

MO/DAY		,		DISPAT						CREW	MEMBER	S					
PATIEN	T NAME	/					<u>-</u> _		-							ō	DOMETER
ADDRES	SS															Ċ	ON SCENE
DESTINATION										MEDS							
AGE WT SEX										ALLERGIES							
CHIEF COMPLAINT										PMHx							
HISTOR	Y OF PRI	ESENT	ILLNESS						_	TIME OF INJURY ARRIVE BEDSIDE LEAVE BEDSIDE							
LABS:	lwn	<u> </u>		Ini	T	112			—				DTT		_		
Date Ti	me WB	C Hgl) Hct	Plt	Na	K	CI	CO2	BUN	Cr	Glu	PT	PTT	pН	pO2	pCO2	HCO3
INITIAL	ASSESS	MENT:															
Level Loss o Orient Pupils	of Cons: ted: Per :: PEARL ory/Motor E	Alert Yes son L>R Intact M	Letharg	nknown ime eactive: I tal	Brisk	Slug	ggish N	onreacti	ve	SKIN: Color: Tempe Moistu	EMITIES: ment: Eq Pink erature: ure: Dry US:	Pale (Hot \	Cyanotic Varm C	Other_ cool Co		accid	
Status Effort BBS:	AY/RESP a: Patent : Unlab Clear	IRATO Secu ored Abnor	ıred Labored mal	Needl				L R			RIOR TO / _ ga _ ga				@ _		
O2: Vent: CARD Capilla JVD:	NRB NTV	ICX FiO2 JLAR: Brisk Not id: \$	Delayeappreciate	RATE ed ed Weak	Abser	X _ nt		cm PEE	:P	INTAK BEFO		RING CR CO OT	YS LL HER	OUTPU BEFOR	IT: E D /	OURING EBI UO OT	L) 'HER
Appea Palpa Bowei NG Pelvis	OMEN/PEI arance: tion: So I Sounds:	vis: S Vis: Flat ft Fir Pres Cre	Round m Rigid ent Abs Foley pitus Pa	Tendent	Abser Diste	endec	nder			MEDIO TIME	CATIONS	PRIOR T		SSMENT:		OUTE	
Date	Timo	HR	BP	SaO2) [+/	O2	RESP	RHY	,	GCS	Action	COM	MENTS				
Date	Time	TIIX) 	SaUz	EIC	,02	NESP	KHI		303	ACTION	COIVI	VILIVI O				
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BELONGINGS	SIGNATURE	/