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| **RC Health Services** | **Emergency Medical Services Training****Hospital Form – Page 1 of \_\_\_\_** |
| Student Name:  | Date: |
| Course Level: EMT-B EMT-I EMT-P  | Course Instructor: |
| Hospital: | Department: | Shift: | Total Hours: |
| Preceptor Name and Certification: | DSHS Number: |
| Patient Data: Gender Male Female | Age: Yr or Mo | Weight: (kg) |
| Chief Complaint/Diagnosis: |
| **MOI/NOI** | **Complaint** | **MOI/NOI** | **Complaint** |
|  | Abdominal Pain |  | Fall |
|  | Allergic Reaction/Anaphylaxis |  | Neurological Emergency/Seizure/CVA/TIA |
|  | Animal Bite/Sting |  | Possible Fracture/Dislocation/Sprain |
|  | Assault/Sexual Assault |  | Toxic Exposure/Poisoning/Overdose |
|  | Motor Vehicle Crash/Impact/Pedestrian |  | Eye Injury |
|  | Respiratory Difficulty/Respiratory Arrest |  | Infection/Sepsis |
|  | Burns/Electrical Injury/Chemical Burn |  | Pregnancy/Childbirth/Gynecological |
|  | Cardiac Arrest |  | Emotional Crisis/Suicide |
|  | Chest Pain/Cardiac Related Complaint |  | Infectious Disease |
|  | Choking/Aspiration/Foreign Body Obstruction |  | Stabbing/Cutting/Shooting |
|  | Diabetic/Endocrine |  | Unconscious |
|  | Drowning/Near Drowning |  | Other: |
| **Past Medical/Surgical History:** |  |
|  |
| **Current Medications:** |  |
|  |
| **Allergies:** |  |
| **Glasgow Coma Scale** | **Vital Signs** | **Skin** |
| Times | Eyes | Verbal | Motor | Resp | Pulse | B/P | Color | Moisture | Temp. |
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| **Pupils:** | Equal: Y N | Reactive: Y N | Round: | Y N | Size(mm): | Lt. | Rt. |
| **Glucose:** |  | **OB/Gyn.** | Grav. | Para. | Abor. | LNMP: |
| Breath Sounds | Clear: Y N | Equal: Y N | Absent: L R | Diminished: L R |
| Wheezes: L R | Rales: Y N | Ronchi: L R | Stridor: Y N | Croup: Y N |
| Upper Lower | Upper Lower | Upper Lower | Upper Lower | Upper Lower |
| Pain Scale | Onset: | Severity (1-10) | Quality: | Radiation: |
| Temp: | SaO2: | CO2: | 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 |
| Student Signature: | Preceptor Signature: |

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| **RC Health Services** | **Emergency Medical Services Training****Hospital Form – Page 2 of \_\_\_\_** |
| Student Name: | Date: |
| **Differential Diagnosis** |
| 1. |
| 2. |
| 3. |
| **Narrative** |
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| **Describe the appropriate pre-hospital treatment in the field for this patient (to your level of class)** |
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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 - Unsuccessfully P – Performed Procedure Successfully** |
| Medical | Trauma | Chest Pain | Diabetes | EKG |
| Abdominal | CVA/TIA | Allergy | Syncope/AMS | IV |
| CPR/Arrest | OB/Gyn | Delivery | Psych | Suction |
| ET | Meds | Respiratory | Other |
| Student Signature: | Preceptor Signature: |

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