

**Pre-Hospital EMS Report**

*EMS Service*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Time*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Patient Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *DOB*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Age*: \_\_\_\_\_\_\_\_\_\_ *Gender*: M / F

*Chief Complaint*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Mechanism of Injury*: MVC FALL BLUNT INJURY PENETRATING INJURY BURN BROSELOW TAPE: COLOR

*Past Medical History:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| Time | Heart Rate | Resp Rate | Blood Pressure | O2 Sat | GCS | LOC |
| Initial VS |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Airway | Oxygen | Immobilization |
| * Oral
* Nasal
* Combitube
* I-gel
* King
 | * \_\_\_\_ lpm
* NC
* NRB
* Ambu
 | * Backboard
* C-Collar
* Splint
 |

*Assessment*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 *ETA*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes *Report received by*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Trauma Team Activation*: YES NO | *Activated by*: EMS HOSPITAL | *Time Activated*: \_\_\_\_\_\_\_\_\_\_ |
| *ED Provider Notified*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Radiology Notified*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Lab Notified*: \_\_\_\_\_\_\_\_\_\_\_\_ |

 *Notes:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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