Northwest Community EMSS - TEMPORARY PCR (DECLARED EMERGENCY) – Rev 1-12-22

Date	Agency:	Vehicle #:	Incident #

INFO

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

HISTORY

Chief complaint/History of presenting illness (OPQRST)

Yes	No/unsure	Questions to ask the patient
		Have you had an unprotected exposure to someone in the past 14 days with confirmed or suspected COVID-19?
		Have you tested positive or had a diagnosis of COVID-19 in the last 14 days?
		Are you fully vaccinated per CDC guidelines? If boostered, date of last injection:

Do you have any of the following S&S?		☐ Unknown / cannot assess	☐ No to all
☐ Fever > 100° F; chills	☐ Congestion nose or lungs	☐ Fatigue/weakness	☐ Bruising/discoloration
☐ Cough (new or worsening)	☐ Abdominal cramping/pain	☐ New onset confusion	☐ Rash
☐ Dyspnea; ↑ WOB	☐ Anorexia/nausea/vomiting	☐ Lightheadedness	☐ Red eye
☐ Chest pain (positional/pleuritic)	☐ Diarrhea or loose stools	☐ Severe headache	☐ Leg pain/swelling
☐ Loss of smell or taste	☐ Sore throat	☐ Muscle pain/myalgia	☐

Medications: ☐ None ☐ Unknown

Past Medical History ☐ None ☐Unknown ☐ Asthma ☐ Cancer ☐ COPD ☐ Cardiac ☐ DM ☐ GI ☐ HTN ☐ Renal ☐Seizures ☐ Stroke ☐Other:

Allergies: ☐ NKA ☐ Unknown

PHYSICAL EXAM

HEENT/Neuro/Mental status/decisional capacity:

Chest

Abdomen

Extremities: (Check for asymmetric swelling/SMV)

Back

Skin

GCS

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

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

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

Total

VS

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

Rx

PPE on EMS
☐ Gloves
☐ Mask (surgical)
☐ Mask (N95)
☐ Gown

PPE on pt
☐ Mask (surgical)
☐ Mask (cloth)
☐ Mask N95
☐ Other

EMS responder PRINT Name/Signature

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Receiving facility:

☐ Hospital informed of pt presence and imminent departure of EMS Time of departure:

☐ Relevant pt info communicated to facility prior to departure Person's name:

Attach written stroke, sepsis, or suicide screens as applicable – give to receiving facility medical staff

Northwest Community EMSS Temporary PCR during Declared Emergency

Agency_____ Incident #:_____

Continuation sheet

Date	Pt. Name

VITALS	Time	BP	P	RR	Temp	ECG	Glucose	SpO2	EtCO2

Time	Notes