Commonwealth of Virginia

EMS Medical Record - Short Form

Patient and Response Information

Agency: | **Agency #:** | **Unit #:** | **Date:** D D / D D / Y Y

Location: | **ZIP** | **Incident #:**

Name: _____ **Age:** ☐ Male ☐ Female **Gender:**

Address: _____ **Apt/Rm** _____ **Telephone:** _____

City: _____ **State:** _____ **ZIP:** _____

Next of Kin Name: _____ **Rel.** _____ **Tel.#:** _____

SSN/DL # _____ **DL State** _____ **DOB** M M / D D / Y Y Y Y

Times (24hr Format)				
PSAP Time				
Unit Disp.				
Enroute				
Arrive Scene				
Arrive Patient				
Leave Scene				
Arrive Dest.				

Patient History

Chief Complaint and Duration	**Secondary Complaint and Duration**	**Symptoms**

Past Medical Surgical History

☐ None	☐ COPD	☐ GU/GI	☐ Hypotension	☐ Seizures	☐ Tuberculosis
☐ Asthma	☐ Develop Delayed	☐ High Cholesterol	☐ Neuro	☐ Stroke/CVA	☐ Other:
☐ Cancer:_____	☐ Diabetes	☐ HIV/AIDS	☐ Psych Disorder	☐ Substance Abuse	
☐ Cardiac:_____	☐ Endocrine	☐ Hypertension	☐ Renal Failure	☐ TIA	

Allergies:

Medications:

Assessment/Vital Signs

Time	**LOC**	**B/P**	**Pulse**	**Resp.**	**SpO2**	**Pain**	**ECG**	**Time**	**LOC**	**B/P**	**Pulse**	**Resp.**	**SpO2**	**Pain**	**ECG**
	☐ A ☐ V	/			☐ RA				☐ A ☐ V	/			☐ RA		
Gluc.	☐ P ☐ U	☐ Palp ☐ Unable	☐ Regular ☐ Reg-Irreg	☐ Regular ☐ Reg-Irreg	☐ 1-6 L ☐ 7-9 L	**CO2**	Defib Joules	**Gluc.**	☐ P ☐ U	☐ Palp ☐ Unable	☐ Regular ☐ Reg.-Irreg.	☐ Regular ☐ Reg.-Irreg.	☐ 1-6 L ☐ 7-9 L	**CO2**	Defib Joules
	☐ n/a	☐ N/O	☐ Irreg-Irreg	☐ Irreg.-Irreg.	☐ 10-25 L				☐ n/a	☐ N/O	☐ Irreg.-Irreg.	☐ Irreg.-Irreg.	☐ 10-25 L		

Time	**LOC**	**B/P**	**Pulse**	**Resp.**	**SpO2**	**Pain**	**ECG**	**Time**	**LOC**	**B/P**	**Pulse**	**Resp.**	**SpO2**	**Pain**	**ECG**
	☐ A ☐ V	/			☐ RA				☐ A ☐ V	/			☐ RA		
Gluc.	☐ P ☐ U	☐ Palp ☐ Unable	☐ Regular ☐ Reg-Irreg	☐ Regular ☐ Reg-Irreg	☐ 1-6 L ☐ 7-9 L	**CO2**	Defib Joules	**Gluc.**	☐ P ☐ U	☐ Palp ☐ Unable	☐ Regular ☐ Reg.-Irreg.	☐ Regular ☐ Reg.-Irreg.	☐ 1-6 L ☐ 7-9 L	**CO2**	Defib Joules
	☐ n/a	☐ N/O	☐ Irreg-Irreg	☐ Irreg.-Irreg.	☐ 10-25 L				☐ n/a	☐ N/O	☐ Irreg.-Irreg.	☐ Irreg.-Irreg.	☐ 10-25 L		

Treatment

Medication Administration

Time	Medication	Dose	Route	Resp.	Crew #	Time	Medication	Dose	Route	Resp	Crew #

Airway/Intravenous Procedures

Time	Size	Type	Loc.	Fluid/Lock	ATT.	Succ.	Crew #

Airway

☐ None	☐ Nasal Airway Sz. _____	☐ Intubated (ETT)	
☐ Asst Vent. RPM _____	☐ Oral Airway Sz. _____	☐ Ventilator	
☐ O2 Cannula LPM _____	☐ Suction	☐ Crichothyrotomy	
☐ O2 Mask LPM _____	☐ Supraglottic Airway	☐ NG Tube	
☐ O2 Neb/BB LPM _____	☐ CPAP	☐ Chest Decomp	

Cardiac

☐ ECG Monitoring
☐ External Pacing
R _____ M _____
☐ Defib/Cardioversion
☐ CPR

IV/Medications

☐ IV Access
☐ IO Access
☐ IV Fluids
☐ Medications

Basic Life Support

☐ Bleeding Control	☐ Splint Extremety
☐ Burn Care	☐ Splint Traction
☐ Glucose Check	☐ Spinal Immob.
☐ OB Care	☐ Other

Narrative

Signatures

Physician Note:

Func.	Printed Name	Signature	VA. Certification No.
AIC			FR EMT Enh. Int. P

Physician's Signature/Printed Nan **DEA#**

Drug Box #1		Drug Box #2		**Narcotics Accounted For:**
Old		Old		
New		New		

*** This form is not intended for use as a full EMS medical record**