

| EMS Quick Repor | | | | 0 , | | | | | | | | | |
|--|-----------------------|------------|------------|--------------------------|---------------|------------------|------------------------|------------------|---------------------------|-------------------|----------|-------------------------|------------------|
| | Date: | /_ | /20_ | | Incident #: | | | | _ Res | ponse #: | | | |
| Unit#: | | | | | # Pt's @ Sce | ene: | | | _ | | | | |
| Transport EMS Crew/Role: | | | | #1 | | | Driver Care Provide | r #2 | | | | Driver Care Provider | EMS |
| Addition Respons | al Crew: e Mode to | Scene: | | | | | - | | | | | | S |
| List all ot | ther First F | Respondei | r Agencies | s who wer | re present on | scene d | and had co | ntact wi | th the patio | ent: | | | |
| Pati | Patient Last Name: | | | | | | | Age: | | | Sex: | | |
| Pati | ient First N | lame: | - | | | DOB | : <u> </u> | | | | | | |
| PALIENTA Alle Med | ient Addre | ess: | | | | | | | | | | | |
| Alle | rgies: | | | | | | | | | | | | |
| | dical Hx: | | | | | | | | | | | | Ξ |
| Med | dications: | | | | | | | | | | | | × |
| Pt's Chie | f Complai | nt: | | | | | | | | Ca | all _ | Scene | |
| Drimary | Impression | n· | | | | | | | | Ту | pe: 📙 | Transfer Intercept | |
| - | ry Impress | | | | | | | | | | | ј штегсер | VE. |
| Sympton | | 51011. | | | | | | | | | | | Z |
| | ☐ TRA | UMA (Ale | rt given? | Yes / No |) | | | STROKE | (Alert give | n? Yes / N | No) | | |
| Туре: | | | - | | rt given? Yes | s / No) | | OTHER: | - | - | | | |
| Disp | oatch/PSAP: | : _ | | | | | | | | | | | |
| S | Dispatched: | : | | Reco | rd Date/Ti | me of In | njury or Last | t Known V | Vell:/ | /20_ | @ | : | |
| En-Route:: Times as | | | | | | | | | | | | | |
| On Scene:: Time At Patient:: (First Medical Contact) | | | | | | | | | | | | | |
| | Left Scene: | | | | | of ALEF | | : | _(IRAUM. tal) - circle | | | OHCA Aler | t) |
| w.L | Destination: | ·- | Time o | f Initial Arr | - | - FIE-III | | of ROSC: | tai) - circle | · | CI L | | |
| Card | diac Ar | ract | | | | | | I CPR by: | | · | | | |
| Carc | JIAC AI | ıesı | | nessed by: CPR Starte | | | | l ECG Rhy | thm· | | | | |
| | | | Cause of | | | · | IIIICia | I LCG KIIY | | | | | _ |
| Inju | ry/Tra | uma | | sm of Injury | y: | | | | | | | | |
| Time | AVPU | GCS | HR | RR | BP | SpO ₂ | ETCO ₂ | Blood Glucose | Pain Scale | Е | CG Findi | ngs | |
| : | | | | | | | | Giucose | | | | | |
| : | | | | | | | | | | | | | |
| : | | | | | | | | | | | | | |
| : | | | | | | | | | | | | | \triangleright |
| : | | | | | | | | | | | | | SJA. |
| : | | | | | | | | | | | | | |
| : | | - | | | | | | | | | | | |
| • |] | | 1 | 1 | | | | | | | | | |



| Time | PRIOR CARE MEDICATION/PROCEDURE PROVIDE | | | 1 | # ATTEMPTS | | Patient Reponse |
|-----------------------|---|---------|--|------------------|-----------------|---------------|---|
| : | Υ | N | | | | | |
| : | Υ | N | | | | | |
| : | Υ | N | | | | | |
| : | Y | N N | | | | | |
| : | Ϋ́ | N | | | | | REATMENT |
| : | Y | N | | | | | |
| : | Υ | N | | | | | 4 |
| : | Υ | N | | | | | |
| : | Υ | N | | | | | |
| Initia | al Pt. | Acui | ty: R Y G | | | | |
| NOTES & PHYSICAL EXAM | | | | To | | | |
| Facil | lity N | | | | | | |
| ā | | | nation: | | | | |
| Tran | | | de From Scene: | | | | |
| | | | oosing: | | | | |
| Fina | l Pt. A | cuit | y: R Y G | | | | |
| Р | t Rec | eive | d By: | | | Tr | ansfer of Care Time: |
| | (Prir | nt Na | me) | | | | NSF |
| Signa | ture (| | rson | | | | TRANSFER OF CARE |
| This form is | intend | nd to b | e used by EMS personnel to provide Pt care information to the re | colving facility | v unon delivery | of the Dt and | should BE LEET AT THE RECEIVING EACH IT |

This form is intended to be used by EMS personnel to provide Pt care information to the receiving facility upon delivery of the Pt, and should BE LEFT AT THE RECEIVING FACILITY

PRIOR TO DEPARTURE OF THE CREW. THIS FORM DOES NOT REPLACE THE NEED TO SUBMIT AN ePCR and does not collect all Minnesota required elements. Agencies must submit ePCRs to MNSTAR Elite within 24 hours of call completion, and hospitals may access those patient care reports on Hospital Hub. To gain access to Hospital Hub, please contact the Minnesota EMS Office (email: info.OEMS@state.mn.us or Phone: 651.201.2800)