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| **RC Health Services** | **Emergency Medical Services Training****Ambulance Form – Page 1 of \_\_\_\_** |
| Student Name: | Date: |
| EMS Service: | Shift: | Hours: |
| Preceptor Name and Certification Level: | DSHS Number: |
| Gender: Male Female | Age: Yr or Mo | Weight (kg): | Dispatched: |
| **Chief Complaint:** |  | On Scene: |
| Date/Time of Onset: |  | Transporting: |
| **Scene Assessment:** | Scene Safe: Y N | Number of Patients: | @ ER: |
| Police on Scene: Y N | HAZMAT Y N | MOI/NOI: | In Service: |
| **Past Medical/Surgical History:** |  |
|  |
| **Current Medications:** |  |
|  |
| **Allergies:** |  |
|  |
| **Glasgow Coma Scale** | **Vital Signs** | **Skin** |
| Times | Eyes | Verbal | Motor | Pulse | Resp | B/P | Color | Moisture | Temp. |
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| **Pupils:** | Equal: Y N | Round: Y N | Reactive: Y N | **Size (mm):** | Lt: | Rt: |
| **Breath Sounds:** | Clear: Y N | Equal: Y N | Absent: L R | Diminished: L R |
| Wheezes: L R | Rales: L R | Ronchi: L R | Stridor: L R | Croup: Y N |
| Upper Lower | Upper Lower | Upper Lower | Upper Lower | Upper Lower |
| **Pain Scale:** | Severity/Strength (1 – 10): | Quality: | Radiation: | Onset: |
| Temp: | SaO2: | CO2: | Heart Tones: | ABD Sounds: LUQ ( ) RUQ ( ) LLQ ( ) RLQ ( ) |
| **Assessment Findings** | **Assessment Findings Legend** |
| Head |  |  |  | T1 abrasion | M1 pain |
| Face |  |  |  | T2 amputation | M2 nausea/vomiting |
| Neck |  |  |  | T3 avulsion | M3 abnormal sounds |
| Chest |  |  |  | T4 burn | M4 tenderness |
| Abdomen |  |  |  | T5 fracture/dislocation | M5 swelling |
| Pelvis |  |  |  | T6 laceration | M6 discharge |
| Arms |  |  |  | T7 puncture | M7 paralysis/weakness |
| Legs |  |  |  | T8 bleeding, external | M8 bleeding, internal |
| Back/Spine |  |  |  | T9 other trauma | M9 other medical |
| **EKG:** | O / P | Interpretation: |
| **Call Disposition/Outcome** |
|  | Transport/Non-Emergency |  | Deceased on Scene |
|  | Transport/Emergency |  | Patient Refusal/No Transport |
|  | Transport/Helicopter |  | First Aid Only/Assistance to Citizen |
| **Transfer Hospital:** |  |
| Student Signature: | Preceptor Signature: |

Rev 10/11

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| **RC Health Services** | **Emergency Medical Services Training****Ambulance Form – Page 2 of \_\_\_\_** |
| **Treatment and Management** |
| **Times** | **Treatment and Management** | **Times** | **Treatment and Management** |
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| **Differential Diagnosis/Field Impression** |
| **1.** |
| **2.** |
| **3.** |
| **Narrative/Documentation** |
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| **Briefly describe what you have learned from observing/treating this patient** |
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| **Patient Demographics** |
| **O – Observed A – Attempted Procedure U – Unsuccessful P – Performed Procedure - Successfully** |
| Medical | CVA/TIA | Delivery | Psych. | Meds |
| Abdominal | OB/GYN | Respiratory | EKG | ALS |
| CPR/Arrest | Chest Pain | Diabetes | ET | Team Leader: Y N |
| Trauma | Allergy | Syncope/AMS | IV | Other: |
| Student Signature: | Preceptor Signature: |

Rev10/11