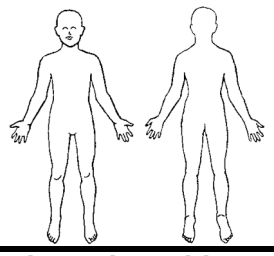
University of Chicago Emergency Medical Services

Prehospital Care Report

Date:	**Notifed by:** ☐ Patient ☐ Bystander ☐ UCPD ☐ Other:	**Patient Name:**			
Arrival Time:		□ Student □ Employee □ Visitor □ Other:	**Sex:**	**DOB:**	
Incident Location:			**ID #:**		
ALS Called? □ Yes □ No		**Phone Number:**			
Primary Assessment		**Residece Hall or Address:**			
LOC: A V P U AO x _____ Details:		**Chief Complaint/MOI:**			
Airway: □ Patent □ NPA □ OPA □ Suction Details:		**Allergies:**			
Breathing: □ Regular □ Irregular □ Shallow □ Labored □ Fast □ Slow O2: ___ Lpm □ NRB □ N. Cannula □ BVM **Lung Sounds:** Details:		**Medications:**			
Circulation: Bleeding: □ Yes □ No **Pulse:** □ Strong □ Weak □ Regular □ Irregular **Skin:** □ Normal □ Flushed □ Pale □ Cyanotic □ Warm □ Hot □ Cool □ Cold □ Moist □ Diaphoretic Details:		**Past Medical History:**			
		Last Oral Intake:			
		Events Preceding:			

Time:	**BP:**	**Pulse:** *Rate & Quality*	**RR:** *Rate & Quality*	**SPO2:**	**Pupils:** *PERL, Sluggish*



Treatment & Details:

Patient Disposition:	**Medical Control:**	**Transfer of Care:**	**Crew Chief:**
□ Refusal □ Ambulance Transport □ Treated & Refusal □ Other:	Contacted: □ Yes □ No Call #:	Time: □ CFD # _____ □ MedEx # _____ □ Other:	 Responder: Responder: Responder: