				So	uther		ois Regi ent Care		IS Systei t	m				
Agency:							-		Run Number:	n Number: Date:				
Incident Location:							County		Hospital Destination:					
	1 =						Pt. Address: Street Address							
atien Info						City		State Zip Code						
Pt. Name: D.O.B. mm dd yyyy Age: Telephone Number: ()							County State Zip Code							
		hysician:		,			000	Legal Guardia	an:					
Allergie							Glas	gow Coma		T:	me Informa	otion		
,, 9,00.											Call Received:			
Medications:							Eyes	Verbal	Motor		Dispatched:			
IVIEUICA	1110115.						4 Spontan	5 Oriented	6 Obeys	En Route:				
							3 To Speech	4 Confused	5 Localizes	Arrived at Sce	no:			
							2 Pain	3 Inapp.	4 Withdraws	Patient Contact				
							1 None	2 Garbled	3 Flexion					
Dest Marker Hillstone								1 None	2 Extension	Departed Scene:				
Past Medical History:							Total:		1 None	Arrived Destination:				
											Ivaz + + +			
		l Contact	: (Circle)	Yes No)	Time	Contacted:			Weight:				
Resour							Prior Aid	d Performed:			Performed I	Ву:		
Chief C	Complair	nt:												
Narrativ	ve:													
Tir	me	Pulse	Resn	B/P	BS	O2 Sat	Rhythm		Treatment		Attempts	Dose	Route	
- "		1 disc	КСЗР	D /1	ВО	OZ Odt	Ringuini		Treatment		Attempts	D030	Route	
													\vdash	
										I				
		ondition:								Pupils:				
Protect	ion Use	d by Pati	ent: (Circ	cle)	L	.ap/Should	er Belt	Lap Belt	Air Bag I	Deployed	Helmet			
Patient	Location	n in Vehi	cle:					Body Substan	nce Isolation Use	ed:				
Injury S	Site and	Type:							Cause of Injury	y:				
Cardiac Arrest: Y N Witnessed Arrest: Y N					N	Return o	of Spontaneous	Y N AED: Y N						
CPR Start Time: Time of First Defib.:						Advanced Airv	vayTime:	Attempts:						
Signature of Person Receiving Patient							EMS Crew Signatures and License Numbers:							
							Circle							
								1)						
							- ••	,						
X							D R	2)						
<u> </u>							<u>-</u> -	<u>-,</u>						
	Dolia	o Donor	tmont C	rach Number		7	ПΡ	3)						
Police Department Crash Number:							DR	3)						
							D R	4)						

Southern Illinois Regional EMS System
Patient Care Report
Narrative: