



Texas Engineering Extension Service Emergency Services Training Institute Emergency Medical Services Training Program

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

stadent Nai	iic						AT HOSP			
lass: 🗌 Basic 🔲 Intermediate 🔲 Paramedic Class Start Date:							IN SERVICE			
				e:			Patient:	_ of		
Weathe Other:	r : Dry R	ain Snow	Ice Fog	Law Enforcem	ent Units (Lis	t):	Patient's Valuables:			
Add	itional EN	/IS Units (List):	Fire Uni	ts (List):	С	Disposition of Patient Valuables:			
Air Ambu	ılance?	YES [NO Pt	Airlifted to:						
Second A	Ambulance	used to tr	ansport?	YES NO	Service: Transported to:					
Chief (Complai	nt:			Working Diagnosis:					
PMHx: _ MEDS: _		_			Time BP P R SaO ₂ D-Stick Pupils Skin GCS/RCS					
TIME	TIME MED DOSE			ROUTE	EFFECT		16 17 3 18	16 2 17 3 18 19 32 45		
Patient T	ransport	ed to:				Tun 10	5 20 8 6 21 7 22 11 26 12 27 13 28 14 29 15 30	33 46 49 50 51 52 48 55 55 55 55 55 55 55 55 55 55 55 55 55		
				William Francisco						
Transport		☐ YES	□ NO	Vehicle Extrication		+	ver endant			
Work Rela	ted:	☐ YES	□ NO	☐ YES TIME		 	ident	Cert		
Aid Prior to	o Arrival:	☐ YES	□ NO	Preventative Aid:			Preceptor Si			

PATIEN	IT DE	ENIES:								
TREATMENT PERFORMED							AIR	WAY MANAGEI	MENT	
☐ Spinal Immobilization: ☐ Seated ☐ Supine						Oxygen: NC BVM FROPVD			□ NRB □ Venturi □ SFM □ Blow by	
☐ Bandaging ☐ Splinting					☐ OPA ☐ NPA ☐ Suction ☐ PTL/Combitube/EOA/EGTA					
☐ Psyc Assistance								ı		_
		Bystander Time						_ Nasal	☐ Oral	
☐ CPR		EMS: Time				□ ET	Size:	Blade:	☐ Miller	☐ Mac
Down Time Prior to EMS Arrival:						Breath Sounds Evaluated:		☐ Yes ☐ No		
☐ Other										
□ IV/IO·	Time	. da.	Site:				Attempts:		U Medic:	
	11110	Time		Interpreta				itment	Me	
□ ECG				o. p. o.a.						
Attach strips on back of this sheet ECG Sheet										
☐ Defibrillation: J ☐ Cardioversion: J ☐						☐ Pacing Rate ☐ MA ☐ ☐ S ☐			S 🗆 U	
NARRA	ATIV									
USE SUPPLEMENT REPORT IF ADDITIONAL NARRATIVE SPACE IS NEEDED										
Place of occurrence Probable Cause				SI/S	Student S	Signature:				
Treatme	ent		Injury Type Severity Location	#1 #.	2 #3	#4	#5 #6			
<u>YPE</u> 1 – I	Burn Internal		ture / Dislocation	n / Chocking		eration / Pe		SEVERITY 1 _ Po	ossibly incapacita	ating

<u>T\</u>

7 – Acute Alcohol Intoxication 9 – Scrape / Bruise / Cut

8 – Spine / Brain 10 – Sprain / Strain

2 – Non-incapacitating3 – Incapacitating