EST✱ **Washington University Emergency Support Team**

Name:	**DOB:**___/___/___	**Sex:** ☐ Male ☐ Female	**Call #** ______/______
SSN:____/____/_____	**School:** LA EN AR FA BA Grad	☐ Student ☐ Guest	**Date:** ___/___/___
Address:		☐ Faculty ☐ Other	**Dispatch Time:**
Phone:		☐ Staff	**Arrival Time:**
Location:			**Clear Time:**
Chief Complaint/Mechanism:			**Transfer Time:**

Time:	**BP:**	**Pulse:**	**Resps:**	**L Pupils: R**	**Skin:**	**Temp:**
		Rate:____ Quality:___ ☐ Regular ☐ Irregular	Rate:____ SpO_2:____% ☐ Regular ☐ Shallow ☐ Labored	☐ Normal ☐ ☐ Dilated ☐ ☐ Constricted ☐ ☐ Sluggish ☐ ☐ No-Reaction ☐	☐ Cool ☐ Pale ☐ Warm ☐ Cyanotic ☐ Moist ☐ Flushed ☐ Dry ☐ Jaundiced ☐ Other ☐ Unremarkable	
		Rate:____ Quality:___ ☐ Regular ☐ Irregular	Rate:____ SpO_2:____% ☐ Regular ☐ Shallow ☐ Labored	☐ Normal ☐ ☐ Dilated ☐ ☐ Constricted ☐ ☐ Sluggish ☐ ☐ No-Reaction ☐	☐ Cool ☐ Pale ☐ Warm ☐ Cyanotic ☐ Moist ☐ Flushed ☐ Dry ☐ Jaundiced ☐ Other ☐ Unremarkable	
		Rate:____ Quality:___ ☐ Regular ☐ Irregular	Rate:____ SpO_2:____% ☐ Regular ☐ Shallow ☐ Labored	☐ Normal ☐ ☐ Dilated ☐ ☐ Constricted ☐ ☐ Sluggish ☐ ☐ No-Reaction ☐	☐ Cool ☐ Pale ☐ Warm ☐ Cyanotic ☐ Moist ☐ Flushed ☐ Dry ☐ Jaundiced ☐ Other ☐ Unremarkable	

Allergies:________________

Meds:________________

☐ **Taken Normally**

Past Med Hx:
☐ Asthma ☐ Diabetes ☐ None
☐ Cardiac ☐ Seizures ☐ Other______

Cervical Spine
Time C-spine Held:________
Released at: ________

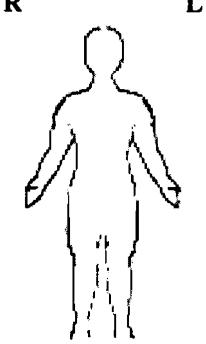
LOC	☐No	☐Yes
Head Pain	☐No	☐Yes
Neck Pain	☐No	☐Yes
Back Pain	☐No	☐Yes
Nausea	☐No	☐Yes
Dizziness	☐No	☐Yes
Blurred Vision	☐No	☐Yes
Numbness	☐No	☐Yes
Tingling	☐No	☐Yes
Fluid in Ears	☐No	☐Yes

Peds ☐ Equal ☐ Weak ☐ Unequal
Grips ☐ Equal ☐ Weak ☐ Unequal

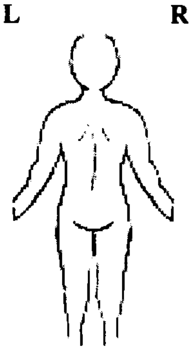
ETOH ☐ Yes ☐ No
Source:________
Quantity:________
Type:________
Start:_____ Stop:_____
Usual Amount ☐ Yes ☐ No
Usual Rxn ☐ Yes ☐ No
Other Substance:________

Injury: ________
Location: ________
Time of Injury: ________
PMS:________
Range of Motion:________
Radiation:________
Severity:________

FRONT
R **L**



BACK
L **R**



Notes:

To:________

By: ☐ Police ☐ Ambulance ☐ Other

☐ **HIPAA**

Attending Physician (935-6667) Contacted?
☐ Yes ☐ No

Equipment Used:

Disposition:
☐ Released to Self
☐ Released to Other
☐ Transferred Care
☐ Refused Treatment
☐ Refused Transport
☐ Gone on Arrival
☐ Disregarded

Medic 1:________
EMT: ________
Medic 2: ________
☐ CPR/SFA
☐ EMT: ________
Medic 3: :________
EMT:________
Police: ________

EST* **Washington University Emergency Support Team**

Name:	**Date:** ____/____/____	**Call #** _____/_____

To:_____ **By:** ☐ Police ☐ Ambulance ☐ Other ☐ **HIPAA**	**Attending Physician (935-6667) Contacted?** ☐ Yes ☐ No	**Disposition:** ☐ Released to Self ☐ Released to Other ☐ Transferred Care ☐ Refused Treatment ☐ Refused Transport ☐ Gone on Arrival ☐ Disregarded	**Medic 1:**_____ EMT:_____ **Medic 2:** _____ ☐ CPR/SFA ☐ EMT: _____ **Medic 3: :**_____ EMT:_____ **Police:** _____