DATE:		EMS CALL TIME:	DATE OF INJURY:		PREG: ☐ N ☐ Unk ☐ Y x___wks	HEIGHT:		TETANUS UTD ☐ Y ☐ N ☐ UNK
ACTIVATION TIME:			TIME OF INJURY:		LMP:	WEIGHT:	_____lb/kg	PCP:
TIME OF ARRIVAL:			ACTIVATION LEVEL:	☐ Level 1 ☐ Level 2 ☐ NON-ACTIVATION ☐ UP/DOWNGRADE @ ____				

CHIEF COMPLAINT:

ALLERGIES: ☐ NKDA

MEDICATIONS: ☐ NONE

MEDICAL HISTORY:

DRUG USE: ☐ N ☐ THC ☐ Cocaine/Crack ☐ Methamphetamine ☐ Heroin ☐ Other: _____

ETOH: ☐ N ☐ Daily ☐ Weekly ☐ Occasional SMOKER: N Y ____ ppd

☐ see complete med list

PRE-HOSPITAL:
MODE OF ARRIVAL: ☐ GROUND ☐ AIR ☐ POV **EMS COMPANY:** _____
SCENE LOCATION: _____
TRANSFER FROM ANOTHER FAC LITY? ☐ N ☐ Y FACILITY NAME: _____

TREATMENT:
☐ CPR x ____ mins ☐ O2 via ☐ RA ☐ NC ☐ NRBM ☐ BMV @ ____ LMP
☐ PIV x ____ IO: Location: _____ Total Fluids _____
☐ ESTIMATED BLOOD LOSS _____ ml TOURNIQUET @ ____ on _____
☐ C-COLLAR ON ☐ BACKBOARD ☐ BODY SPLINT
☐ EXTREMITY SPLINT: _____

AIRWAY: ORAL/NASAL ☐ ETT # ____ ☐ EOA # _____
☐ OTHER _____
☐ NEEDLE THORACOSTOMY: ☐ RIGHT ☐ LEFT
☐ CRICOTHYROIDOTOMY

MEDS: ☐ Fentanyl ____ mcg ☐ Zofran ____ mg ☐ Succinylcholine ____ mg ☐ Rocuronium ____ mg ☐ Ketamine ____ mg ☐ Versed ____ mg ☐ Vecuronium ____ mg ☐ Epinephrine x ____ ☐ Atropine x ____ ☐ Ativan ____ mg ☐ Morphine ____ mg ☐ Other: _____

LAST EMS VITALS: BP: / P: R: SpO2: % GCS: **CARDIAC RHYTHM:** _____

MECHANISM OF INJURY

MVC/MCC: ☐ DRIVER ☐ FRONT PASSENGER ☐ BACK PASSENGER ☐ OTHER LOCATION _____ ☐ PEDESTRIAN


X=Impact

☐ AUTO ☐ TRUCK ☐ MOTORCYCLE ☐ ATV ☐ BICYCLE ☐ OTHER: _____ ESTIMATED SPEED: ____ MPH
☐ IMPACT WITH: ☐ ANOTHER AUTO ☐ STATIONARY OBJECT: _____ ☐ OTHER: _____
☐ EXTRICATION x ____ mins ☐ EJECTION x ____ ft. ☐ FATALITIES ON SCENE x ____

PROTECTIVE DEVICES: ☐ HELMET ☐ SEATBELT ☐ AIRBAG: ☐ FRONT ☐ SIDE ☐ CARSEAT ☐ PROTECTIVE CLOTHING ☐ UNKNOWN ☐ NONE

PENETRATING: ☐ GSW: DISTANCE ☐ CLOSE RANGE ☐ OTHER ____ FEET TYPE OF WEAPON: _____ ☐ UNKNOWN
☐ STAB WOUND: BLADE LENGTH _____ inches ☐ UNKNOWN ☐ # OF WOUNDS ____ ☐ IMPALEMENT ☐ REMOVED PTA? ☐ IN PLACE?

FALL/JUMP: ☐ GLF ☐ FALL FROM _____ HEIGHT ____ ft. LANDED ON: _____

SPORTS: ☐ FOOTBALL ☐ SOCCER ☐ BASEBALL ☐ BASKETBALL ☐ OTHER: _____

AGGRAVATED ASSAULT: ☐ FISTS ☐ FEET ☐ BLUNT OBJECT ☐ GLASS ☐ OTHER: _____

THERMAL: ☐ FLAME ☐ CHEMICAL ☐ ELECTRICAL ☐ INHALATION POTENTIAL BLAST ☐ _____

CRUSH: ☐ BY/BETWEEN: _____ ☐ LENGTH OF TIME _____

HANGING: ☐ _____ x MINUTES

BITE: ☐ HUMAN ☐ DOG ☐ CAT ☐ SNAKE ☐ OTHER _____ ☐ ANIMAL CONTROL NOTIFIED @ _____

OTHER: ☐ _____

SELF INFLICTED INJURY: ☐ YES ☐ NO

SUSPECTED ABUSE NOTIFICATION: ☐ NONE ☐ CPS ☐ APS NOTES: _____

INITIAL VITAL SIGNS	TIME	BP MANUAL	NIBP	P	R	O2 SAT. ☐ RA O2 ____	TEMP	GCS	F H T

TEAM NOTIFICATION/RESPONSE

ROLE	ED PHYSICIAN	ED MLP	TRAUMA SURGEON	TRAUMA RES.	NEURO SURGEON	ORTHO	OTHER _____
NAME:							
TIME CALLED:							
CALL BACK TIME:							
TIME AT BEDSIDE:							

ED STAFF	FULL NAME	ARRIVAL TIME	ANCILLARY STAFF	FULL NAME	ARRIVAL TIME
RN 1			RADIOLOGY/CT TECH		
RN 2			LAB TECH		
RN 3 (Recorder)			RESPIRATORY		
ED TECH 1			OR/ANESTHESIA		
ED TECH 2					

PATIENT IDENTIFICATION

MEDICATIONS

TIME	MEDICATIONS	DOSE	ROUTE	SITE	RN INITIALS	REASSESSMENT
	DTaP lot #	0.5 mL	IM			Exp: _____

VENOUS ACCESS/IV FLUIDS/BLOOD PRODUCTS

START TIME	SITE	SIZE	IVF/BLOOD PRODUCT	VOLUME HUNG	STOP TIME	VOLUME INFUSED	RN INITIALS	REASSESSMENT
EMS #1								
EMS #2								

TOTAL INTAKE _____
TIME _____

MTP TIME: _____	TXA IV BOLUS DOSE: _____ TIME: _____	☐ BELMONT INFUSER
	TXA IV INFUSION DOSE: _____ RATE: _____ TIME: _____	☐ LEVEL I INFUSER

TIME	URINE	EBL	EMESIS	OGT/NGT	R CHEST TUBE	L CHEST TUBE	OTHER

TOTAL OUTPUT _____
TIME _____

PATIENT IDENTIFICATION

ED PROCEDURES

TIME	PROCEDURE	SIZE	BY	POST INTERVENTION ASSESSMENT/RESULTS
	INTUBATION ☐ ORAL ☐ NASAL			@ _____ LIP/TEETH ☐ + BILAT BREATH SOUNDS ☐ +ETCO2 COLOR CHANGE
	☐ NGT ☐ OGT SIZE:_____			☐ AUSC. OVER EPIGASTRUM ☐ RETURN OF GASTRIC CONTENTS_____
	CHEST TUBE #1 ☐ R ☐ L			☐ AIR RUSH ☐ BLOOD _____ ml ☐ PLACED TO SUCTION_____ mmHg
	CHEST TUBE #1 ☐ R ☐ L			☐ AIR RUSH ☐ BLOOD _____ ml ☐ PLACED TO SUCTION_____ mmHg
	ARTERIAL LINE			☐ R ☐ L ☐ RADIAL ☐ FEMORAL
	CVL ☐ CORDIS ☐ TL ☐ DL			LOCATION: _____ ☐ BLOOD DRAWN
	EKG			RESULTS TO MD_____@_____
	FOLEY ☐ TEMP SENSING			☐ STERILE TECHNIQUE ☐ UA SENT ☐ URINE TOX SENT
	FAST ☐ ABDOMINAL ☐ CARDIAC			☐ POSITIVE ☐ NEGATIVE ☐ POSITIVE ☐ NEGATIVE
	PERITONEAL LAVAGE			☐ POSITIVE ☐ NEGATIVE
	WARMING MEASURES	☐ AMBIENT ROOM TEMPERATURE _____ ☐ BAIR HUGGER ☐ UNDERBODY _____ C/ °F ☐ BELMONT ☐ WARMED IVF ☐ OTHER:_____		☐ WARM BLANKETS ☐ OVERBODY _____ C/ °F
	PELVIC BINDER			
	STEINMAN PIN/TRACTION	____LB	☐ HARE TRACTION	LOCATION: _____ ☐ NVS POST APPLICATION
	SPLINTS			LOCATION: _____ ☐ NVS POST APPLICATION
	SPLINTS			LOCATION: _____ ☐ NVS POST APPLICATION
	WOUND CARE ☐ CLEAN _____ ☐ DRESSING_____ ☐ SUTURES _____ ☐ STAPLES_____			
	WOUND CARE ☐ CLEAN _____ ☐ DRESSING_____ ☐ SUTURES _____ ☐ STAPLES_____			

RADIOLOGY/LAB PROCEDURES

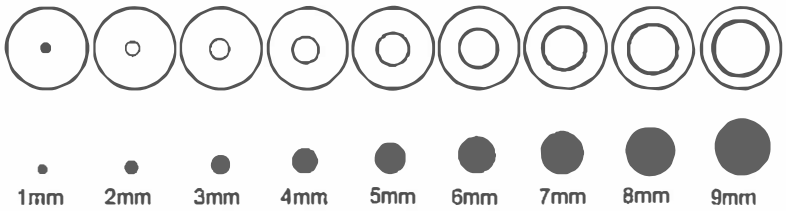
TIME	X-RAYS	PERTINENT RESULTS
	CXR	☐ N
	PELVIS	☐ N
	☐ LABS DRAWN AND SENT	
	EXTREMITY FILMS	
	R ☐ L ☐	
	R ☐ L ☐	
	R ☐ L ☐	
	R ☐ L ☐	
	R ☐ L ☐	
	R ☐ L ☐	
	R ☐ L ☐	
	R ☐ L ☐	
	R ☐ L ☐	

TIME TO	BACK	CT SCANS/CTA
		CT: ☐ HEAD *ACTIVATE HEAD STRIKE? ☐ Y @ _____ ☐ C-SPINE ☐ CHEST ☐ ABD/PELVIS ☐ T-SPINE ☐ L-SPINE ☐ FACE ☐ EXTREMITY CTA: ☐ NECK ☐ HEAD ☐ EXTREMITY _____
PT OUT OF DEPT: ☐ w/o RN per _____ ☐ RN ☐ Monitor ☐ O2 ☐ MD ☐ RT ☐ ED Tech		
		CT: ☐ HEAD *ACTIVATE HEAD STRIKE? ☐ Y @ _____ ☐ C-SPINE ☐ CHEST ☐ ABD/PELVIS ☐ T-SPINE ☐ L-SPINE ☐ FACE ☐ EXTREMITY CTA: ☐ NECK ☐ HEAD ☐ EXTREMITY _____
PT OUT OF DEPT: ☐ w/o RN per _____ ☐ RN ☐ Monitor ☐ O2 ☐ MD ☐ RT ☐ ED Tech		

GLASCOW COMA SCALE CHART

GCS	ADULT/CHILD		INFANT
EYE OPENING	SPONTANEOUS	4	SPONTANEOUS
	TO SOUND	3	TO VOICE
	TO PRESSURE	2	TO PAIN
	NONE	1	NONE
BEST VERBAL RESPONSE	ORIENTED	5	COOS, BABBLES
	CONFUSED	4	IRRITABLE CRIES
	WORDS	3	CRIES TO PAIN
	SOUNDS	2	MOANS, GRUNTS
	NONE	1	NONE
BEST MOTOR RESPONSE	OBEYS COMMANDS	6	SPONTANEOUS
	LOCALIZING	5	LOCALIZES PAIN
	NORMAL FLEXION	4	WITHDRAWS FROM PAIN
	ABNORMAL FLEXION	3	FLEXION TO PAIN
	EXTENSION	2	EXTENSION TO PAIN
	NONE	1	NONE

PUPIL SIZE CHART



PATIENT IDENTIFICATION