٦		Date		Agency Name					Agency Number					Preliminary Report*					Type of Service Requested ☐911 Resp. (Scene)			
Unit Information	-	Fransport Unit#	Call Sign	#	EMT B / I / F)	EMT B / I / P			ŧ					* PreMis F			Revision 2			☐ Interfacility Trans. ☐ Medical Trans. ☐ Standby ☐ Intercept ☐ Mutual Aid	
forr	Ī	Patient Name								Age Date of Birt					Sex Phone Number					elated/Occup.		
it	F	Patient Address City Stat									ate Zipcode				Race/Eth.			S	Social Securit	y Numb	er	
5	Legal Guardian if Patient is a Minor									Relation to Patient					Insurance Company							
	Location / Address of Call or Incident □Same as Above											Ot	ther Age	encies								
		Response Mode to Scene Lights and Sirens No Lights and Sirens Downgraded to No L&S Upgraded to										Dispatch Co			aint				EMD Performed EMD Card #			
	H	AED Prior to Arrival Arrest Witnessed By Downtime						as 🗖 upgra	Performed By:			┲	Med	hanisn	n or Cause?				PSAP Call Date/Time			
9.0		to EMS	on Scene Prior to EMS Time Star				D < 5 minutes 5-10 minutes 10-15 minute		EMS/1st PD Family				. Stee		ering Wheel Deformity			Н	Unit Notified	by Disp	atch Date/Time	
Situation	ŀ	Yes No Bystander Unknown Chief Complaint					Unknown			Bystander			<u>֚֚֓</u> ֚֡֝֓֞֓֞֓֞֡֡֡֡֡֓֓֓֓֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	Wind	dshield Spid	er			Unit En Route	e Date/	Гіте	
S	Duration								ority (1	erity (1-10)					ction			_				
	Other Complaints Min Hrs Days Sev								City (1-10)			_ 5						FI	=			
	Position Country										erity (1-10)			Rolle	☐ A:-b			a	Unit Left Sce			
	Duration Duration BP			HR RR		Hrs Glucose		Days			Temp	o. Wasing the state of the stat			ce miliusion		Ë.					
		Time	DF	пк	RK	+	Giucose	CO2	Sau	2	remp	<u>"</u> §	<u> </u>		Extracti	on Time (r	nin)				stination Date/Time	
						\perp				\bot		4			Fall (ft)	Extraction Time (min) Fall (ft)			Jnit Back in S			
	V 62.4	<u> </u>				+		+		+		╁			Pt. and	177	$\overline{\gamma}$	Ш			ocation Date/Time	
	ľ	>					<u>.</u>					4		С	npact Area)		$\neg \downarrow \mid$	~	Beginning Od	ometer		
		History												ation	Utility nwagon	0		Ш	On-Scene Od	ometer		
tient Survey	1	Evidence of Alcohol Ingestion? Ven No. DND#40075						Living Will			_	Ι.	V	uck an			Destination Odometer			er		
		Evidence of Alcohol Ingestion? Yes No DNR/MOST Form								Living Will			Bic		rcycle ycle		Loaded		Mileage			
	Denies Narrative										В	oat	LIL_		8							
	Patient																					
Pa	╁															Protoc						
	ŀ	Skin Normal	HEENT		Heart Normal Decreased Sounds			Normal				s / Gen. Normal		Extremities I Tenderness Al		bnorr	malities		Back Normal Tender Sp. Process			
		Pale Cyanotic Clammy	Cyanotic JVE Clammy Trachea		Dev. Tenderness Acc. Muscles		Mu	rmur ECG/FHT'S	Distention Tenderness Guarding		3	Norma Tende Unstab	nder table		RUE LUE						No C T L Tender Paraspinous No C T L	
		Jaundiced SQ A Cold Stride Warm Lac. / Lec		lor Rh	ezing	zing 1			Mass Lac./Lesions R L UQ LQ		enital Ir Crownii ac./Lesi	wning 🗖		RLE DO						Pain to ROM No C T L		
	ŀ	Diaphoretic Pupils L: React. Dil mm		\\.	n 2 indings			1					_			Deficit Dyspha	oio		T	Stroke Screen		
		R: React. D	il mm	mm Nonreact. Blind			Normal Confused Combative			Unresponsive Hallucinations			Seizu Post-i		Obtunded Dysph Tremors Hemip				_	☐ Positive☐ Negative		
	Т	Spontaneous 4 To Voice 3 To Pain 2		Oriented Confused Inappropriate Sounds			Obeys Commands 6 Localizes to Pain 5 Withdraws (Pain) 4			Total GCS Score		346 10	> 29 = 3		> 89 = 4 76 - 89 = 3		9 - 12 6 - 8	=	3 Adult Tra	uma	Reperfusion Check Sheet	
		None None		1 Incomprehensible Sou			Flexion (Extensio	Pain) 3	3		Adult Trauma Score	dsé		= 2 = 1 = 0	50 - 75 = 2 1 - 49 = 1 None = 0		6 - 8 4 - 5	; =	1	7 P	■ No Contraindicators ■ Contraindicators	
SE				Procedure			None Size	Tech Sta	te ID	Suc	cess	Tin		_ <u>` </u>		dication			Dose/Rout			
& Medications								Y		_												
Medi										Υ	N											
Procedures &	L									Y N												
	ļ									Υ	N											
Pro	ļ	ETT Confirmation	n and Class	aturo et Da-	tination					Υ	N	Tir	me			Cardi	ac Rhuthm s	r 12	Lead Interpr	etation		
		ETT Confirmation								Carul	uo ranyumii C	14	Lead interpr	Jianof								
Disposition	Transport Mode from Scene ☐ Lights and Sirens ☐ No Lights and Sirens ☐ Downgraded to No L&S ☐ Upgra									———Patient			Condition Reas		son for Cho	osina De	stination (cir	Cle)	Treatment /	Author	zed by MD MICN	
		☐ Refused	Woved to A		☐ Prone		■ Supin	ie 🗀 🗀		Gloves		r rival mproved	ved Ins		ason for Choosing Destination (circ rsion Closest Facility ance Status Family Choice			·	aunent/	au ioi	MD MICN	
Jisp		☐ Cancelled	☐ Carry ☐ Trendelenberg ☐ Head Elevated ☐				☐ Mask ☐ Gown ☐ Eyewear		□S	Same Vorse	On- Pati		ine Medical Direction Law Enforcement Chent Choice Patient's Physician C			hoice	Patient Red	ceived	by			
	Destination Name and/or Address									EMT			ature	EMT-		Specialty Resource Ce State ID			Medical Control Signature			
	H	* This is a preliminary document. This is not the final EMS Patient Care Report.																				