

Northwest Community EMSS - TEMPORARY PCR DURING DECLARED EMERGENCY - 2020

Date	Agency:	Vehicle #:	Incident #					
I N F O	Pt. Name (PLEASE PRINT)		Address					
	Contact number:		DOB					
			Gender					
H I S T O R Y	Chief complaint/History of presenting illness (Onset S&S)							
T O R Y	Yes	No/unsure	Unable to assess					
			Questions to ask/answer					
			Have you been in contact with someone who is or was sick? Who?					
	<input type="checkbox"/> No to all		Do you have any of the following S&S? <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Vomiting <input type="checkbox"/> Bruising or bleeding <input type="checkbox"/> Joint pain <input type="checkbox"/> Red eye <input type="checkbox"/> Weakness <input type="checkbox"/> Cough <input type="checkbox"/> Muscle pain <input type="checkbox"/> Severe headache <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Rash <input type="checkbox"/> Shortness of breath					
		Have you or a close contact traveled outside the US in the last month?						
Medications: <input type="checkbox"/> None <input type="checkbox"/> Unknown								
P H Y S I C A L E X A M V S R x	Past Medical History <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Asthma <input type="checkbox"/> CA <input type="checkbox"/> COPD <input type="checkbox"/> Cardiac <input type="checkbox"/> DM <input type="checkbox"/> GI <input type="checkbox"/> HTN <input type="checkbox"/> Seizures <input type="checkbox"/> Stroke <input type="checkbox"/> Other:		Allergies: <input type="checkbox"/> NKA <input type="checkbox"/> Unknown	GCS				
	HEENT/Neuro:			Eye opening 4 Spontaneous 3 To sound 2 To pressure 1 None				
	Chest:			Best verbal 5 Conversant 4 Confused 3 Words 2 Sounds 1 None				
	Abdomen:			Best Motor 6 Obeys 5 Localizes 4 Normal flexion 3 Abnl. flexion 2 Extension 1 None				
	Extremities:							
	Back:			Total				
	Skin:							
Time	BP	P	RR	Temp	ECG rhythm	Glucose	SpO2	EtCO2
PPE used on EMS responders <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Mask (surgical) <input type="checkbox"/> Face shield <input type="checkbox"/> Mask (N95) <input type="checkbox"/> Other:				EMS responder PRINT NAME/Signature EMS responder PRINT NAME/Signature				

Attach written stroke screen checklist or suicide screen as applicable – give to receiving hospital ED staff

