

ALLINGTOWN FIRE DISTRICT RESCUE 1

1	C-MED NO	SERVICE DISP #	PATIENT NO	EMS UNIT ECHO	CITY OR TOWN 156	DATE OF INCIDENT	DAY OF WEEK	DATE OF TRANSPORT
2	PATIENT'S LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH		AGE
3	PATIENT'S HOME ADDRESS - NUMBER AND STREET					CITY	STATE	ZIP CODE
4	INCIDENT LOCATION - STREET ADDRESS OR INTERSECTION					ZIP CODE	CENSUS TRACT	
5	FIRST RESP DISPATCHED	FIRST RESP ARRIVED	INCIDENT LOCATION 1 ☐ STREET/HIGHWAY 2 ☐ HOME 3 ☐ BUS/IND 4 ☐ PUBLIC PLACE 5 ☐ OTHER					
6	DISPATCH	RESPONSE TIME	ARRIVAL TIME	ENROUTE TO HOSP TIME	ARRIVAL AT HOSP TIME	AVAILABLE TIME	EXTRICATION (BY & TIME)	
7	TRAUMA/AGENT OF INJURY		VEHICULAR		PROTECTIVE DEVICE		IN/ON	WITH
	1 ☐ KNIFE 5 ☐ SMOKE 2 ☐ BLUNT OBJECT 6 ☐ FIRE - HEAT 3 ☐ GUN 7 ☐ OTHER 4 ☐ TOX-ING		PATIENT WAS 1 ☐ DRIVER 2 ☐ PASSENGER 3 ☐ PEDESTRIAN 4 ☐ BICYCLIST 1 ☐ SEATBELT 2 ☐ AIR BAG 3 ☐ HELMET 4 ☐ CHILD SEAT		1 ☐ MV 2 ☐ TRUCK/BUS 3 ☐ MC 4 ☐ BICYCLE 5 ☐ OBJECT 1 ☐ MV 2 ☐ TRUCK/BUS 3 ☐ MC 4 ☐ BICYCLE 5 ☐ OBJECT		NON-VEHICULAR CAUSES 1 ☐ MEDICAL 2 ☐ ASSAULT 3 ☐ FALL 4 ☐ ELECTRICITY 5 ☐ SPORTS 6 ☐ MACHINERY 7 ☐ SELF INF. 8 ☐ WORK REL. 9 ☐ OTHER	
8	PATIENT'S COMPLAINT						DATE OF INJURY	TIME OF INJURY
9	HISTORY OF PRESENT ILLNESS							
10	PAST MEDICAL HISTORY				PATIENT REFUSAL			
11	ALLERGIES				CURRENT MEDICATION			
12	EYE OPENING		VERBAL RESPONSE		MOTOR RESPONSE		R PUPILS	L SKIN
	4 ☐ SPON 5 ☐ ORIENTED 3 ☐ VOICE 4 ☐ CONFUSED 2 ☐ PAIN 3 ☐ INAPPROPRIATE WORDS 1 ☐ NONE 2 ☐ INCOMPREHENSIBLE SOUNDS		6 ☐ FOLL/COMMANDS 5 ☐ LOCALIZE PAIN 4 ☐ WITHDRAWS PAIN 3 ☐ FLEXES FM PAIN 2 ☐ EXTENDS FM PAIN 1 ☐ NONE		1 ☐ EQUAL 2 ☐ REACTIVE 3 ☐ NON-REACT 4 ☐ DILATED 5 ☐ CONSTRICT 6 ☐ SLUGGISH		1 ☐ NORMAL 2 ☐ PALE 3 ☐ CYANOTIC 4 ☐ DIAPHORETIC 5 ☐ HOT 6 ☐ COOL 7 ☐ JAUNDICE	
13	CAP REFILL		GCS TOTAL		R CHEST/SNDS		L ABDOMEN	
	2 ☐ NORMAL 1 ☐ DELAYED 0 ☐ NONE		1 ☐ NONE		1 ☐ CLEAR 2 ☐ RHONCHI 3 ☐ STRIDOR 4 ☐ RALES 5 ☐ WHEEZE 6 ☐ DECREASED 7 ☐ ABSENT		1 ☐ NORMAL 2 ☐ OBESSE 3 ☐ RIGID 4 ☐ DISTENDED 5 ☐ TENDER	A ☐ RUQ B ☐ LUQ C ☐ RLQ D ☐ LLQ
14	CLINICAL IMPRESSION		ECG					
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