

Spokane County Emergency Medical Services Preliminary Field Medical Report

Location _____ Home Date _____ Time _____

Name _____ DOB _____ Age _____ M F MD _____

C hief Complaint _____ Other Agencies @ Scene: SPD • SVPD • SCS • WSP • _____

H istory of Current Illness _____

S igns / Symptoms _____

A llergies _____

M edications _____

P ast Med Hx _____

| | | |
|---|---|---|
| <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 4em; opacity: 0.5;">S</div> | <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 4em; opacity: 0.5;">M</div> | <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 4em; opacity: 0.5;">P</div> |
|---|---|---|

Last P.O. _____ Events Prior _____

A ssessment _____

| Agency / Unit | Time | Position | BP | Pulse | RR | Sats | O ₂ / Device | Lungs | CO ₂ | Rhythm | Temp | Glucose | Cap Refill | Pupils | GCS |
|---------------|------|----------|----|-------|----|------|-------------------------|-------|-----------------|--------|------|---------|------------|--------|-----|
| | | | | | | | | | | | | | >2 <2 | | |
| | | | | | | B | | | | | | | >2 <2 | | S |

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|---------------|------|----------|----|-------|----|------|-------------------------|-------|-----------------|--------|------|---------|------------|--------|-----|
| | | | | | | | | | | | | | >2 <2 | | |
| | | | | | | | | | | A | | | >2 <2 | | I |

| Agency / Unit | Time | Position | BP | Pulse | RR | Sats | O ₂ / Device | Lungs | CO ₂ | Rhythm | Temp | Glucose | Cap Refill | Pupils | GCS |
|---------------|------|----------|----|-------|----|------|-------------------------|-------|-----------------|--------|------|---------|------------|--------|-----|
| | | | | | | | | | | | | | >2 <2 | | |
| | | | | | | | | | | A | | | >2 <2 | | N |

| Glasgow Coma Scale | |
|--------------------|--------------------|
| Eye | 4 Spontaneous |
| | 3 To Voice |
| | 2 To Pain |
| | 1 No Response |
| Verbal | 5 Oriented |
| | 4 Confused |
| | 3 Inappropriate |
| | 2 Incomprehensible |
| Motor | 6 Obeys Command |
| | 5 Locates Pain |
| | 4 Withdraws Pain |
| | 3 Flexion Pain |
| | 2 Extension Pain |
| 1 No Response | |

| Rx / Treatment Medications | Dose + Route |
|----------------------------|--------------|
| | |
| | |
| | |

| Rx / Treatment Medications | Dose + Route |
|----------------------------|--------------|
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| Rx / Treatment Medications | Dose + Route |
|----------------------------|--------------|
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| | |

| Motor Vehicle Accident | |
|------------------------|-----------|
| Air bag deploy | Y / N |
| Seat Belt | Y / N |
| Long Extrication | Y / N |
| Fatality @ scene | Y / N |
| Blood Loss: | Sm Mod Lg |

| IV Fluids | |
|--------------|--|
| 18 20 22 R L | |
| 18 20 22 R L | |

| IV Fluids | |
|--------------|--|
| 18 20 22 R L | |
| 18 20 22 R L | |

| IV Fluids | |
|--------------|--|
| 18 20 22 R L | |
| 18 20 22 R L | |

| Additional Events and Procedures | |
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| Additional Events and Procedures | |
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| Additional Events and Procedures | |
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| Stroke | |
|-------------|--|
| Face: | |
| Arms: | |
| Speech: | |
| Time onset: | |

| CardioPulmonary Arrest | |
|------------------------|-------|
| Witnessed | Y / N |
| Citizen CPR | Y / N |
| Initial Rhythm | |
| Time 1st Defib | |
| ROSC | Y / N |

T ransport / Destination _____

Deaconess • Holy Family • Sacred Heart • Valley • VA
White = Initial Responder Yellow = Transport Pink = Hospital