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| **RC Health Services** | | | | | **Emergency Medical Services Training**  **Hospital Form – Page 1 of \_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | |
| Course Level: EMT-B EMT-I EMT-P | | | | | | | | | | | | | | | | Course Instructor: | | | | | | | | | | | | | | | | | | | | |
| Hospital: | | | | | | | | | | | | | | | Department: | | | | | | | | | Shift: | | | | | | | | | Total Hours: | | | |
| Preceptor Name and Certification: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DSHS Number: | | | | | | | |
| Patient Data: Gender Male Female | | | | | | | | | | | | Age: Yr or Mo | | | | | | | | | | | Weight: (kg) | | | | | | | | | | | | | |
| Chief Complaint/Diagnosis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MOI/NOI** | | **Complaint** | | | | | | | | | | | | | | | | | | **MOI/NOI** | | | | | **Complaint** | | | | | | | | | | | |
|  | | Abdominal Pain | | | | | | | | | | | | | | | | | |  | | | | | Fall | | | | | | | | | | | |
|  | | Allergic Reaction/Anaphylaxis | | | | | | | | | | | | | | | | | |  | | | | | Neurological Emergency/Seizure/CVA/TIA | | | | | | | | | | | |
|  | | Animal Bite/Sting | | | | | | | | | | | | | | | | | |  | | | | | Possible Fracture/Dislocation/Sprain | | | | | | | | | | | |
|  | | Assault/Sexual Assault | | | | | | | | | | | | | | | | | |  | | | | | Toxic Exposure/Poisoning/Overdose | | | | | | | | | | | |
|  | | Motor Vehicle Crash/Impact/Pedestrian | | | | | | | | | | | | | | | | | |  | | | | | Eye Injury | | | | | | | | | | | |
|  | | Respiratory Difficulty/Respiratory Arrest | | | | | | | | | | | | | | | | | |  | | | | | Infection/Sepsis | | | | | | | | | | | |
|  | | Burns/Electrical Injury/Chemical Burn | | | | | | | | | | | | | | | | | |  | | | | | Pregnancy/Childbirth/Gynecological | | | | | | | | | | | |
|  | | Cardiac Arrest | | | | | | | | | | | | | | | | | |  | | | | | Emotional Crisis/Suicide | | | | | | | | | | | |
|  | | Chest Pain/Cardiac Related Complaint | | | | | | | | | | | | | | | | | |  | | | | | Infectious Disease | | | | | | | | | | | |
|  | | Choking/Aspiration/Foreign Body Obstruction | | | | | | | | | | | | | | | | | |  | | | | | Stabbing/Cutting/Shooting | | | | | | | | | | | |
|  | | Diabetic/Endocrine | | | | | | | | | | | | | | | | | |  | | | | | Unconscious | | | | | | | | | | | |
|  | | Drowning/Near Drowning | | | | | | | | | | | | | | | | | |  | | | | | Other: | | | | | | | | | | | |
| **Past Medical/Surgical History:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Medications:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Allergies:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Glasgow Coma Scale** | | | | | | | | | | **Vital Signs** | | | | | | | | | | | **Skin** | | | | | | | | | | | | | | | |
| Times | Eyes | | | Verbal | | Motor | | | | Resp | | | Pulse | | | | B/P | | | | Color | | | | | | | Moisture | | | | | | | Temp. | |
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| **Pupils:** | Equal: Y N | | | | | | | Reactive: Y N | | | | | | | | | | Round: | | | | Y N | | | | Size(mm): | | | | | | Lt. | | | | Rt. |
| **Glucose:** |  | | | | | | | | **OB/Gyn.** | | | | | Grav. | | | | | | | | Para. | | | | | | Abor. | | | | | | LNMP: | | |
| Breath Sounds | | | | | Clear: Y N | | | | | | Equal: Y N | | | | | | | | | | Absent: L R | | | | | | | | | | Diminished: L R | | | | | |
| Wheezes: L R | | | | | Rales: Y N | | | | | | Ronchi: L R | | | | | | | | | | Stridor: Y N | | | | | | | | | | Croup: Y N | | | | | |
| Upper Lower | | | | | Upper Lower | | | | | | Upper Lower | | | | | | | | | | Upper Lower | | | | | | | | | | Upper Lower | | | | | |
| Pain Scale | | | | | Onset: | | | | | | Severity (1-10) | | | | | | | | | | Quality: | | | | | | | | | | Radiation: | | | | | |
| Temp: | | | | | SaO2: | | | | | | CO2: | | | | | | | | | | 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 | | | | | | |
| Student Signature: | | | | | | | | | | | | | | | | | | | Preceptor Signature: | | | | | | | | | | | | | | | | | |

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| **RC Health Services** | **Emergency Medical Services Training**  **Hospital Form – Page 2 of \_\_\_\_** | | | | | | |
| Student Name: | | | | | | Date: | |
| **Differential Diagnosis** | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| **Narrative** | | | | | | | |
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| **Describe the appropriate pre-hospital treatment in the field for this patient (to your level of class)** | | | | | | | |
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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 - Unsuccessfully P – Performed Procedure Successfully** | | | | | | | |
| Medical | | Trauma | Chest Pain | | Diabetes | | EKG |
| Abdominal | | CVA/TIA | Allergy | | Syncope/AMS | | IV |
| CPR/Arrest | | OB/Gyn | Delivery | | Psych | | Suction |
| ET | | Meds | Respiratory | | Other | | |
| Student Signature: | | | | Preceptor Signature: | | | |

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