

# Southern Illinois Regional EMS System - Emergency Medical Responder

## Patient Care Report Form

<b>Service:</b>			<b>Date:</b>			<b>Run Number:</b>		
<b>Patient Name:</b>					<b>Male / Female</b>		<b>DOB:</b>	
<b>Chief Complaint:</b>					<b>Location of call:</b>			
<b>Doctor:</b>					<b>Transporting Service:</b>			
<b>Glasgow Coma Scale</b>						<b>Time Info.</b>		
<b>Eyes</b>		<b>Verbal</b>		<b>Motor</b>		<b>Call Received:</b>		
4- Spontaneous		5- Oriented		6- Obeys		<b>Dispatched:</b>		
3- To Speech		4- Confused		5- Localizes		<b>En Route:</b>		
2- To Pain		3- Inappropriate		4- Withdraws		<b>On Scene:</b>		
1- None		2- Garbled		3- Flexion		<b>Patient Contact:</b>		
		1- None		2- Extension		<b>Amb. Arrived:</b>		
<b>Total:</b>				1- None		<b>Amb. Departed:</b>		
<b>LOC:</b>	Alert		Verbal		Painful		Unresponsive	
<b>Airway:</b>	Clear	Noisy	Partially Obstructed		Obstructed			
<b>Breathing:</b>	Normal	Labored	Wheezing	Absent				
<b>Skin:</b>	Normal	Pale	Flushed	Cyanotic	Clammy	Dry		
	Warm	Cool	Hot					
<b>Pupils:</b>	Equal	Constricted	Dilated					
<b>Chest:</b>	Clear	Labored	Flail	Injury	No Injury			
<b>Abdomen:</b>	Tender	Soft	Rigid	Distended	Injury	No Injury		
<b>Pelvis:</b>	Tender	Non-Tender	Injury	No Injury				
<b>Past Medical History:</b>								
<b>Medications:</b>								
<b>Drug Allergies:</b>								
<b>Extremities:</b>								
	Abrasion	Laceration	Contusion	Deformity	Swelling	No Injury		
Rt. Arm:	_____	_____	_____	_____	_____	_____		
Lt. Arm:	_____	_____	_____	_____	_____	_____		
Rt Leg:	_____	_____	_____	_____	_____	_____		
Lt. Leg:	_____	_____	_____	_____	_____	_____		
<b>Time</b>	<b>B/P</b>	<b>Pulse</b>	<b>Resp</b>	<b>O2 Sat</b>	<b>Treatment</b>		<b>Dose</b>	
<b>AED:</b>	Shockable	Non-Shockable	Number of Shocks:		ROSC: Yes/No			

**Narrative:**

**Signatures (official copy needs a typed/printed name and signature):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_