



3505

Nor-Cal EMS Interim Report

Nor-Cal EMS Policy & Procedure Manual

Quality Improvement

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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR

SIGNATURE ON FILE

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

PROVIDER			INCIDENT#			DATE#				
CALL LOCATION						UNIT#				
NAME			SEX	AGE	D.O.B.			/	/	
ADDRESS			CITY			PHONE# ()				
CHIEF COMPLAINT						WEIGHT				
P.Q.R.S.T./TIME OF SYMPTOM ONSET (TIME OF INCIDENT & MECHANISM OF INJURY)										
PERTINENT HISTORY			MEDICATIONS			MEDICATION ALLERGIES				
TIME	GCS			BP	PULSE	RESP.	PAIN	RHYTHM	SpO2	BY
	E	V	M							
							10			
							10			
							10			
PERTINENT PHYSICAL FINDINGS										
TIME	TREATMENT, MEDICATION, DOSE, ROUTE AND RESPONSE (INCLUDE TOTAL IV VOLUME)									BY
Crew Names										