

Assessment - Physical

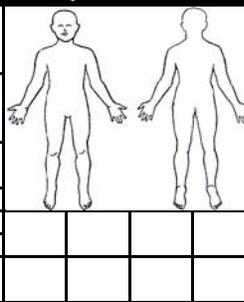
Mental Status: Not Done Oriented to: Person Place Time
 Combative Confused Incoherent Hallucinations
 Unresponsive Responsive to Verbal Stim. Responsive to Painful Stim.

Neuro: Not Done Normal Speech Normal Weakness L R Tremors
 Facial Droop Speech Slurring Abnormal Gait Aphasic
 Seizures Postictal Decerebrate Posturing Decorticate Posturing

Head/Face: Not Done Normal Pain Swelling Drainage
 Symmetrical Face Asymmetric Smile/Droop Mass/Lesion

Pupils: Not Done Normal Pupil Size L: _____ R: _____ Nystagmus L R
 Reactive L R Sluggish L R Non-Reactive L R Blind L R
 Pupil Deformity L R Cataracts L R Disconjugated L R Glaucoma Pres. L R

Neck: Note Done Normal Trachea Midline No JVD SubQ Air
 Edema Stridor Pain Tracheal Deviation JVD Stiffness



Injury Assessment
 Not Applicable

A Skin	1 Abrasions	12 Crush
B Head	2 Amputation	13 Deformity
C Face	3 Avulsion	14 Dislo/Fx
D Neck	4 Bleeding Controlled	15 Ecchymosis
E Thorax	5 Bleeding Uncontrolled	16 Foreign Body
F Abdomen	6 Burn	17 Gunshot
G Spine	7 Burn Blistering	18 Laceration
H Arm/Hand	8 Burn Charring	19 Pain No Soft Tissue Inj.
I Pelvis	9 Burn Redness	20 Pain
J Leg/Foot	10 Burn White/Waxy	21 Puncture/Stub
K Unspecified	11 Crepitus	22 Soft Tissue Injury

Chest Lungs: Not Done Normal BS Clr & Eql Bilat Inc. Effort
 Rales Insp. Wheezing Exp. Wheezing Rhonchi Assisted BS
 Decreased BS L R Absent BS L R Chest Pain/Pressure Radiating
 Retractions Acc. Muscle Use Chest Pain/Pressure Reproducible
 Tenderness L R Flailed Seg. L R Chest Pain/Pressure Non-Reproducible

GU: Not Done Normal Burning Discharge Foreign Body
 Blood From: Rectum Vagina Penis Pain Painful Urination
 Incontinent: Bladder Bowel Priapism Genital Injury Unstable

Assessment - Vital Signs

Time	LOC	B/P	Pulse	Resp.	SpO2	Pain	ECG
	<input type="checkbox"/> A <input type="checkbox"/> V	/	<input type="checkbox"/> Regular <input type="checkbox"/> Reg.-Irreg.	<input type="checkbox"/> Regular <input type="checkbox"/> Reg.-Irreg.	<input type="checkbox"/> RA <input type="checkbox"/> 1-6 L <input type="checkbox"/> 7-9 L <input type="checkbox"/> 10-25 L		
	<input type="checkbox"/> P <input type="checkbox"/> U <input type="checkbox"/> n/a	<input type="checkbox"/> Palp <input type="checkbox"/> Unable <input type="checkbox"/> N/O	<input type="checkbox"/> Regular <input type="checkbox"/> Reg.-Irreg. <input type="checkbox"/> Irreg.-Irreg.	<input type="checkbox"/> Regular <input type="checkbox"/> Reg.-Irreg. <input type="checkbox"/> Irreg.-Irreg.	<input type="checkbox"/> RA <input type="checkbox"/> 1-6 L <input type="checkbox"/> 7-9 L <input type="checkbox"/> 10-25 L		
	<input type="checkbox"/> A <input type="checkbox"/> V	/	<input type="checkbox"/> Regular <input type="checkbox"/> Reg.-Irreg.	<input type="checkbox"/> Regular <input type="checkbox"/> Reg.-Irreg.	<input type="checkbox"/> RA <input type="checkbox"/> 1-6 L <input type="checkbox"/> 7-9 L <input type="checkbox"/> 10-25 L		
	<input type="checkbox"/> P <input type="checkbox"/> U <input type="checkbox"/> n/a	<input type="checkbox"/> Palp <input type="checkbox"/> Unable <input type="checkbox"/> N/O	<input type="checkbox"/> Regular <input type="checkbox"/> Reg.-Irreg. <input type="checkbox"/> Irreg.-Irreg.	<input type="checkbox"/> Regular <input type="checkbox"/> Reg.-Irreg. <input type="checkbox"/> Irreg.-Irreg.	<input type="checkbox"/> RA <input type="checkbox"/> 1-6 L <input type="checkbox"/> 7-9 L <input type="checkbox"/> 10-25 L		

Abdomen: Not Done Normal Distended Rigid
 Guarding RU LU LL RL Pain/Tenderness RU LU LL RL Mass

Spine: Not Done Normal (Circle)
 Pain to ROM C-Spine T-Spine L-Spine
 Tender Para-Spinous C-Spine T-Spine L-Spine
 Tender Spinous Process C-Spine T-Spine L-Spine

Extremities Not Done Normal Edema UR UL LR LL
 +CMS UR UL LR LL Abnormal CMS UR UL LR LL Weakness UR UL LR LL
 Pain UR UL LR LL Abnormal Sensation UR UL LR LL Absent Pulse UR UL LR LL
 Abnormal Pulse UR UL LR LL Cold Extremity UR UL LR LL

Skin: Normal Warm Cold Hot Dry Clammy Diaphoretic
 Cap Ret <2 Secs. Cap Ret 2-4 Secs. Cap Ret >4 Secs. Pale Cyanotic
 Poor Turgor Hives Rash Jaundice Mottled Lividity Flushed

Glasgow Coma: Eye Verbal Motor Total GCS No Qualifiers (N) Sedated (S)
 Qualifier Intubated (I) Paralyzed (P)

NIH Stroke Scale (see back of sheet) LOC Questions Commands Gaze

Additional Info on page 3

Medication Administration

Airway/Intravenous Procedures

Time	Medication	Dose	Route	Resp	Crew #	Time	Medication	Dose	Route	Resp	Crew #	Time	Size	Type	Loc.	Fluid/Lock	ATT.	Succ.	Crew #	

Procedure	Time:	Crew #:	Procedure	Time:	Crew #:	Procedure	Procedure
<input type="checkbox"/> None			<input type="checkbox"/> Glucose Check			<input type="checkbox"/> Supraglottic Airway	<input type="checkbox"/> External Pacing
<input type="checkbox"/> Asst Vent. RPM _____			<input type="checkbox"/> Splint Extremity			<input type="checkbox"/> CPAP	R _____ M _____
<input type="checkbox"/> O2 Cannula LPM _____			<input type="checkbox"/> Splint Traction			<input type="checkbox"/> Intubated (ETT)	<input type="checkbox"/> Defib/Cardioversion
<input type="checkbox"/> O2 Mask LPM _____			<input type="checkbox"/> Spinal Immob.			<input type="checkbox"/> Ventilator	<input type="checkbox"/> CPR
<input type="checkbox"/> O2 Neb/BB LPM _____			<input type="checkbox"/> Bleeding Contr			<input type="checkbox"/> Cricho/tyrotomy	<input type="checkbox"/> IV Access
<input type="checkbox"/> Nasal Airway Sz. _____			<input type="checkbox"/> Burn Care			<input type="checkbox"/> NG Tube	<input type="checkbox"/> IO Access
<input type="checkbox"/> Oral Airway Sz. _____			<input type="checkbox"/> OB Care			<input type="checkbox"/> Chest Decomp	<input type="checkbox"/> IV Fluids
<input type="checkbox"/> Suction			<input type="checkbox"/> Other			<input type="checkbox"/> ECG Monitoring	<input type="checkbox"/> Medications

Receiving Facility: _____ **Facility Diverted From:** _____ **Facility Notified By:** N/A Unable Radio Direct Cell

Physician Signature: _____ **DEA#:** _____

12 Lead Communicated In Advance: N/A Yes No **Specialty Team Notified:** N/A Stroke Alert Trauma Alert STEMI Alert

Procedure Authorization: N/A Protocol On-line On-scene (MD Name) _____ Written Order **Narcs Accounted For:** _____

Drug Box: Old # _____ New # _____

Reason for Choice: Closest Facility Patient Choice Protocol Specialty Res Ctr On-line Control Law Enf. Choice Insurance Status Pt's MD Choice Family Choice Diversion

Type of Destination: Hospital Other EMS Unit Air medical unit Dr. Office/Clinic Police/Jail Other Nursing Home Home Morgue

Incident Disposition: Tx'd & Transported Patient Refusal Tx'd/Went by POV Tx'd/Transf. Care Tx'd & Release EMS Not Needed Ref to Police Dead at Scene Cancelled No Pt. Found

Turn Around Delay: N/A - No Delay Restocking Drug Box Exchange Clean Up Decontamination Documentation Staff Delay Veh. Failure Other

Func.	Printed Name	Signature	VA. Certification No.
AIC 1			FR EMT Enh. Int. P
DRIV 2			FR EMT Enh. Int. P
ATT 3			FR EMT Enh. Int. P RN MD Oth
ATT 4			FR EMT Enh. Int. P RN MD Oth