COLLEGE OF CHARLESTON FIRE & EMS

PATIENT CARE FORM

Today's Date: ____/____/____ Multi-patient: ____ of ____ Run No: □□-□□□□

PATIENT INFORMATION

Patient Name:_____

Home Address:_____ Apt:_____

City, State, Zip:_____

Phone:_____ SSN/SSID:_____

☐ M ☐ F Age:____ DOB:____/____/____ ☐ Staff ☐ Student ☐ N/A

Call Location:_____

Race: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other

PRIMARY ROLE

☐ Emergency
☐ Transportation
☐ Stand-by (Emergency)
☐ Special Event
☐ Other
_____
☐ Cancelled
☐ Mutual Aid to:
_____

PATIENT DISPOSITION

☐ Transported
- ☐ MUSC
- ☐ ROPER
- ☐ ECRMC
- ☐ _____

☐ Gone on Arrival
☐ Pronounced on Scene
☐ Patient Refusal
☐ Other
_____

Transporting Agency:_____

Received by:_____

Signature:_____

STATUS ON ARRIVAL

Position Found:_____

LOC: ☐ Concious/Alert: ☐ x1 ☐ x2 ☐ x3 ☐ x4
☐ Responsive**:** ☐ Voice ☐ Pain
☐ Unconscious

GCS: _____ (15)
Eye: _____ (4)
Verbal: _____ (5)
Motor: _____ (6)

RTS: _____ (12)
GCS: _____ (4)
BP: _____ (4)
Resp: _____ (4)

NATURE OF CALL

☐ **Medical**
- ☐ Abdominal
- ☐ Allergic
- ☐ Altered LOC
- ☐ Cardiac
- ☐ Choking
- ☐ Diabetic
- ☐ GI Bleed
- ☐ OB/GYN
- ☐ Overdose/Poison
- ☐ Psychiatric
- ☐ Respiratory
- ☐ Seizure
- ☐ Stroke/CVA
- ☐ Syncope
- ☐ Unconscious
- ☐ Other _____

☐ **Trauma**
- ☐ Animal
- ☐ Assault
- ☐ Bi-/Motorcycle
- ☐ Blunt Object
- ☐ Burn
- ☐ Crush
- ☐ Fall
- ☐ Fire/Explosion

☐ **NO TRAUMA**
- ☐ Machine/Tool
- ☐ MVA
- ☐ Pedestrian
- ☐ Sports
- ☐ Shooting
- ☐ Stabbing
- ☐ Other _____

Dispatched For:_____

Chief Complaint:_____

SIGNS AND SYMPTOMS

Onset of Symptoms: Date: ____/____/____ Time: ___ ___:___ ___

☐ Difficulty Breathing ☐ Dizziness ☐ Nausea ☐ Vomiting Pain Scale (1-10)

☐ Loss of Consciousness ☐ Numbness ☐ Paralysis ☐ Weak _____

☐ Pain:_____ ☐ Deformity:_____

☐ Bleeding:_____ ☐ Other:_____

☐ Cardiac Arrest: ___ ___:___ ___ ☐ Resp Arrest: ___ ___:___ ___

Witnessed: ☐ Yes ☐ No By:_____

PHYSICAL EXAMINATION

Time:	__ __:__ __	__ __:__ __	__ __:__ __
Pulse:	_____ ☐Reg ☐Irr	_____ ☐Reg ☐Irr	_____ ☐Reg ☐Irr
Resp:	_____	_____	_____
BP:	____/____	____/____	____/____
LOC:	_____	_____	_____
SPO_2:	_____	_____	_____
BGL:	_____	_____	_____

MEDICAL HISTORY

☐ ***Denied*** ☐ ***Undetermined***

☐ Alcohol	☐ Asthma	☐ Chronic Pain	☐ Hepatitis	☐ Psychiatric
☐ Alzheimer's	☐ Cancer	☐ COPD	☐ Hypertension	☐ Seizures
☐ Angina	☐ Cardiac	☐ Diabetes	☐ Hypotension	☐ Stroke/CVA
☐ Arthritis	☐ CHF	☐ Dialysis	☐ MI	☐ Sub Abuse

☐ Other: _____

PRESENT MEDICATIONS: ☐ Denied ☐ Undetermined ☐ List to ____ ☐ Meds to____

_____

_____

ALLERGIES: ☐ Denied ☐ Undetermined

_____

PUPILS

☐ Equal

Left	*Right*
☐ Reactive	☐
☐ Non-React	☐
☐ Dilated	☐
☐ Constricted	☐
☐ Unequal	☐

SKIN

☐ Normal ☐ Warm
☐ Pale ☐ Cool
☐ Ashen ☐ Hot
☐ Cyanotic ☐ Dry
☐ Flushed ☐ Moist
☐ Jaundiced ☐ Tenting
☐ Lividity

LUNG SOUNDS

Left	*Right*
☐ Clear	☐
☐ Absent	☐
☐ Rales	☐
☐ Wheezing	☐
☐ Diminished	☐

BREATHING

☐ Normal
☐ Shallow
☐ Labored
☐ Acc. Muscles
☐ Nasal Flaring

NECK VEINS

☐ Normal
☐ Distended

INCONTINENT

☐ Negative
☐ Urine
☐ Bowels

PATIENT TREATMENT

☐ Airway
- ☐ Advanced Airway
- ☐ BVM (Ventilations)
- ☐ Nasal Airway
- ☐ Oral Airway
- ☐ Oxygen ____ L/min
- ☐ Suction

☐ Bleeding Control
☐ Cold Applied
☐ CPR
☐ Defibrillation
☐ Spinal Immobilization
☐ Splinting
☐ Other _____

MEDS ASSISTED WITH

☐ Nitro ☐ Epi-pen ☐ Inhaler

Time: ___ ___:___ ___ 1st
___ ___:___ ___ 2nd
___ ___:___ ___ 3rd

Dosage: _____

Assisted by:_____
(Please Include SC EMT#)

CALL TIMES

Call Received: ___ ___:___ ___
Dispatched: ___ ___:___ ___
En Route: ___ ___:___ ___
On Scene: ___ ___:___ ___
Patient Contact: ___ ___:___ ___
Refusal: ___ ___:___ ___
Depart Scene: ___ ___:___ ___
Available: ___ ___:___ ___

RESPONSE

Response Type

☐ Squad 1 ☐ Cart
☐ Foot ☐ Public Safety Vehicle
☐ Bike ☐ Other _____

Emergency Light Use

To Scene: ☐ Yes ☐ No At Scene: ☐ Yes ☐ No
Depart: ☐ Yes ☐ No

ASSISTANCE

☐ **Police**
- ☐ Public Safety
- ☐ Charleston PD
- ☐ _____

☐ **EMS/Transport**
- ☐ CCEMS _____
- ☐ Meducare
- ☐ _____

☐ **Fire**
- ☐ CofC Fire (F1, F2, F3)
- ☐ Charleston Fire Dept.
- ☐ _____

☐ Other
- ☐ Off Duty _____
- ☐ Physician
- ☐ _____

NOTES / NARRATIVE

CREW INFORMATION

_____ SC☐☐☐☐☐ _____

_____ SC☐☐☐☐☐ _____

_____ SC☐☐☐☐☐ _____

EMT IN CHARGE SIGNATURE

SUPERVISOR

Supervisor: _____ SC☐☐☐☐☐ _____

Contacted: ☐ No ☐ Yes ___ ___:___ ___ / ___ ___:___ ___

On Scene: ☐ No ☐ Yes ___ ___:___ ___

PATIENT REFUSAL OF TREATMENT OR TRANSPORT

This is to certify that I, _____, am voluntarily refusing medical attention offered to me by the College of Charleston Emergency Medical Service and/or arrangement for transportation to a hospital of my choice.

I understand that my refusal may pose serious risks to my health and life including the risk that my health or condition may worsen if not treated, which may result in serious injury to me or death. It has been suggested to me that even if I refuse the offer of assistance from the College of Charleston Emergency Medical Service, I should seek immediate medical attention from another medical provider.

I hereby release and convenant not to sue the College of Charleston (including but not limited to the College of Charleston Emergency Medical Service) and all of its employees, students, faculty, volunteer workers, trustees, directors, and officers as well as any College of Charleston Physicians or nurses connected with me as a patient, from liability of any ill effects which may result from my refusal. I have read this form, or had it read to me, and I understand its meaning.

Patient: _____ _____ Witness: _____ _____
Print Name Signature Print Name Signature

_____
Phone Number

Guardian*: _____ _____ Witness: _____ _____
Print Name Signature Print Name Signature

_____ _____
Phone Number *Guardian/Spouse of Minor of Incompetent Patient Phone Number

For Office Use Only

Entered by:_____ Date: ____/____/____ ____:____ Reference Number:_____

Patient Assessment Reference Information

Normal Vital Signs

	Newborn	Infant		Toddler	Preschool	School Age	Adolescent	Adult
Age	---	1-5 months	6-12 months	1-3 years	3-5 years	6-10 years	11-14 years	15+ years
Pulse (bpm)	120-160	90-140	80-140	80-130	80-120	70-110	60-105	60-100
Respirations	30-50	25-40	20-30	20-30	20-30	15-30	12-20	12-20
Blood Pressure	Not normally taken			Systolic	78-116	80-122	88-140	90-150
	For all ages, normal diastolic is about 2/3 systolic.			Diastolic	52-78	54-82	60-90	60-90

Glasgow Coma Scale

Eye Opening - E	
Spontaneous	4
To Speech	3
To Pain	2
No Response	1

Best Verbal Response - V	
Oriented and converses	5
Disoriented and converses	4
Inappropriate words	3
Incomprehensible sounds	2
No response	1

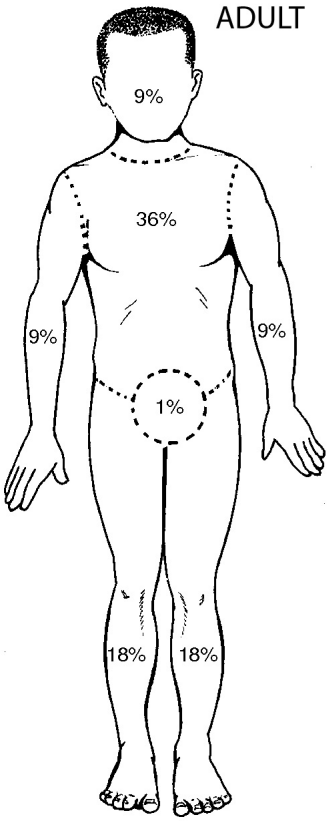
Best Motor Response - M	
Obeys verbal command	6
Localizes to painful stimuli	5
Flexion / withdrawal to painful stimuli	4
Abnormal flexion to painful stimuli	3
Extension to painful stimuli	2
No Response to painful stimuli	1

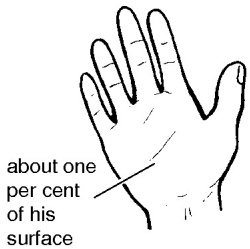
E + M + V = 3 to 15

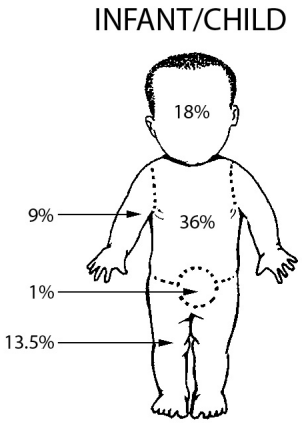
Revised Trauma Score

Glasgow Coma Scale (GCS)	Systolic Blood Pressure (SBP)	Respiratory Rate (RR)	Coded Value
13-15	>89	10-29	4
9-12	76-89	>29	3
6-8	50-75	6-9	2
4-5	1-49	1-5	1
3	0	0	0

Simple Triage and Rapid Transport (START)		
1	**Immediate**	**Red**
2	**Urgent**	**Yellow**
3	**Delayed**	**Green**
4	**Morgue**	**Black**







For child over 1 year, for each year:
-Add 0.5% to each leg / year
-Subtract 1% from head / year

APGAR Scoring for Newborns

	Sign	0 Points	1 Point	2 Points
A	Activity (Muscle Tone)	Absent	Arms and Legs Flexed	Active Movement
P	Pulse	Absent	Below 100 BPM	Above 100 BPM
G	Grimace (Reflex Irritability)	No Response	Grimace	Sneeze, Cough, Pulls Away
A	Appearance (Skin Color)	Blue-gray, pale all over	Normal, except for Extremities	Normal all over
R	Respiration	Absent	Slow, irregular	Good, crying

A score is given for each sign at one minute and five minutes after the birth. If there are problems with the baby an additional score is given at 10 minutes. A score of 7-10 is considered normal, while 4-7 might require some resuscitative measures, and a baby with APGAR of 3 and below requires immediate resuscitation.

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