Other ☐ BEC ☐ EMT ☐ I ☐ P ☐

PROTOCOL USED:

CONDITION CODE:

CONDITION OF PATIENT AT DESTINATION: ☐ Improved ☐ Worse ☐ Unchanged ☐ N /Applicable

DESTINATION ZIP:

TYPE OF DESTINATION: ☐ Not Applicable ☐ **Hospital** ☐ Nursing Home ☐ Home ☐ Other EMS Air ☐ Other EMS ground ☐ Medical ☐ Morgue ☐ Police/Jail ☐ Other

HOSPITAL DISPOSITION (Optional): ☐ Discharged ☐ Death ☐ N /App - Not Known ☐ Transfer Other ☐ Transfer Hospital ☐ Transfer Nursing Home ☐ Transfer Rehabilitation Facility

EMERGENCY DEPT. DISPOSITION: ☐ Admitted to Hospital Floor ☐ Admitted to Hospital ICU ☐ Not Applicable Not Transferred to ED ☐ Released ☐ Transferred ☐ Death ☐ N /App - Not Known

DESTINATION FACILITY:

(Signature):