



# NOR-CAL EMS BLS NON-TRANSPORT PATIENT CARE REPORT

|   |                    |       |                  |                           |               |                          |                          |                  |                         |        |             |          |
|---|--------------------|-------|------------------|---------------------------|---------------|--------------------------|--------------------------|------------------|-------------------------|--------|-------------|----------|
| AGENCY NAME:  |                    |       |                  |                           |               |                          | DATE:                    |                  |                         |        |             |          |
| INCIDENT LOCATION   |                    |       |                  |                           |               |                          |                          |                  | INCIDENT NUMBER         |        |             |          |
| PATIENT NAME  |                    |       |                  |                           |               | AGE                      | DOB                      | DISPATCHED       |                         |        |             |          |
| PATIENT ADDRESS   |                    |       |                  |                           |               | SEX                      | WEIGHT                   | RESPOND          |                         |        |             |          |
| CHIEF COMPLAINT, HISTORY OF THIS INCIDENT (SAMPLE), TIME OF ONSET, MECHANISM OF INJURY (OPRST)  |                    |       |                  |                           |               |                          |                          |                  | AT SCENE                |        |             |          |
|   |                    |       |                  |                           |               |                          |                          |                  | PT. CONTACT             |        |             |          |
|   |                    |       |                  |                           |               |                          |                          |                  | AVAILABLE               |        |             |          |
|   |                    |       |                  |                           |               |                          |                          |                  | IN QUARTERS             |        |             |          |
|   |                    |       |                  |                           |               |                          |                          |                  | OTHER AGENCIES AT SCENE |        |             |          |
| HISTORY (CIRCLE)    HYPERTENSION    DIABETES    CARDIAC- STENT / CABG    STROKE    ASTHMA    COPD    PSYCH                                |                    |       |                  |                           |               |                          |                          |                  | PHYSICIAN               |        |             |          |
|   |                    |       |                  |                           |               |                          |                          |                  | SPECIALIST              |        |             |          |
| OTHER HISTORY:  |                    |       |                  |                           |               |                          |                          |                  |                         |        |             |          |
| MEDICATIONS or (See list):  |                    |       |                  |                           |               |                          |                          |                  |                         |        |             |          |
| ALLERGIES:  |                    |       |                  |                           |               |                          |                          |                  |                         |        |             |          |
| TIME  | BP                 | Pulse | Respirations     | SPO2                      | BLOOD SUGAR   | TEMP                     | GCS                      | PAIN             |                         |        |             |          |
|   |                    |       |                  |                           |               |                          |                          | /15              | /10                     |        |             |          |
| TIME  | BP                 | Pulse | Respirations     | SPO2                      | BLOOD SUGAR   | TEMP                     | GCS                      | PAIN             |                         |        |             |          |
|   |                    |       |                  |                           |               |                          |                          | /15              | /10                     |        |             |          |
| TIME  | BP                 | Pulse | Respirations     | SPO2                      | BLOOD SUGAR   | TEMP                     | GCS                      | PAIN             |                         |        |             |          |
|   |                    |       |                  |                           |               |                          |                          | /15              | /10                     |        |             |          |
| TIME  | BP                 | Pulse | Respirations     | SPO2                      | BLOOD SUGAR   | TEMP                     | GCS                      | PAIN             |                         |        |             |          |
|   |                    |       |                  |                           |               |                          |                          | /15              | /10                     |        |             |          |
| PUPILS  |                    | PULSE | BREATHING        | SKIN SIGNS                |               | LUNG SOUNDS              |                          | TRAUMA           |                         | Onset  |             |          |
| L   | NORMAL             | R     | REGULAR          | UNLABORED                 | WARM          | NORMAL                   | L                        | CLEAR            | R                       | NONE   | Provoke     |          |
| L   | DILATED            | R     | IRREGULAR        | LABORED                   | COLD          | PALE                     | L                        | CRACKLES         | R                       | HEAD   | Quality     |          |
| L   | CONSTRICTED        | R     | RAPID            | SHALLOW                   | HOT           | FLUSHED                  | L                        | RHONCHI          | R                       | NECK   | BACK        | Radiate  |
| L   | NO RESPONSE        | R     | WEAK             | RAPID                     | ASHEN         | CYANOTIC                 | R                        | WHEEZES          | L                       | CHEST  | ABDOMEN     | Severity |
|   |                    |       | ABSENT           | ABSENT                    | CLU           | JAUNDICE                 | L                        | DEMISHED         | R                       | PELVIS | EXTREMITIES | Time     |
| TREATMENT NARRATIVE    oxygen    CPAP    NRB    NC    BVM    02 LPM    AED / OPTIONAL SCOPE SKILL USED (EPI) - MUST FILL OUT FORM ON-LINE |                    |       |                  |                           |               |                          |                          |                  |                         |        |             |          |
|   |                    |       |                  |                           |               |                          |                          |                  |                         |        |             |          |
|   |                    |       |                  |                           |               |                          |                          |                  |                         |        |             |          |
| CPR:  | WITNESSED    Y / N |       | CPR TIME STARTED | # OF AED SHOCKS DELIVERED |               |                          | RETURN OF PULSE    Y / N |                  | BYSTANDER CPR    Y / N  |        |             |          |
| DISPOSITION-    TRANSPORTED BY:    AMA    RAS    EXPIRED    OTHER:  |                    |       |                  |                           |               |                          |                          |                  |                         |        |             |          |
| CARE PROVIDER NAME AND CERT #:  |                    |       |                  |                           |               | CARE PROVIDER SIGNATURE: |                          |                  |                         |        |             |          |
| Glasgow Coma Scale  |                    |       |                  |                           |               |                          |                          |                  |                         |        |             |          |
| Eye Opening Response  |                    |       | Verbal Response  |                           |               |                          | Motor Response           |                  |                         |        |             |          |
| 4 Spontaneous opening baseline  |                    |       | 3 Open To verbal | 5 Oriented                | 2 Confused    | 3 Inappropriate          | 6 Obeys                  | 5 move with pain | 4 Withdraws             |        |             |          |
| 2 To pain only  |                    |       | 1 No response    | 4 Incomprehensible        | 1 No response | 3 Flexion                | 2 Extension              | 1 No response    |                         |        |             |          |