

SPC EMS Programs

EMS Patient Care Report

Call Times-Use 24hr Clock	
DISPATCH	
ENROUTE	
ON SCENE	
TO HOSP	
AT HOSP	
IN SERVICE	

DATE: Month Day Year
 TDH Course Number:
 Sem: F/S/Int

EMS Site: Unit: Patient Of

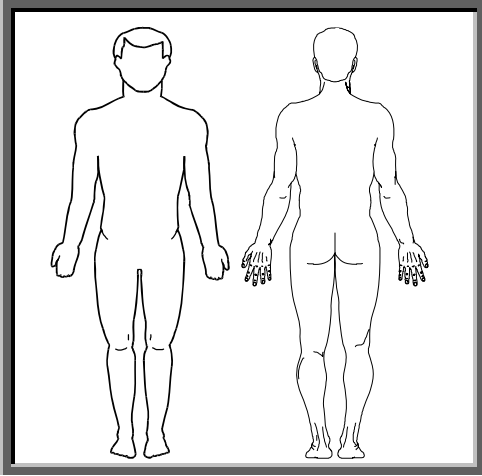
Weather: Dry Rain Snow Ice Fog Other: _____	Law Enforcement Units (List): _____	Patient's Valuables: _____
Additional EMS Units (List) _____	Fire Units (List): _____	Disposition of Patient Valuables: _____
Air Ambulance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Pt Airlifted to: _____	
Second Ambulance used to transport? <input type="checkbox"/> YES <input type="checkbox"/> NO	Service _____ Transported to: _____	

Chief Complaint: _____ **Protocol Used:** _____

PATIENT HISTORY Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female PMHx: _____ MEDS: _____ ALLERGIES: _____	Time				
	BP				
	P				
	R				
	SaO2				
	D-Stick				
	Pupils				
	Skin				
	GCS/RCS				

MEDICATIONS ADMINISTERED BY EMS

TIME	MED	DOSE	ROUTE	EFFECT



Patient Transported to:

Transport Refused: <input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle Extrication
Work Related: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES TIME _____ <input type="checkbox"/> NO
Aid Prior to Arrival: <input type="checkbox"/> YES <input type="checkbox"/> NO	Preventative Aid:

Driver _____ Cert _____
 Attendant _____ Cert _____
 Student _____ Cert _____

PRECEPTOR SIGNATURE

