Northwest Community EMSS – Patient Care Report - SHORT FORM – (Rev. 8-1-23)

Date	Time	Agency:	Vehicle #:	Incident #:

INFO

Pt. name (PRINT)	Address	DOB	
Contact number:		Gender	Weight

HISTORY

Chief complaint | History of presenting illness/injury (OPQRST) | mechanism of injury

Questions to ask the patient

Do you have any of the following?		☐ Unknown / cannot assess	☐ **No to all**
☐ Fever > 100° F; chills	☐ Congestion nose or lungs	☐ Fatigue/weakness	☐ Bleeding/discoloration
☐ Cough (new or worsening)	☐ Abdominal cramping/pain	☐ New onset confusion	☐ Rash
☐ Dyspnea; ↑ WOB	☐ Anorexia/nausea/vomiting	☐ Lightheadedness	☐ Pain 0-10:
☐ Chest pain	☐ Diarrhea or loose stools	☐ Headache	☐ DCAP-BLS-TIC – note below
☐ Loss of smell or taste	☐ Sore throat	☐ Muscle pain/myalgia	☐

Medications (list): ☐ None ☐ Unknown

Past Medical History ☐ None ☐ Unknown ☐ Asthma ☐ Cancer
☐ COPD ☐ Cardiac ☐ DM ☐ GI ☐ HTN
☐ Psych/BHE ☐ Renal (CKD) ☐ Seizures ☐ Stroke ☐ SUD
☐ Other:

Allergies (list): ☐ NKA ☐ Unknown

PHYSICAL EXAM

HEENT/Neuro exam/Mental status/decisional capacity; BHE risk:

Chest (lung sounds)

Abdomen

Extremities: (Check for asymmetric swelling/SMV)

Back

Skin

GCS

Eye opening
☐ 4 Spontaneous
☐ 3 To sound
☐ 2 To pressure
☐ 1 None
☐ NT

Best verbal
☐ 5 Conversant
☐ 4 Confused
☐ 3 Words
☐ 2 Sounds
☐ 1 None
☐ NT

Best Motor
☐ 6 Obeys
☐ 5 Localizes
☐ 4 Normal flexion
☐ 3 Abn flexion
☐ 2 Extension
☐ 1 None
☐ NT

Total

VS

Time	BP	P	RR	Temp	ECG rhythm	Glucose	SpO_2	$ETCO_2$

CARE

PPE on EMS
☐ Gloves
☐ Mask (surgical)
☐ Mask (N95)
☐ Eye protection

PPE on pt
☐ Mask (surgical)
☐ Mask (cloth)
☐ Mask N95
☐ None

EMS responder PRINT Name/Signature

EMS responder PRINT Name/Signature

Receiving facility:

☐ Handoff report given to (name, credential): Time of departure:

Attach copies of ECG & $EtCO_2$ tracings, medication lists, stroke, sepsis, decisional capacity or suicide risk checklists; advance directives, transfer orders, or POLST form to this document – give to receiving facility healthcare worker before leaving in compliance with HIPAA guidelines

Full ePCR must be provided to the receiving facility via usual and customary means within 2 hours of EMS departure.

NWC EMSS Patient Care Report - SHORT FORM (Rev 8-1-23)

Agency_____ Incident #:_____

Continuation sheet

Date	Pt. name

VITALS	Time	BP	P	RR	Temp	ECG	Glucose	SpO_2	$EtCO_2$

Time	Notes