

Call Times – Use 24hr Clock	
DISPATCH	
ENROUTE	
ON SCENE	
TO HOSP	
AT HOSP	
IN SERVICE	

Student Name: \_\_\_\_\_

Class:  Basic  Intermediate  Paramedic Class Start Date: \_\_\_\_\_

Rotation Date: \_\_\_\_\_ EMS Site: \_\_\_\_\_ Unit: \_\_\_\_\_ Patient: \_\_\_\_\_ of \_\_\_\_\_

<b>Weather:</b> Dry Rain Snow Ice Fog <b>Other:</b>	<b>Law Enforcement Units (List):</b>	<b>Patient's Valuables:</b>
<b>Additional EMS Units (List):</b>	<b>Fire Units (List):</b>	<b>Disposition of Patient Valuables:</b>

Air Ambulance?  YES  NO Pt Airlifted to: \_\_\_\_\_

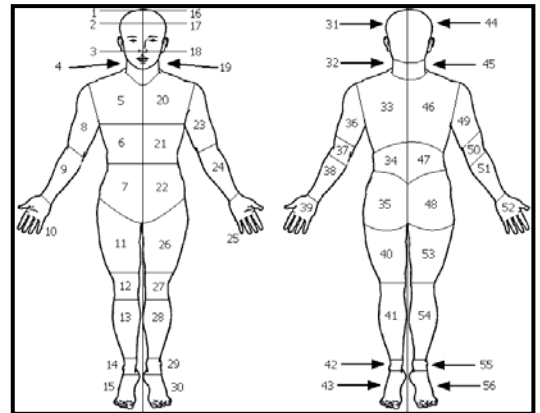
Second Ambulance used to transport?  YES  NO Service: \_\_\_\_\_ Transported to: \_\_\_\_\_

<b>Chief Complaint:</b>	<b>Working Diagnosis:</b>
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<b>PATIENT HISTORY</b> Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female PMHx: _____ _____ MEDS: _____ _____ ALLERGIES: _____ _____	<b>Time</b>				
	<b>BP</b>				
	<b>P</b>				
	<b>R</b>				
	<b>SaO<sub>2</sub></b>				
	<b>D-Stick</b>				
	<b>Pupils</b>				
	<b>Skin</b>				
<b>GCS/RCS</b>					

**MEDICATIONS ADMINISTERED BY EMS**

TIME	MED	DOSE	ROUTE	EFFECT



Patient Transported to: \_\_\_\_\_

Transport Refused	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle Extrication
Work Related:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES TIME _____ <input type="checkbox"/> NO
Aid Prior to Arrival:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Preventative Aid:

Driver _____	Cert _____
Attendant _____	Cert _____
Student _____	Cert _____
Preceptor Signature	

