SENECA COUNTY EMS PATIENT CARE REPORT

DATE

№

Times (Military Format Please)
Call Rec'd
Dispatched
Responding
On Scene
Transporting
At Hospital
In Service

Dispatched As | **Response** ☐ Emergency ☐ Routine

Location of Call

Village/Twp | County

Incident Site ☐ Residence ☐ Recreational Facility ☐ Residential Institution ☐ Farm ☐ Mine/Quarry ☐ Street/Highway ☐ Unknown ☐ Public/Commercial Bldg. ☐ Educational Site ☐ Other: _____

Disposition ☐ Transported (See Below) ☐ Cancelled ☐ Dead at Scene ☐ Nothing Found ☐ Refused Transport ☐ Standby Only

Determination for Destination ☐ Protocol/Closest Appropriate ☐ Patient/Family Choice ☐ Physician Preference ☐ Diversion ☐ Other (List in Narr.)

Unit Number

Transport ☐ Emergency ☐ N/A ☐ Routine

Hospital

Mileage

Ending

Starting

Total Loaded Miles

Other Responding Agencies

Factors Affecting Delivery of Care

☐ Adverse Weather/Road ☐ Haz-Mat ☐ Prolonged Extrication ☐ Train ☐ Unsafe Scene ☐ Not Applicable ☐ Other:

Patient Info

Name | Phone

Address | Age | DOB

City | State | Zip | Sex ☐ Male ☐ Female

SSN | Race | Ethnicity ☐ Hispanic/Latino ☐ Non-Hispanic

Protective Devices ☐ None ☐ Seat Belt ☐ Air Bag ☐ Helmet ☐ Other

Pt. Vehicle Damage ☐ Mild ☐ Moderate ☐ Severe

CHIEF Complaint or PRIMARY Injury

PRESENTING PROBLEM (Check All That Apply)

☐ Unconscious/Unresponsive	☐ Allergic Reaction	☐ General Illness/Malaise	☐ Disease	☐ Head Injury	☐ Cold
☐ Airway Obstruction	☐ Syncope	☐ General Weakness	☐ Fracture/Dislocation	☐ Spinal Injury	☐ Haz-Mat
☐ Respiratory Distress	☐ Seizure	☐ Behavior Disorder	☐ Shock	☐ Soft Tissue Injury	☐ Pain (where?)
☐ Respiratory Arrest	☐ Stroke/CVA	☐ Poisoning (accidental)	☐ OB/GYN	☐ Amputation	
☐ Cardiac Related (potential)	☐ Diabetic Related	☐ Substance Abuse (potential)	☐ DOA	☐ Environmental	☐ Other
☐ Cardiac Arrest	☐ Gastro-Intestinal Distress	☐ Suicide (potential)	☐ Multiple Trauma	☐ Heat	

Injury Description ☐ Blunt ☐ Penetrating ☐ Burns ☐ Blast ☐ Exposure ☐ Unknown ☐ Other:

Mechanism of Injury:

Pertinent Medical History

Family Physician

☐ COPD ☐ Stroke ☐ Cancer ☐ Hypertension ☐ Diabetes ☐ Cardiac

Allergies: ☐ PCN ☐ Sulfa ☐ NKA

Other History

Other Allergies

Medication

Vital Signs

☐ Unable To Obtain (Document)

Time	Pulse	Resp	BP	Pulse Ox	Glucometer Check	Temp

Protective Devices ☐ None ☐ Seat Belt ☐ Air Bag ☐ Helmet ☐ Other

Pt. Vehicle Damage ☐ Mild ☐ Moderate ☐ Severe

Reported Chemical Abuse

☐ Alcohol

☐ Drugs (Document)

02 LPM

☐ NC ☐ NRB ☐ BVM ☐ CPAP

Aerosol Tx Doses _____

Airway

Size

☐ OPA _____

☐ NPA _____

☐ Other: _____ _____

Intubation

Tube Size

☐ Oral _____

☐ Nasal _____

Lung/Resp.	1st✓ R	1st✓ L	2nd✓ R	2nd✓ L
Reg./Normal				
Shallow				
Apneic				
Rhonchi				
Rales				
Wheezes				

Pupils

1 2 3 4 5 6

	1st✓ L	1st✓ R	2nd✓ L	2nd✓ R
Pupil Size				
Reactive Y/N				

Skin

Temp.	Moist	Color
☐ Hot	☐ Dry	☐ Normal
☐ Warm	☐ Moist	☐ Pale
☐ Cool	☐ Profuse	☐ Cyanotic
☐ Cold		☐ Flushed
		☐ Jaundice

Glasgow Coma Scale

Eye Opening

4 ☐ Spontaneously
3 ☐ To Voice
2 ☐ To Pain
1 ☐ No Response

Best Verbal Response

5 ☐ Oriented
4 ☐ Confused
3 ☐ Inappropriate
2 ☐ Incomprehensible
1 ☐ No Response

Best Motor Response

6 ☐ Obeys Command
5 ☐ Localizes Pain
4 ☐ Withdraws
3 ☐ Flexion
2 ☐ Extension
1 ☐ No Response

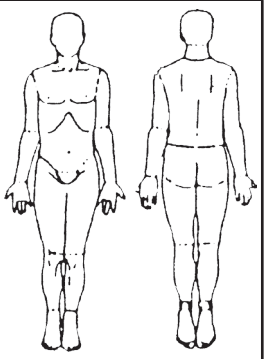
1st 2nd

GCS = _____ /_____

IV/IO

Time	Solution	Rate	Cannula	Attempts	Name	Blood Drawn

Observations



Letter Injury Location

L-Laceration
G-Gunshot **A**-Abrasion
P-Pain **D**-Deformity
B-Burns **C**-Discoloration

Cardiac

Arrest Witnessed Y/N By

CPR initiated by | Time

CPR Discontinued Y/N Authorized by

Defib/Cardioversion Y/N | Time

Spontaneous Circulation Y/N | Time

Rhythm at Hospital

EKG Rhythm

Time | 12 Lead ☐ Y ☐ N | Other

Sinus	Atrial	Ventricular	Heart Blocks
☐ NSR	☐ Fib/Flutter	☐ Tachycardia	☐ 1st Degree
☐ Tachycardia	☐ PAC	☐ Fibrillation	☐ 2nd Degree Type I
☐ Bradycardia	☐ SVT/PSVT	☐ Idio	☐ 2nd Degree Type II
☐ Arrhythmia	☐ Asystole	☐ Paced Rhythm	☐ 3rd Degree
☐ PEA		☐ PVC's	

SENECA COUNTY EMS PATIENT CARE REPORT

Patient	Date

Narrative

Time	Event	Just.

Medical Refusal Form

The grave nature of my illness and/or injury have been explained to me and I understand that my refusal of treatment and/or transport is against my medical advice and may endanger my life. The undersigned hereby releases this department and Seneca County EMS, its officers, agents and employees from any and all claims and damages resulting directly or indirectly in connection with the undersignee's refusal.

Patient Signature	Date
Witness Signature	

Crew Members and Training Level Paramedic AEMT EMT EMR FF

Print	Sign	Level
1. Driver		
2.		
3.		
4.		
5.		