

RICE UNIVERSITY

Emergency Medical Services

☐ EMERGENCY
☐ NON-EMERGENCY
☐ STAND-BY

☐ RESPONSE
UPGRADED PER: _____

☐ STUDENT
☐ FACULTY / STAFF
☐ VISITOR / PUBLIC

☐ TIMES
☐ PT DATA
☐ SURVEY EN / SP

PAGE ____ OF ____

DATE		RUN NO.		CALL RECEIVED		REMS EN ROUTE		REMS ON SCENE		REMS PT CONTACT	
CALL LOCATION				HFD REQUESTED		HFD EN ROUTE		HFD ON CAMPUS		HFD PT CONTACT	
DISPATCH INFORMATION				RUPD REQUESTED		RUPD ON SCENE		PT FROM SCENE		REMS IN SERVICE	

PATIENT INFORMATION	NAME				CHIEF COMPLAINT				
	ADDRESS			APT / ROOM NO.	INITIAL ASSESSMENT				
	CITY		STATE	ZIP	CARE PRIOR TO EMS ARRIVAL				
	PHONE NUMBER			PHONE TYPE	MEDICAL HISTORY				
	E-MAIL ADDRESS				☐ NONE ☐ Diabetes ☐ Stroke ☐ Hypertension ☐ Cardiac ☐ Seizures ☐ COPD ☐ Asthma ☐ Other: _____				
	AGE	DATE OF BIRTH	SEX	M F	COLLEGE / DEPT	MEDICATIONS			
	OTHER INFORMATION				ALLERGIES				

PRESENTING PROBLEM	☐ Abdominal Pain ☐ Cardiac Related ☐ Head Injury ☐ Psychological / Behavioral / Suicidal ☐ Airway Obstruction ☐ Chest Pain ☐ Headache ☐ Respiratory Arrest ☐ Alcohol Intoxication ☐ CVA / Stroke ☐ Hemorrhage / Laceration ☐ Seizure ☐ Allergic Reaction ☐ Dead on Arrival ☐ Hyperthermia ☐ Sick / General Illness ☐ Amputation ☐ Difficulty Breathing ☐ Hypothermia ☐ Syncope ☐ Animal Attack ☐ Drug Overdose ☐ Industrial / Machinery Accident ☐ Trauma, Blunt ☐ Back / Spinal Injury ☐ Electrocutation ☐ Motor Vehicle Collision ☐ Trauma, Penetrating ☐ Blood Sugar Related ☐ Fall ☐ Near-Drowning ☐ Unconscious ☐ Burns ☐ Fracture / Dislocation / Sprain ☐ OB / GYN ☐ Unknown ☐ Cardiac Arrest ☐ Hazardous Materials Exposure ☐ Poisoning ☐ Other: _____			
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VITAL SIGNS	TIME	TIME	TIME	TIME	TREATMENT	ADMIN TIME	INTERVENTION	RESULT OF INTERVENTION	RESULT TIME
	PULSE	PULSE	PULSE	PULSE					
	RESP	RESP	RESP	RESP					
	B/P	B/P	B/P	B/P					
	SPO2	SPO2	SPO2	SPO2					
	TEMP	TEMP	TEMP	TEMP					
	BGL	BGL	BGL	BGL					
	PUPILS	PUPILS	PUPILS	PUPILS					
	GCS	GCS	GCS	GCS					
	PMS	PMS	PMS	PMS					
SKIN CONDITION	SKIN CONDITION	SKIN CONDITION	SKIN CONDITION						

GCS REFERENCE	BEST VERBAL: 5 – ORIENTED 4 – CONFUSED 3 – INAPPROPRIATE 2 – INCOMPREHENSIBLE 1 – UNRESPONSIVE EYE OPENING: 4 – SPONTANEOUS 3 – VERBAL		BEST MOTOR: 6 – OBEYS COMMANDS 5 – LOCALIZES PAIN 4 – WITHDRAWS FROM PAIN 3 – FLEXION 2 – EXTENSION 1 – UNRESPONSIVE 2 – PAIN 1 – UNRESPONSIVE		CARDIAC ARREST DATA	RUPD AED ON SCENE: ☐ YES ☐ NO ☐ BEFORE EMS RUPD AED INDICATED: ☐ YES ☐ NO WITNESSED ARREST: ☐ YES ☐ NO BY: _____ BYSTANDER CPR: ☐ YES ☐ NO BY: _____ AED USAGE: ☐ POLICE ☐ PUBLIC ☐ EMS AED SHOCK DELIVERED: NUMBER: _____ BY: _____ PULSE RETURNED ANY TIME: ☐ YES ☐ NO PULSE ON TRANSPORT: ☐ ABSENT ☐ PRESENT RESQPOD (ITD) USED: ☐ YES ☐ NO EPINEPHRINE USED: ☐ YES ☐ NO DOSES: _____		
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DISPOSITION: ☐ Refusal ☐ POV ☐ RUPD Escort		TRANSPORT UNIT		RECEIVING FACILITY	
☐ Refusal AMA ☐ No Pt Contact ☐ HFD / Ambulance					
IN-CHARGE B I P L P EMT		HFD UNITS		RUPD UNITS	
EMT B I P L P EMT		☐ College Masters Notified ☐ Workman's Comp / Supv Notified		EMT SIGNATURE	

PATIENT ____ OF ____

HFD SURVEYS: ____