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| **RC Health Services** | | | | | | | | | **Emergency Medical Services Training**  **Ambulance Form – Page 1 of \_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | |
| EMS Service: | | | | | | | | | | | | | | | | | | | | | | | | | | | Shift: | | | | | | | | Hours: | | | |
| Preceptor Name and Certification Level: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DSHS Number: | | | | | |
| Gender: Male Female | | | | | | | | | | | | | Age: Yr or Mo | | | | | | | | | | | Weight (kg): | | | | | | | | | Dispatched: | | | | | |
| **Chief Complaint:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | On Scene: | | | | | |
| Date/Time of Onset: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Transporting: | | | | | |
| **Scene Assessment:** | | | | | | | | | Scene Safe: Y N | | | | | | | | | | Number of Patients: | | | | | | | | | | | | | | @ ER: | | | | | |
| Police on Scene: Y N | | | | | | | | | | HAZMAT Y N | | | | | | | | | MOI/NOI: | | | | | | | | | | | | | | In Service: | | | | | |
| **Past Medical/Surgical History:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Medications:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Allergies:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Glasgow Coma Scale** | | | | | | | | | | | | | **Vital Signs** | | | | | | | | | | | | | | | **Skin** | | | | | | | | | | |
| Times | | Eyes | | | | Verbal | | | | Motor | | | Pulse | | | | Resp | | | B/P | | | | | | | | Color | | | | Moisture | | | | | | Temp. |
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| **Pupils:** | | Equal: Y N | | | | | | | | Round: Y N | | | | | | | Reactive: Y N | | | | | | | | | | | | **Size (mm):** | | | Lt: | | | | | Rt: | |
| **Breath Sounds:** | | | | | | | Clear: Y N | | | | | | | Equal: Y N | | | | | | | | | Absent: L R | | | | | | | | | Diminished: L R | | | | | | |
| Wheezes: L R | | | | | | | Rales: L R | | | | | | | Ronchi: L R | | | | | | | | | Stridor: L R | | | | | | | | | Croup: Y N | | | | | | |
| Upper Lower | | | | | | | Upper Lower | | | | | | | Upper Lower | | | | | | | | | Upper Lower | | | | | | | | | Upper Lower | | | | | | |
| **Pain Scale:** | | | | | Severity/Strength (1 – 10): | | | | | | | | | | | | | Quality: | | | | | | | | | | | | | Radiation: | | | | | Onset: | | |
| Temp: | | | | | SaO2: | | | | | | CO2: | | | | | Heart Tones: | | | | | | | | | | ABD Sounds: LUQ ( ) RUQ ( ) LLQ ( ) RLQ ( ) | | | | | | | | | | | | |
| **Assessment Findings** | | | | | | | | | | | | | | | | | | | | **Assessment Findings Legend** | | | | | | | | | | | | | | | | | | |
| Head | | | |  | | | | | |  | | | | |  | | | | | T1 abrasion | | | | | | | | | | | | | | M1 pain | | | | |
| Face | | | |  | | | | | |  | | | | |  | | | | | T2 amputation | | | | | | | | | | | | | | M2 nausea/vomiting | | | | |
| Neck | | | |  | | | | | |  | | | | |  | | | | | T3 avulsion | | | | | | | | | | | | | | M3 abnormal sounds | | | | |
| Chest | | | |  | | | | | |  | | | | |  | | | | | T4 burn | | | | | | | | | | | | | | M4 tenderness | | | | |
| Abdomen | | | |  | | | | | |  | | | | |  | | | | | T5 fracture/dislocation | | | | | | | | | | | | | | M5 swelling | | | | |
| Pelvis | | | |  | | | | | |  | | | | |  | | | | | T6 laceration | | | | | | | | | | | | | | M6 discharge | | | | |
| Arms | | | |  | | | | | |  | | | | |  | | | | | T7 puncture | | | | | | | | | | | | | | M7 paralysis/weakness | | | | |
| Legs | | | |  | | | | | |  | | | | |  | | | | | T8 bleeding, external | | | | | | | | | | | | | | M8 bleeding, internal | | | | |
| Back/Spine | | | |  | | | | | |  | | | | |  | | | | | T9 other trauma | | | | | | | | | | | | | | M9 other medical | | | | |
| **EKG:** | | | | O / P | | | | Interpretation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Call Disposition/Outcome** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Transport/Non-Emergency | | | | | | | | | | | | | | | | | | | |  | | | | Deceased on Scene | | | | | | | | | | | | | |
|  | Transport/Emergency | | | | | | | | | | | | | | | | | | | |  | | | | Patient Refusal/No Transport | | | | | | | | | | | | | |
|  | Transport/Helicopter | | | | | | | | | | | | | | | | | | | |  | | | | First Aid Only/Assistance to Citizen | | | | | | | | | | | | | |
| **Transfer Hospital:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Signature: | | | | | | | | | | | | | | | | | | | | | | Preceptor Signature: | | | | | | | | | | | | | | | | |

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| **RC Health Services** | | | **Emergency Medical Services Training**  **Ambulance Form – Page 2 of \_\_\_\_** | | | | | |
| **Treatment and Management** | | | | | | | | |
| **Times** | **Treatment and Management** | | | | **Times** | | **Treatment and Management** | |
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| **Differential Diagnosis/Field Impression** | | | | | | | | |
| **1.** | | | | | | | | |
| **2.** | | | | | | | | |
| **3.** | | | | | | | | |
| **Narrative/Documentation** | | | | | | | | |
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| **Briefly describe what you have learned from observing/treating this patient** | | | | | | | | |
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| **Patient Demographics** | | | | | | | | |
| **O – Observed A – Attempted Procedure U – Unsuccessful P – Performed Procedure - Successfully** | | | | | | | | |
| Medical | | CVA/TIA | | Delivery | | Psych. | | Meds |
| Abdominal | | OB/GYN | | Respiratory | | EKG | | ALS |
| CPR/Arrest | | Chest Pain | | Diabetes | | ET | | Team Leader: Y N |
| Trauma | | Allergy | | Syncope/AMS | | IV | | Other: |
| Student Signature: | | | | | | Preceptor Signature: | | |

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