Rhode Island EMS Ambulance Run Report - Part 1

SERVICE INCIDENT # _____

SERVICE #	VHCL #	CENSUS TRACT #	DATE: MONTH	DAY	YR	CREW MEMBER #1	CREW MEMBER #2	CREW MEMBER #3	RESPONSE OUTCOME	RESEARCH CODE
			Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec			A I C P Rpt	A I C P Rpt	A I C P Rpt	Transported; Care Transferred; Cancelled Enroute; Cancelled On Scene; Refused; False Call; P.O.V.; Treat/No Transport; Standby; D.O.A.; Other	

DISPATCH	ENROUTE	ARRIVE SCENE	DEPART SCENE	ARRIVE DEST.	AVAILABLE
MILITARY TIME	MILITARY TIME	MILITARY TIME	MILITARY TIME	MILITARY TIME	MILITARY TIME

PATIENT LOCATION
- Patient Residence
- Other Residence
- Traffic Way 55+ MPH
- Other Traffic Way
- EMS Rendezvous
- Business/Industrial
- Educational Facility
- Health Care Facility
- Public Place
- Other _____

Was Incident at Work? (Y) (N) (Unk)

INCIDENT TYPE
- Trauma
- Bicycle
- Fall
- Fire/Burns
- Hazmat
- Shooting
- Stabbing
- Motor Vehicle
- Occupant
- Motorcyclist
- Pedestrian
- Medical
- Inter-Facility
- Other _____
- Mutual Aid
- Roundtrip Transfer

AGE

GENDER
- (F) Female
- (M) Male

ETHNIC ORIGIN
- Asian
- Black
- Hispanic
- Native American
- White
- Unknown
- Other

(M) (D) Apprx.

SUSPECTED ILLNESS (P=Primary S=Secondary)

(P) (S) Abdominal Pain	(P) (S) Hypothermia	(P) (S) Airway Obstruction	(P) (S) Loss of Conscious.
(P) (S) Allergic Reaction	(P) (S) Nausea/Vomiting	(P) (S) Behavioral	(P) (S) OB/GYN
(P) (S) Breathing Difficulty	(P) (S) Pain	(P) (S) Cardiac Arrest	(P) (S) Paralysis
(P) (S) Cardiac Symptoms	(P) (S) Poison/OD	(P) (S) Dehydration	(P) (S) Respiratory Arrest
(P) (S) Diabetic Symptoms	(P) (S) Seizure	(P) (S) Dizziness	(P) (S) Shock
(P) (S) Drowning	(P) (S) Stroke/CVA	(P) (S) GI Problem	(P) (S) Weakness
(P) (S) Hemorrhage	(P) (S) Other _____	(P) (S) Hyperthermia	(Document in Narrative)

INJURY SITE/TYPE

	None	Amputate	Burn/Elec.	Blunt	Frac./Disloc.	Pain	Paralysis	Penetrate	Soft-Closed	Soft-Open
Head										
Face										
Eye										
Neck/Spine										
Chest										
Back/Spine										
Abdomen										
Pelvis/Groin										
Arm										
Hand										
Thigh										
Leg/Foot										

SITUATION OF INJURY
- Burns 10+% Face/Airway
- Extrication 20+ Minutes
- Fall 20+ Feet
- Flail Chest
- Limb Paralysis

MOTOR VEHICLE
- Death Same MV
- Ejection
- Intrusion
- Rollover
- Severe Deformity
- Steering Wheel/Dash/ Windshield Damage

REVISED TRAUMA SCORE
- ≥11
- <11

PT. PROTECTION
- Safety Belt
- Safety Seat
- Airbag (Deployed)
- Helmet
- Unknown
- Not Avail./Used

OCCUPANT LOCATION
- Driver
- Front Passngr.
- Rear Passngr.
- Other _____

INITIAL VITAL SIGNS

Unable to Take Not Taken

SYSTOLIC	DIASTOLIC	PULSE	RESP.
		Palpated / Irregular	Irregular

GLASGOW COMA SCALE

EYES	VERBAL	MOTOR
(4) Spontan.	(5) Oriented	(6) Obeys
(3) To Voice	(4) Confused	(5) Localizes
(2) To Pain	(3) Inapprop.	(4) Withdraws
(1) Unresp.	(2) Garbled	(3) Flexion
	(1) None	(2) Extends
		(1) None

CPR INFORMATION

Time: Minutes	<4	4–10	>10	Unk
Arrest to CPR				
Arrest to Defib.				
Arrest to ALS				

- Witnessed Arrest? (Y) (N) (UNK)
- Bystander CPR? (Y) (N) (UNK)
- Pulse/Rhythm Restored? (Y) (N)

INITIAL EKG
- Normal Sinus
- Sinus Tach.
- Sinus Brady.
- Asystole
- AV Block
- Atrial Fib.
- Atrial Flut.
- EMD/PEA
- Junctional
- Paced
- SV Tach.
- Vent Tach.
- Vent Fib.
- Other _____
- PVC's

BLS TREATMENT

AIRWAY
- Abdominal Thrust
- Back Blows
- ET Intubation
- EOA
- Manual
- Nasopharyngeal
- Oropharyngeal

VENTILATION
- Pocket Mask
- Demand Valve
- Bag Valve Mask

OXYGEN
- Oxy. 1–9 lpm
- Oxy. 10–15 lpm

IMMOBILIZATION
- C-Spine Stabil.
- C-Spine Immob.
- Cervical Collar
- Board-Long
- Board-Short
- Splint-Extremity
- Splint-Traction

OTHER:
- CPR
- Cold/Hot Pack
- Defibrillation
- Delivery (OB)
- Extrication
- Irrigation
- MAST-Splint
- MAST-Shock
- Suctioning
- Wound Mgmt.

ALS TREATMENT
- Blood Draw
- Cardiac Pacing
- Defib/Cardiovert.
- EKG
- Cricothyrotomy
- IV-Central
- IV-Peripheral
- Intraosseous
- Needle Thorac.
- NG Tube

IV TYPE
- D5W
- Hetastarch
- Norm. Saline
- Ringers Lact.
- Other _____

PUPILS

LEFT		RIGHT
(L)	Normal	(R)
(L)	Constricted	(R)
(L)	Dilated	(R)
(L)	Non-React.	(R)

MISCELLANEOUS
- Contact w/Blood or Body Fluids? (CM1) (CM2) (CM3)
- None Report Filed? (Y) (N)
- Comfort One Protocol Used? (Y) (N)
- Order Revoked? (Y) (N)

COMMUNICATIONS
- Telephone (S) (U)
- Cellular (S) (U)
- Radio (S) (U)

POSSIBLE CONTRIBUTING FACTORS
- Alcohol
- Substance(s)
- Delay in Detection
- Hazardous Materials
- Self-Extricated
- Other _____

RECEIVING FACILITY/DIVERTING FACILITY (R=Receiving Facility D=Diverting Facility)

(R) (D) Backus	(R) (D) Newport Hospital	(R) (D) Women & Infants'
(R) (D) Bradley	(R) (D) R.I. General	(R) (D) Zambarano
(R) (D) Butler	(R) (D) Rhode Island	(R) (D) Other
(R) (D) Charleton	(R) (D) Roger Williams	
(R) (D) Day Kimball	(R) (D) South County	
(R) (D) Hasbro	(R) (D) St. Anne's	
(R) (D) Kent County	(R) (D) St. Joseph	
(R) (D) Landmark	(R) (D) Sturdy	
(R) (D) Lawrence Memorial	(R) (D) U.S. Naval	
(R) (D) Memorial	(R) (D) Veterans Admin.	
(R) (D) Miriam	(R) (D) Westerly	

MEDICATIONS

Acetaminophen	Dilantin	Nifedipine
Activ. Charcoal	Dopamine	Nitroglycerin
Adenosine	Epinephrine	Oral Glucose
Albuterol	Epi-SubQ	Phenobarbital
Antacid	Glucagon	Proparacaine HCl
Aspirin	Ipecac	Sodium Bicarb.
Atropine	Lasix	Solumedrol
Benadryl	Lidocaine	Terbutaline
Bretylium	Mazicon	Thiamine
Dextrose 25%	Midazolam	Valium
Dextrose 50%	Morphine	Verapamil
Diazepam gel	Naloxone	Other _____

SERVICE INCIDENT # 1606746

DO NOT WRITE IN THIS AREA

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Rhode Island EMS Ambulance Run Report - Part 2

Use Blue/Black Ink - Press Firmly

SERVICE NAME	UNIT ID #	INCIDENT #	TODAY'S DATE

INCIDENT LOCATION	HOSPITAL DESTINATION

PATIENT INFO

PATIENT LAST NAME	FIRST	M.I.	PHONE	AGE	DATE OF BIRTH	GENDER

STREET ADDRESS

CITY | STATE | ZIP CODE

CHIEF COMPLAINT

PAST MEDICAL HISTORY

◯ MI ◯ CHF ◯ COPD ◯ ↑BP ◯ DIABETES ◯ CANCER ◯ NONE KNOWN ◯ OTHER _____

CURRENT MEDICATIONS

◯ NONE KNOWN

ALLERGIES (MEDS)

◯ NONE KNOWN

NARRATIVE

FOR DEPARTMENT/SERVICE USE

◯ ALS ◯ Airway ◯ Defib ◯ CPR ◯ Collar

◯ BLS ◯ IV ◯ MAST ◯ OXY ◯ EKG

◯ Miles _____ ◯ Other _____

◯ Narrative ___ of _____

TIME	P	R	B/P	RHYTHM	TREATMENT	RESPONSE/COMMENTS

ET INTUBATIONS		IV THERAPY			
TUBE SIZE	# OF ATTEMPTS	CATHETER SIZE	# OF ATTEMPTS	INFUSION RATE	# OF LINES

REFUSAL OF SERVICE/TREATMENT

This is to certify that I am refusing treatment/transport. I have been informed of the risk(s) involved, and hereby release the ambulance service, its attendants, its affiliates, the consulting physician, and the consulting hospital from all responsibility which may result from this action.

Patient Signature _____ Date/Time _____

Witness Signature _____ Date/Time _____

Signature of Person Completing Report _____ Date/Time _____

Signature of Person Receiving Patient _____ Date/Time _____

CM #1 DIC DRV

CM #2 DIC DRV

CM #3 DIC DRV

Crew Names

FAMILY NOTIFICATION FORM LEFT? Ⓨ Ⓝ

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