Patient Care Report

TRACKSIDE MEDICAL

Unit Information

Date | Agency Name | Agency Number

Transport Unit # | Call Sign # | EMT B / I / P | EMT B / I / P | PCR #

Type of Service Requested: ☐ 911 Resp. (Scene) ☐ Interfacility Trans. ☐ Medical Trans. ☐ Standby ☐ Intercept ☐ Mutual Aid

Patient Name | Age | Date of Birth | Sex M F | Phone Number | Work Related/Occup.

Patient Address | City | State | Zipcode | Race/Eth. | Social Security Number

Legal Guardian if Patient is a Minor | Relation to Patient | Insurance Company

Situation

Location / Address of Call or Incident ☐ Same as Above

Other Agencies

Response Mode to Scene ☐ Lights and Sirens ☐ No Lights and Sirens ☐ Downgraded to No L&S ☐ Upgraded to L&S

Dispatch Complaint | EMD Performed ☐ EMD Card #

CPR: AED On Scene Prior to EMS Yes No | Prior to Arrival Yes No Time Started | Arrest Witnessed By: EMS/1st R/PD, Family, Bystander, Unknown | Downtime: < 5 minutes, 5-10 minutes, 10-15 minutes, Unknown | Performed By: EMS/1st R PD, Family, Bystander

Chief Complaint

Duration Min Hrs Days | Severity (1-10)

Other Complaints

Duration Min Hrs Days | Severity (1-10)

Mechanism of Injury

Mechanism or Cause?

- ☐ Steering Wheel Deformity
- ☐ Windshield Spider
- ☐ Dash Deformity
- ☐ Side Post Deformity
- ☐ Ejection
- ☐ DOA Same Vehicle
- ☐ Rollover
- ☐ Space Intrusion > 1 ft.
- ☐ Fire

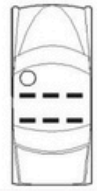
☐ Lap Seat Belt ☐ Shoulder Belt ☐ Helmet ☐ Infant Carseat ☐ Airbag

Extraction Time (min)

Fall (ft)

(Circle Pt. and Vehicle Impact Area)

Car, Sport Utility, Stationwagon, Truck, Van, Motorcycle, Bicycle, Boat



DATES and TIMES

- PSAP Call Date/Time
- Unit Notified by Dispatch Date/Time
- Unit En Route Date/Time
- Unit Arrived on Scene Date/Time
- Arrived at Patient Date/Time
- Unit Left Scene Date/Time
- Patient Arrived at Destination Date/Time
- Unit Back in Service Date/Time
- Unit Back at Home Location Date/Time

ODOMETER

- Beginning Odometer
- On-Scene Odometer
- Destination Odometer
- Loaded Mileage

Patient Survey

Vital Signs

Time	BP	HR	RR	Glucose	CO2	SaO2	Temp.

Past History

Meds

Evidence of Alcohol Ingestion? Yes No | DNR/MOST Form ☐ | Living Will ☐

Allergies ☐ Denies

Narrative

Protocols Used

Skin	HEENT / Neck	Chest	Heart	Abdomen	Pelvis / Gen.
Normal, Pale, Cyanotic, Clammy, Jaundiced, Cold, Warm, Diaphoretic	Normal, JVD, Tracheal Dev., SQ Air, Stridor, Lac. / Lesion	Normal BS, Decreased BS, Tenderness, Acc. Muscles, Flail Segment, Rhonchi / Wheezing, Rales, Lac. / Lesion	Normal, Decreased Sounds, Murmur, Monitor/ECG/FHT'S, 1, 2	Normal, Distention, Tenderness, Guarding, Mass, Lac./Lesions, R L UQ LQ	Normal, Tender, Unstable, Genital Injury, Crowning, Lac./Lesions

Extremities

	Normal	Tenderness	Abnormalities			
RUE	☐	☐				
LUE	☐	☐				
RLE	☐	☐				
LLE	☐	☐				

Back: Normal; Tender Sp. Process No C T L; Tender Paraspinous No C T L; Pain to ROM No C T L; Lac./Lesions

Neuro — Pupils: L: React. Dil __ mm Nonreact. Blind; R: React. Dil __ mm Nonreact. Blind

Findings: Normal, Confused, Combative, Unresponsive, Hallucinations, Seizures, Post-ictal, Obtunded, Tremors

Deficit: Dysphasia, Hemiplegia: R L

Stroke Screen: ☐ Positive ☐ Negative

Glasgow Coma Scale — Eyes: Spontaneous 4, To Voice 3, To Pain 2, None 1 — Verbal: Oriented 5, Confused 4, Inappropriate Sounds 3, Incomprehensible Sounds 2, None 1 — Motor: Obeys Commands 6, Localizes to Pain 5, Withdraws (Pain) 4, Flexion (Pain) 3, Extension (Pain) 2, None 1

Total GCS Score

Adult Trauma Score — Resp. Rate: 10 - 29 = 4, > 29 = 3, 6 - 9 = 2, 1 - 5 = 1, None = 0 — Systolic BP: > 89 = 4, 76 - 89 = 3, 50 - 75 = 2, 1 - 49 = 1, None = 0 — GCS Points: 13 - 15 = 4, 9 - 12 = 3, 6 - 8 = 2, 4 - 5 = 1, 3 = 0

Total Adult Trauma Score

Reperfusion Check Sheet: ☐ No Contraindicators ☐ Contraindicators

Procedures & Medications

Time	Procedure	Size	Tech State ID	Success	Time	Medication	Dose/Route	Tech State ID
				Y N				
				Y N				
				Y N				
				Y N				
				Y N				

Disposition

ETT Confirmation and Signature at Destination

Time | Cardiac Rhythm or 12 Lead Interpretation

Transport Mode from Scene ☐ Lights and Sirens ☐ No Lights and Sirens ☐ Downgraded to No L&S ☐ Upgraded to L&S

Transport: ☐ Refused ☐ Cancelled

Moved to Ambulance: ☐ Walk ☐ Stretcher ☐ Carry ☐ Stairchair

Transport Position: ☐ Prone ☐ Supine ☐ L. Lateral ☐ Sitting ☐ Trendelenberg ☐ Head Elevated ☐ Fowlers

Safety: ☐ Gloves ☐ Mask ☐ Gown ☐ Eyewear

Patient's Condition on Arrival: ☐ Improved ☐ Same ☐ Worse

Reason for Choosing Destination (circle): Diversion, Closest Facility, Insurance Status, Family Choice, On-Line Medical Direction, Law Enforcement Choice, Patient Choice, Patient's Physician Choice, Protocol, Specialty Resource Center

Treatment Authorized by MD MICN

Patient Received by

Destination Name and/or Address

EMT Signature | EMT-P | State ID

Medical Control Signature

* This is a preliminary document. This is not the final EMS Patient Care Report.