PREHOSPITAL CARE REPORT PCR#																															
Call Date	Provider Number Unit Number Incident Number														Interfacility Trans					sfer Number C				all Disposition							
//	- Transp				of Cal							Ш																			
Response  1 Co	Γime Enrou	ite :			ne Firs Scene :				Arrive Scene :	-		Left Scn / Canceled :				ived ation	ı	□ Ba □ Re	act Mac se Hosp ceiving ntrol Fa	oital Facilit		Т	ime of C	ontact							
Patient Name (Last, First, Mi)  Patient Address															Inc	iden						1									
Patient Age		Pa	tien	t DC	)R		Pat	ient	Gen	der		Fst	Patie	nt '	Weight			County		Mai	n 70	one					No P	ts L	At Scene		
Mos												LSt.															I I I				
Chief Complain		Pain Leve						vel·		Allergies																					
Medical History														-																	
																				viec	ııcaı	lions									
															Mecha																
Head	Unremarka	ible																	Eye <u>Verbal</u> Motor 4 spont 5 oriented 6 obeys												
Neck																	3 voice 4 confused 5 localizes 2 pain 3 inapprop 4 withdrwl 1 none 2 incompr 3 flexion Types of														
Chest																	-					ione .		2 extensn 1 none		Illness	/Injury				
Abdomen	<u> </u>																-	Т	√ime		Ε	٧	M	Total							
Back Pelvis	<u> </u>															-	_	:		+	+	:	=	_							
Limbs																	:		+	+	:	=	_								
Neuro																+=															
Skin Signs																															
Field Clinical Impression:  Care Giver Time Procedure / Medication (with dose, route) Response / Comments / ECG Resp Blood Pulse Pain																															
Care Giver FD/PD/BS/PH	Time		oce	dure		edica SCRIPT		with	n dos	se, ro	oute)				Respo (MD Sign			ments / ECG rder)	i						Resp Rate		Blood Pressure		Pulse Rate	Pain Level	
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☐ Medicat	ion Waste	ed:										Time:				Sign	ature	e:				V	Vitne	ss S	gnatu	ire:			U		
Special Scene									ety E						ditions			Destinatio										R	eceivino	g Hosp	
ALS w/o base contact MCI Lap Restraint Bent steering wheel Nearest R Complicated extrication Multiple EMS providers Lap/Shoulder restraint Death in same vehicle MCI/DCF												F		ty		Triag	e to o	auma co ther spe		center		aso Hos	nital								
□ DNR     □ Possible provider exposure     □ Child Safety seat     □ Ejection     □ Physician       □ Drug use suspected     □ Unsafe scene     □ Airbag     □ Passenger comptmnt intrusn     □ Pt/Family														request																	
☐ ETOH use sus ☐ Hazardous ma	terials	□ Ot	ther:					□Р	lelmet rotecti				Rollo	over																	
Tier I Trauma  ☐ GCS Motor Sco	ore < 5				_	_			Flail (	Chest	na Tria	-			n/depress,	skull fx	_	Pediatric T	Coma	Sco	re Mo	otor Co				_			ase 1D		
☐ Systolic BP < 8	35	, Neck.	Ches	st, Tor	SO				Comb	oo Buri	n/Trauma			Paral				☐ BP < 80 ☐ Advance	if pati	ent o	over a	age 6;	< 70 if	unde	6			-			
Paramedic Jud									Pelvic	: fractu	ure			Fall >	> 20 ft.			☐ Penetrat elbow/knee	ing tra with v	uma	: hea	ad, nec	k, ches nise	t, tors	o or pro		to	Ν	MICN		
	□ pedestrian thrown/run over □ Pregnancy elbow/knee with ve □ Judgement of the paramedic or flight nurse □ Flail Chest □ Amput. Prox. w													Pelvis Fracture																	
Care Transferred To Cert. Number Name (p											Name (pri									е											
Agency									Time																						
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