## Unit Information

Date | Agency Name | Agency Number

PreMiS **Preliminary Report*** Revision 2

Type of Service Requested: 911 Resp. (Scene); Interfacility Trans.; Medical Trans.; Standby; Intercept; Mutual Aid

Transport Unit # | Call Sign # | EMT B / I / P | EMT B / I / P | PCR #

Patient Name | Age | Date of Birth | Sex M F | Phone Number | Work Related/Occup.

Patient Address | City | State | Zipcode | Race/Eth. | Social Security Number

Legal Guardian if Patient is a Minor | Relation to Patient | Insurance Company

## Situation

Location / Address of Call or Incident — Same as Above

Other Agencies

Response Mode to Scene: Lights and Sirens; No Lights and Sirens; Downgraded to No L&S; Upgraded to L&S

Dispatch Complaint | EMD Performed | EMD Card #

**CPR**: AED On Scene Prior to EMS: Yes No

Prior to Arrival: Yes No — Time Started

Arrest Witnessed By: EMS/1st R/PD; Family; Bystander; Unknown

Downtime: < 5 minutes; 5-10 minutes; 10-15 minutes; Unknown

Performed By: EMS/1st R PD; Family; Bystander

**Chief Complaint**

Duration | Min Hrs Days | Severity (1-10)

Other Complaints

Duration | Min Hrs Days | Severity (1-10)

### Mechanism of Injury

Mechanism or Cause?

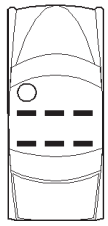
- Steering Wheel Deformity
- Windshield Spider
- Dash Deformity
- Side Post Deformity
- Ejection
- DOA Same Vehicle
- Rollover
- Space Intrusion > 1 ft.
- Fire
- Lap Seat Belt
- Shoulder Belt
- Helmet
- Infant Carseat
- Airbag

Extraction Time (min)

Fall (ft)

(Circle Pt. and Vehicle Impact Area)

Car
Sport Utility
Stationwagon
Truck
Van
Motorcycle
Bicycle
Boat



### DATES and TIMES

PSAP Call Date/Time

Unit Notified by Dispatch Date/Time

Unit En Route Date/Time

Unit Arrived on Scene Date/Time

Arrived at Patient Date/Time

Unit Left Scene Date/Time

Patient Arrived at Destination Date/Time

Unit Back in Service Date/Time

Unit Back at Home Location Date/Time

### ODOMETER

Beginning Odometer

On-Scene Odometer

Destination Odometer

Loaded Mileage

## Patient Survey

### Vital Signs

| Time | BP | HR | RR | Glucose | CO2 | SaO2 | Temp. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

### Past History

Meds

Evidence of Alcohol Ingestion? Yes No | DNR/MOST Form ☐ | Living Will ☐

Allergies ☐ Denies

Narrative

### Protocols Used

### Skin
Normal; Pale; Cyanotic; Clammy; Jaundiced; Cold; Warm; Diaphoretic

### HEENT / Neck
Normal; JVD; Tracheal Dev.; SQ Air; Stridor; Lac. / Lesion

### Chest
Normal BS; Decreased BS; Tenderness; Acc. Muscles; Flail Segment; Rhonchi / Wheezing; Rales; Lac. / Lesion

### Heart
Normal; Decreased Sounds; Murmur; Monitor/ECG/FHT'S; 1; 2

### Abdomen
Normal; Distention; Tenderness; Guarding; Mass; Lac./Lesions R L UQ LQ

### Pelvis / Gen.
Normal; Tender; Unstable; Genital Injury; Crowning; Lac./Lesions

### Extremities

| | Normal | Tenderness | Abnormalities |
|---|---|---|---|
| RUE | ☐ | ☐ | |
| LUE | ☐ | ☐ | |
| RLE | ☐ | ☐ | |
| LLE | ☐ | ☐ | |

### Back
Normal; Tender Sp. Process No C T L; Tender Paraspinous No C T L; Pain to ROM No C T L; Lac./Lesions

### Neuro

Pupils
L: React. Dil __ mm Nonreact. Blind
R: React. Dil __ mm Nonreact. Blind

Findings: Normal; Confused; Combative; Unresponsive; Hallucinations; Seizures; Post-ictal; Obtunded; Tremors

Deficit: Dysphasia; Hemiplegia: R L

**Stroke Screen**: ☐ Positive ☐ Negative

**Glasgow Coma Scale**

Eyes: Spontaneous 4; To Voice 3; To Pain 2; None 1

Verbal: Oriented 5; Confused 4; Inappropriate Sounds 3; Incomprehensible Sounds 2; None 1

Motor: Obeys Commands 6; Localizes to Pain 5; Withdraws (Pain) 4; Flexion (Pain) 3; Extension (Pain) 2; None 1

**Total GCS Score**

**Adult Trauma Score**

Resp. Rate: 10 - 29 = 4; > 29 = 3; 6 - 9 = 2; 1 - 5 = 1; None = 0

Systolic BP: > 89 = 4; 76 - 89 = 3; 50 - 75 = 2; 1 - 49 = 1; None = 0

GCS Points: 13 - 15 = 4; 9 - 12 = 3; 6 - 8 = 2; 4 - 5 = 1; 3 = 0

**Total Adult Trauma Score**

**Reperfusion Check Sheet**: ☐ No Contraindicators ☐ Contraindicators

## Procedures & Medications

| Time | Procedure | Size | Tech State ID | Success | Time | Medication | Dose/Route | Tech State ID |
|---|---|---|---|---|---|---|---|---|
| | | | | Y N | | | | |
| | | | | Y N | | | | |
| | | | | Y N | | | | |
| | | | | Y N | | | | |
| | | | | Y N | | | | |

## Disposition

ETT Confirmation and Signature at Destination

Time | Cardiac Rhythm or 12 Lead Interpretation

Transport Mode from Scene: Lights and Sirens; No Lights and Sirens; Downgraded to No L&S; Upgraded to L&S

**Transport**: ☐ Refused ☐ Cancelled

**Moved to Ambulance**: Walk; Stretcher; Carry; Stairchair

**Transport Position**: Prone; Supine; L. Lateral; Sitting; Trendelenberg; Head Elevated; Fowlers

**Safety**: Gloves; Mask; Gown; Eyewear

**Patient's Condition on Arrival**: Improved; Same; Worse

**Reason for Choosing Destination (circle)**: Diversion; Closest Facility; Insurance Status; Family Choice; On-Line Medical Direction; Law Enforcement Choice; Patient Choice; Patient's Physician Choice; Protocol; Specialty Resource Center

Treatment Authorized by MD MICN

Patient Received by

Destination Name and/or Address

EMT Signature | EMT-P State ID

Medical Control Signature

* This is a preliminary document. This is not the final EMS Patient Care Report.