### Ambulance Patient Care Report

**Agency Name** | **Date of Incident** | **Call Number** | **Incident Number** | **Response Times** | **Response Information** | **Personnel** | **Driver**
---|---|---|---|---|---|---|---
**PSAP Call** |  | Starting Mileage | Attendant | To Scene | To Dest.
--- | | | | | | | |
**Dispatch Notified** |  | # of Patients | At Scene Mileage | Attendant | To Scene | To Dest.
--- | | | | | | | |
**Unit Dispatched** |  | Responding Unit | Dest. Mileage | Attendant | To Scene | To Dest.
--- | | | | | | | |
**Enroute** |  | Crew Number | Ending Mileage | Attendant | To Scene | To Dest.
--- | | | | | | | |
**Factors Affecting Care**

- Amb. Crash
- Diversion
- Safety
- Amb. Failure
- Extrication
- Traffic
- Crowd
- HazMat
- Weather
- Directions
- Language Barrier
- None
- Distance
- Staff Delay
- Other
---

**First Responder Agencies**

- Ambulance
- Police
- Fire
- Other
---

**Destination Information**

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>
---|---|---|---|

**Incident Information**

### Response Times

- PSAP Call
- Dispatch Notified
- Unit Dispatched
- Enroute

### Response Information

- In Service
- Unit Cancelled
- In Quarters
- No Lights or Siren
- Initial No Lights and Siren
- Initial Lights and Siren

### Response Request

- Request (Scene)
- Interfacility Transfer
- Medical Transport (Scheduled)
- Standby
- Intercept
- Mutual Aid

### Response Mode

- Lights and Siren
- No Lights or Siren
- Initial No Lights and Siren
- Initial Lights and Siren
- Downgraded to No Lights and Siren

### From

- Responder
- Responder Unit
- Responding Unit

### Disposition

- Treated:
- Transferred by EMS
- Released
- Cancelled
- Patient Refused Care
- Dead at Scene

### Factors Affecting Care

- Ambulance
- Police
- Fire
- Other

### Primary Role of Unit

- ALS
- BLS
- Medical Transport
- ERU
- Fixed Wing

### Dispatch Reason

- Abdominal Pain
- Allergies
- Animal Bite
- Assault
- Back Pain
- Breathing Problem
- Burns
- Cardiac Arrest
- Chest Pain
- Choking
- CO Poisoning/Hazmat
- Convulsions/Seizure
- Diabetic Problem
- Drowning
- Electrocution
- Eye Problem
- Fall Victim
- Headache
- Unknown Problem/Main Down

### Provider Impression

- Primary/Secondary

<table>
<thead>
<tr>
<th>P</th>
<th>S</th>
<th>P</th>
<th>S</th>
<th>P</th>
<th>S</th>
</tr>
</thead>
</table>
- AAA
- Abdominal Pain
- Airway Obstruction
- Allergic Reaction
- Altered LOC
- Asthma
- Behavioral / Psych
- Bowel Obstruction
- Cancer
- Cardiac Arrest
- Chest Pain/Discomfort
- Child Abuse
- Child Neglect
- Choking
- Closed Head Injury
- Closed Injury
- Cramps/Gout
- Dehydration
- Diabetic hyperglycemia
- Diabetic hypoglycemia
- Electrocardiogram
- ETOH Abuse
- Fever
- GI Bleed
- Headache
- Heat Exhaustion/Stroke
- Hypertension

### Ethnicity

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Hawaiian or Other Pacific Islander
- Other

### Social Security Number

- Card
- DOB
- Age

### Race

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Hawaiian or Other Pacific Islander
- Other

### Prior Aid

- AED - ERU
- AED - First Responder
- AED - Public Access
- CPR
- Extrication
- Spinal Immobilization
- Splinting
- Airway:
- Combitube
- Nebulizer Treatment
- Oxygen
- Suction

### Performance

- Performed By:
- EMS Provider
- Law Enforcement
- Lay Person
- Other Healthcare Provider
- Patient

### Outcome/Condition

- Improved
- Worse
- Unchanged

### Provider Impression - Primary/Secondary

- P
- S
- Other CNS
- Other Endocrine/Metabolic
- Other General Urinary
- Other Illness/Injury
- Other OB/Gyn
- Pain
- Poisoning / drug ingest.
- Respiratory Arrest
- Respiratory Distress
- Rhythm Disturbance

- P
- S
- Seizure
- Sexual Assault / Rape
- Smoke Inhalation
- Stings / venomous bites
- Stroke / CVA / TIA
- Substance Drug Abuse
- Syncope / fainting
- Traumatic Injury
- Unconscious Unknown
- Vaginal Hemorrhage
### Patient Chief Complaint

<table>
<thead>
<tr>
<th>Description</th>
<th>Onset Date / Time</th>
<th>Primary Organ System Affected</th>
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<tbody>
<tr>
<td>Quality</td>
<td>Lung Sounds</td>
<td>R</td>
</tr>
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</table>

### Signs & Symptoms (Select All That Apply)

- P = Present
- S = Subnormal
- N = Normal

<table>
<thead>
<tr>
<th>P</th>
<th>S</th>
<th>P</th>
<th>Subnormal</th>
<th>N</th>
<th>Normal</th>
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</tbody>
</table>

### Cause of Injury (Select One)

- Injury Present
  - Yes
  - No

- Injury Intent
  - Intentional, Other (Assaulted)
  - Intentional, Self
  - Unintentional

- Mechanism
  - Blunt
  - Burn
  - Other
  - Penetrating

### Initial Assessment

#### Level of Responsiveness

- Alert
- Verbal
- Painful
- Unresponsive

<table>
<thead>
<tr>
<th>Action taken:</th>
<th>Rate</th>
<th>Quality</th>
<th>L</th>
<th>Lung Sounds</th>
<th>R</th>
<th>Color</th>
<th>Temp</th>
<th>Condition</th>
<th>Cap Refill</th>
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<tr>
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<td>&lt; 10</td>
<td>Normal</td>
<td>Clear</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Hot</td>
<td>Normal</td>
<td>2 - 4 sec</td>
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<tr>
<td>Non Patent</td>
<td>10-24</td>
<td>Labored</td>
<td>Wet</td>
<td>Cyanotic</td>
<td>Normal</td>
<td>Normal</td>
<td>Dry</td>
<td>Normal</td>
<td>&gt; 4 sec</td>
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<tr>
<td>Action taken:</td>
<td>&gt; 24</td>
<td>Fatigued</td>
<td>Wheezees</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Hot</td>
<td>Normal</td>
<td>Absent</td>
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<tr>
<td>Apenic</td>
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<td>Absent</td>
<td>Diminished</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Cool</td>
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<td>Not Assessed</td>
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<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Dry</td>
<td>Normal</td>
<td>Absent</td>
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#### Alcohol/Drug Use

- Alcohol/Drugs at Scene
- Patient Admits Alcohol Use
- Patient Admits Drug Use
- Smell of Alcohol
- None

#### Alcohol/Drug Use

- Eye Opening
  - Spontaneous
  - To Speech
  - To Pain
  - Not at All

<table>
<thead>
<tr>
<th>Verbal</th>
<th>Motor</th>
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<td>5</td>
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#### Glasgow Coma Score

- 4 Spontaneous
- 3 To Speech
- 2 To Pain
- 1 Not at All

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<th>6</th>
<th>5</th>
<th>4</th>
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#### Pupils

- Reactive
- Sluggish
- Constricted
- Dilated
- Nonreactive

#### Barriers to Patient Care

- Developmentally Impaired
- Hearing Impaired
- Language
- Physically Impaired
- Physically Restrainted
- Speech Impaired
- Unattended
- Unsupervised (Including Minors)
- Unconscious
- None

#### Allergies

- NKA

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<thead>
<tr>
<th>Patient’s Medications</th>
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</thead>
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### Procedures

<table>
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<tr>
<th># Attempts</th>
<th>Success</th>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Response</th>
<th>Crew #</th>
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<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Improved</td>
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<td>N/A</td>
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<td>Improved</td>
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#### Time

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<tr>
<th>BP</th>
<th>Pulse</th>
<th>Resp</th>
<th>Rhythm</th>
<th>SpO2</th>
<th>Procedures</th>
<th># Attempts</th>
<th>Success</th>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
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</table>
## Cardiac Arrest Information

<table>
<thead>
<tr>
<th>Cardiac Arrest</th>
<th>Etiology</th>
<th>Resuscitation Attempted</th>
<th>Time of Arrest Before EMS</th>
<th>Return of Circulation</th>
<th>Resuscitation Discontinued</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Drowning</td>
<td>No:</td>
<td>0-2 min.</td>
<td>No</td>
<td>Time</td>
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<tr>
<td>Yes:</td>
<td>Electrocut</td>
<td>No:</td>
<td>2-4 min.</td>
<td>No</td>
<td>Reason Discontinued</td>
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<td>After EMS Arrival</td>
<td>Presumed Cardiac</td>
<td>No:</td>
<td>4-6 min.</td>
<td>No</td>
<td>DNR Orders</td>
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<tr>
<td>Prior To EMS Arrival</td>
<td>Respiratory</td>
<td>Yes:</td>
<td>6-8 min.</td>
<td>Yes:</td>
<td>Medical Control Order</td>
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<td>SIDS</td>
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<td>8-10 min.</td>
<td>Prior to ED Arrival</td>
<td>Obvious Death</td>
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<tr>
<td></td>
<td>Trauma</td>
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<td>10-15 min.</td>
<td>Prior to ED Arrival</td>
<td>Policy Requirements Completed</td>
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<tr>
<td></td>
<td>Other</td>
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<td>15-20 min.</td>
<td>and at the ED</td>
<td>Return of Circulation</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>&gt; 20 min.</td>
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### First Cardiac Rhythm
- Asystole
- Normal Sinus Rhythm
- Bradycardia
- PEA
- Ventricular Tachycardia
- Ventricular Fibrillation
- Other
- Unknown AED Non-Shockable Rhythm
- Unknown AED Shockable Rhythm

### Cardiac Rhythm At Destination
- 12 Lead ECG:
  - Anterior Ischemia
  - Inferior Ischemia
  - Lateral Ischemia
  - Septal Ischemia
  - Agonal/Idioventricular
  - Artifact
  - Asystole

- Atrial Fibrillation/Flutter
- AV Block:
  - 1st Degree
  - 2nd Degree-Type 1
  - 2nd Degree-Type 2
- 3rd Degree
- Junctional
- Left Bundle Branch Block
- Normal Sinus Rhythm
- Paced Rhythm
- Premature:
  - Atrial Contractions
  - Ventricular Contractions
- Right Bundle Branch Block
- Sinus Arrhythmia
- Sinus Bradycardia
- Sinus Tachycardia
- ST-Elevation
- Supraventricular Tachycardia
- Torsades de Pointes
- Ventricular Fibrillation
- Ventricular Tachycardia
- Unknown:
  - AED Non-Shockable Rhythm
  - AED Shockable Rhythm
  - Other

### Patient Past Medical History

### Narrative

### Medical Control Method
- Standing Orders
- On-line
- On Scene
- Written Orders (Patient Specific)

### Airbag Deployment
- Airbag Deployed Front
- Airbag Deployed Side
- Airbag Not Deployed
- Airbag Not Present

### Safety Equipment
- Child Restraint
- Helmet Worn
- None
- Personal Floatation Device
- Other
- Protective Clothing Gear
- Shoulder Belt

### HIPAA
- Notice of HIPAA Privacy Practices given to patient per agency guidelines

### EMD Performed
- No
- Yes, With Pre-Arrival Instructions
- Yes, Without Pre-Arrival Instructions

### Signatures
- Receiving RN/MD
- Guardian
- I Refuse Treatment/Transport (Also See Back)
- Technician

- Continued On Supplement
I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</thead>
</table>

I acknowledge that I was provided with a copy of the ambulance services “Notice of Privacy Practices.”

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child’s, or any family member’s medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child’s, or any other family member’s refusal of medical treatment or transportation.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</table>

Patient’s Belongings

<table>
<thead>
<tr>
<th>Patient’s Belongings</th>
<th>Location of Belongings</th>
<th>Who Belongings Were Left With</th>
</tr>
</thead>
</table>