MUHLENBERG COLLEGE EMS

Patient Care Report

DATE OF CALL

RUN #

LIGHTS USED
☐ TO SCENE
☐ FROM SCENE

MILEAGE
START
END

USE MILITARY TIMES
CALL REC'D
ARRIVED
FROM SCENE
ARRIVED AT HOSP
COMPLETE

NAME	HOME ADDRESS	
HOME PHONE	CAMPUS EXT	CAMPUS ADDRESS
DISPATCH INFO	CALL LOCATION	

CARE IN PROGRESS ON ARRIVAL
☐NONE ☐PD/FD ☐OTHER EMS
☐CITIZEN ☐OTHER HP

MECHANISM OF INJURY
☐MVC ☐Sports ☐Fall of ____ feet ☐None ☐Machinery
☐Struck by vehicle ☐Unarmed assualt ☐Other

AGE | DOB | SEX ☐M ☐F

SUBJECTIVE STATEMENT

HEALTH PROFESSIONAL CONTACTED

MEDICS W/ UNIT #
☐AEMS ____ ☐CETRONIA ____ ☐OTHER ____ ☐NONE

MCPD Officer(s) on scene

Other Assisting Units

VITAL SIGNS

TIME	RESP	PULSE	PULSE O_2	B.P.	R PUPILS L	SKIN	GCS
	Rate: ☐Regular ☐Shallow ☐Labored	Rate: ☐Regular ☐Irregular			☐Normal ☐Dilated ☐Constricted ☐Sluggish ☐No-Reaction	☐Unremarkable ☐Cool ☐Pale ☐Warm ☐Cyanotic ☐Moist ☐Flushed ☐Dry ☐Jaundiced	EYES: ④Spontan. ③To Voice ②To Pain ①None VERBAL: ⑤Oriented ④Confused ③Inapprop. ②Garbled ①None MOTOR: ⑥Obeys Comm. ⑤Pain-Local ④Pain-Withdr. ③Pain-Flexion ②Pain-Extends ①None
	Rate: ☐Regular ☐Shallow ☐Labored	Rate: ☐Regular ☐Irregular			☐Normal ☐Dilated ☐Constricted ☐Sluggish ☐No-Reaction	☐Unremarkable ☐Cool ☐Pale ☐Warm ☐Cyanotic ☐Moist ☐Flushed ☐Dry ☐Jaundiced	EYES: ④Spontan. ③To Voice ②To Pain ①None VERBAL: ⑤Oriented ④Confused ③Inapprop. ②Garbled ①None MOTOR: ⑥Obeys Comm. ⑤Pain-Local ④Pain-Withdr. ③Pain-Flexion ②Pain-Extends ①None

COMPLAINT
☐Chest Pain ☐Vomiting ☐Pain ____
☐Diff Breathing ☐Diahrrhea ☐Choking
☐Weakness ☐Headache ☐Burn ☐☐☐%
☐Dizziness ☐Seizure ☐General Illness
☐Nausea ☐Behavioral ☐ ____

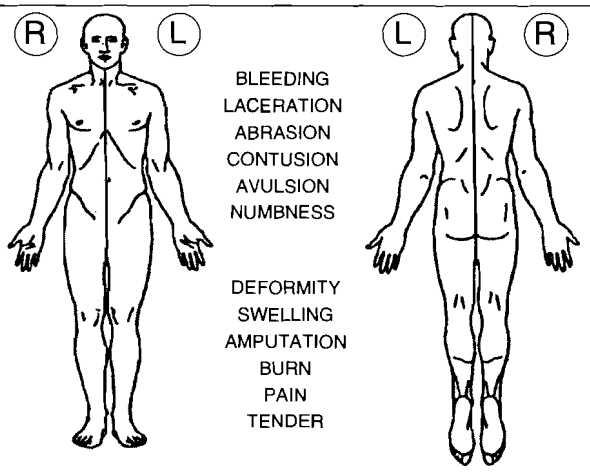
HISTORY
☐**Denied** ☐CVA/TIA ☐Seizure
☐MI ☐Behavioral ☐Hypertension
☐CHF ☐Diabetes ☐Asthma
☐Angina ☐Syncope ☐Migraine
☐Other ____

CURRENT MEDS. (LIST)

ALLERGY TO:

OBJECTIVE PHYSICAL ASSESSMENT

TREATMENT GIVEN
☐ Moved on stairchair
☐ Walked to First Response Unit
☐ Airway cleared
☐ Oral/Nasal Airway
☐ Oxygen Administered @ ☐☐ L.P.M., Method ____
☐ Suction Used
☐ C.P.R. in progress upon arrival by: ☐ Citizen ☐ PD/FD/Other CFR ☐ Other
☐ C.P.R. started @ Time ☐☐☐☐ Time from arrest until CPR ☐☐☐ Minutes
☐ Automatic Defibrillation No. of times ☐ By: ____
☐ Bleeding/Hemorrage Controlled (Method) ____
☐ Spinal Immobilization Neck & Back
☐ Limb Immobilized by ☐ Fixation ☐ Traction
☐ Other ____



BLEEDING
LACERATION
ABRASION
CONTUSION
AVULSION
NUMBNESS

DEFORMITY
SWELLING
AMPUTATION
BURN
PAIN
TENDER

TRANSPORTED DESTINATION
☐ LVH CC
☐ LVH 17TH
☐ S.H.H.
☐ ST. LUKE'S
☐ MCHC
☐ OTHER ____

CREW

IN CHARGE ☐ DRIVER	NAME ☐ DRIVER	NAME ☐ DRIVER	NAME ☐ DRIVER
EMT#	☐CFR# ☐EMT#	☐CFR# ☐EMT#	☐CFR# ☐EMT#

MUHLENBERG COLLEGE EMS

Patient Care Report

DATE OF CALL

USE MILITARY TIMES

CALL REC'D

ARRIVED

FROM SCENE

ARRIVED AT HOSP

COMPLETE

RUN #

NAME	ADDRESS	
HOME PHONE	CAMPUS EXT	CAMPUS ADDRESS
DISPATCH INFO	CALL LOCATION	

CALL REC'D AS
- ☐ EMERGENCY
- ☐ NON EMERGENCY
- ☐ STANDBY

AGE | DOB | SEX ☐ M ☐ F

CHIEF COMPLAINT

CARE IN PROGRESS ON ARRIVAL
☐ NONE ☐ PD/FD/OTHER CFR ☐ CITIZEN ☐ OTHER HP

SUBJECTIVE ASSESSMENT

MECHANISM OF INJURY
☐ MVA (✓ seat belt used →) ☐ Fall of ____ feet ☐ GSW ☐ Machinery ☐ Struck by vehicle ☐ Unarmed assualt ☐ Knife ☐ _____

HEALTH SERVICE NOTIFIED? YES ☐ NO ☐

HEALTH PROFESSIONAL ON CALL

PRESENTING PROBLEM

If more than one checked, circle primary

- ☐ Airway Obstruction
- ☐ Respiratory Arrest
- ☐ Respiratory Distress
- ☐ Cardiac Related (Potential)
- ☐ Cardiac Arrest
- ☐ Allergic Reaction
- ☐ Syncope
- ☐ Stroke/CVA
- ☐ General Illness/Malaise
- ☐ Gastro-Intestinal Distress
- ☐ Diabetic Related (Potential)
- ☐ Pain _____
- ☐ Unresponsive
- ☐ Seizure
- ☐ Behavioral Disorder
- ☐ Substance Abuse (Potential)
- ☐ Poisoning (Accidental)
- ☐ Shock
- ☐ Head Injury
- ☐ Spinal Injury
- ☐ Fracture/Dislocation
- ☐ Amputation
- ☐ Other _____
- ☐ Major Trauma
- ☐ Trauma-Blunt
- ☐ Trauma-Penetrating
- ☐ Soft Tissue Injury
- ☐ Bleeding/Hemorrhage
- ☐ OB/GYN
- ☐ Burns

Environmental
- ☐ Heat
- ☐ Cold
- ☐ Hazardous Materials
- ☐ Obvious Death

PAST MEDICAL HISTORY
- ☐ None
- ☐ Hypertension
- ☐ Stroke
- ☐ Seizures
- ☐ Diabetes
- ☐ COPD
- ☐ Cardiac
- ☐ Other:
- ☐ Asthma

VITAL SIGNS

TIME	RESP	PULSE	B.P.	LEVEL OF CONSCIOUSNESS	R PUPILS L	SKIN
	Rate: ☐ Regular ☐ Shallow ☐ Labored	Rate: ☐ Regular ☐ Irregular		☐ Alert ☐ Voice ☐ Pain ☐ Unresp.	☐ Normal ☐ Dilated ☐ Constricted ☐ Sluggish ☐ No-Reaction	☐ Unremarkable ☐ Cool ☐ Pale ☐ Warm ☐ Cyanotic ☐ Moist ☐ Flushed ☐ Dry ☐ Jaundiced
	Rate: ☐ Regular ☐ Shallow ☐ Labored	Rate: ☐ Regular ☐ Irregular		☐ Alert ☐ Voice ☐ Pain ☐ Unresp.	☐ Normal ☐ Dilated ☐ Constricted ☐ Sluggish ☐ No-Reaction	☐ Unremarkable ☐ Cool ☐ Pale ☐ Warm ☐ Cyanotic ☐ Moist ☐ Flushed ☐ Dry ☐ Jaundiced

CURRENT MEDICATIONS (LIST)

ALLERGY TO:

OBJECTIVE PHYSICAL ASSESSMENT

COMMENTS

TREATMENT GIVEN

- ☐ Moved on stairchair
- ☐ Walked to First Response Unit
- ☐ Airway cleared
- ☐ Oral/Nasal Airway
- ☐ Oxygen Administered @ ☐☐ L.P.M., Method _____
- ☐ Suction Used
- ☐ C.P.R. in progress upon arrival by: ☐ Citizen ☐ PD/FD/Other CFR ☐ Other
- ☐ C.P.R. started @ Time ☐☐☐☐ Time from arrest until CPR ☐☐☐ Minutes
- ☐ Automatic Defibrillation No. of times ☐ By: _____
- ☐ Medication Administered (see comments)
- ☐ Bleeding/Hemorrage Controlled (Method) _____
- ☐ Spinal Immobilization Neck & Back
- ☐ Limb Immobilized by ☐ Fixation ☐ Traction
- ☐ Heat or cold applied (circle one)
- ☐ Baby Delivered @ Time _____
- ☐ Other _____

MEDICS
☐ AEMS ☐ CETRONIA ☐ OTHER ☐ NONE

TRANSPORTED TO: ☐ L.V. CEDAR CREST ☐ L.V. 17TH ST. ☐ SACRED HEART ☐ HEALTH CENTER ☐ OTHER:

CREW	IN CHARGE	DRIVER	NAME	NAME
	EMT#	☐ CPR ☐ CFR# ☐ EMT#	☐ CPR ☐ CFR# ☐ EMT#	☐ CPR ☐ CFR# ☐ EMT#

TYPICAL VITAL SIGNS RANGES

ADULT

BLOOD PRESSURE	90 - 140 SYSTOLIC 60 - 90 DIASTOLIC
PULSE	60 - 100 BEATS/MINUTE
RESPIRATIONS	12 - 20 BREATHS/MINUTE

CHILD

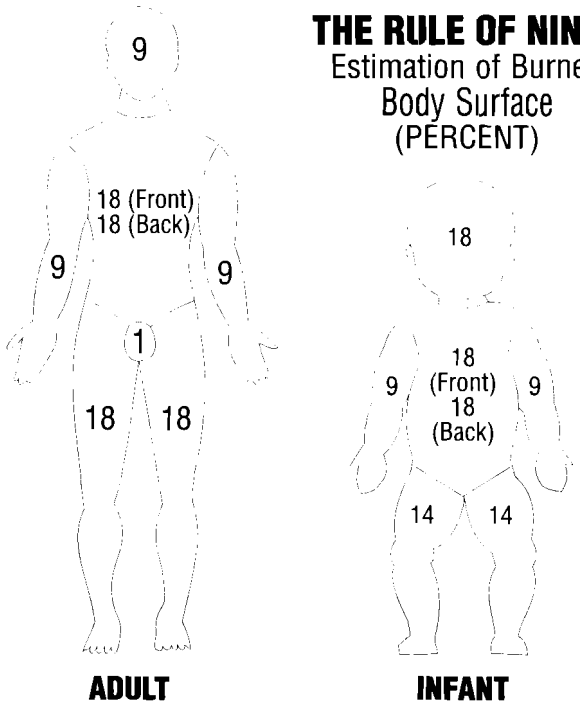
BLOOD PRESSURE	80 - 110 SYSTOLIC
PULSE	80 - 100 BEATS/MINUTE
RESPIRATIONS	15 - 30 BREATHS/MINUTE

INFANT (Newborn to 1 Yr.)

BLOOD PRESSURE	2X Patient's age + 80
PULSE	120 - 140 BEATS/MINUTE
RESPIRATIONS	25 - 50 BREATHS/MINUTE

THE RULE OF NINES

Estimation of Burned Body Surface (PERCENT)



TRANSFER OF CARE

CARE TRANSFERRED TO:	SIGNATURE	NAME/TITLE

REFUSAL OF CARE / RELEASE

I _____, have been advised that medical assistance on my behalf is necessary and that refusal to accept pre-hospital care and transporation to a healthcare facility may imperil my health or result in death. I assume all risks, consequences and costs of my decision not to accept pre-hospital care and/or transportation to a healthcare facility, and I release Muhlenberg College, its officers, agents, licensed healthcare professionals, employees and members of the Emergency Medical Services from any and all liability arising from my decision.

Name: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____

MUHLENBERG COLLEGE EMERGENCY MEDICAL SERVICES

EST. 1999

"Serving Our Campus With Pride"