

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

Date	Time	Agency:	Vehicle #:	Incident #:					
I N F O	Pt. name (PRINT)		Address		DOB				
	Contact number:				Gender	Weight			
	Chief complaint History of presenting illness/injury (OPQRST) mechanism of injury								
H I S T O R Y	Questions to ask the patient								
	Do you have any of the following?			<input type="checkbox"/> Unknown / cannot assess	<input type="checkbox"/> No to all				
	<input type="checkbox"/> Fever > 100° F; chills	<input type="checkbox"/> Congestion nose or lungs	<input type="checkbox"/> Fatigue/weakness	<input type="checkbox"/> Bleeding/discoloration					
<input type="checkbox"/> Cough (new or worsening)	<input type="checkbox"/> Abdominal cramping/pain	<input type="checkbox"/> New onset confusion	<input type="checkbox"/> Rash						
<input type="checkbox"/> Dyspnea; ↑ WOB	<input type="checkbox"/> Anorexia/nausea/vomiting	<input type="checkbox"/> Lightheadedness	<input type="checkbox"/> Pain 0-10:						
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Diarrhea or loose stools	<input type="checkbox"/> Headache	<input type="checkbox"/> DCAP-BLS-TIC – note below						
<input type="checkbox"/> Loss of smell or taste	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Muscle pain/myalgia	<input type="checkbox"/>						
Medications (list): <input type="checkbox"/> None <input type="checkbox"/> Unknown									
Past Medical History <input type="checkbox"/> None <input type="checkbox"/> Unknown			Allergies (list): <input type="checkbox"/> NKA <input type="checkbox"/> Unknown		GCS				
<input type="checkbox"/> COPD	<input type="checkbox"/> Cardiac	<input type="checkbox"/> DM	<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer					
<input type="checkbox"/> Psych/BHE	<input type="checkbox"/> Renal (CKD)	<input type="checkbox"/> Seizures	<input type="checkbox"/> GI	<input type="checkbox"/> HTN					
<input type="checkbox"/> Other:			<input type="checkbox"/> Stroke	<input type="checkbox"/> SUD					
HEENT/Neuro exam/Mental status/decisional capacity; BHE risk:					Eye opening				
					<input type="checkbox"/> 4 Spontaneous				
					<input type="checkbox"/> 3 To sound				
					<input type="checkbox"/> 2 To pressure				
					<input type="checkbox"/> 1 None				
					<input type="checkbox"/> NT				
Chest (lung sounds)					Best verbal				
					<input type="checkbox"/> 5 Conversant				
					<input type="checkbox"/> 4 Confused				
					<input type="checkbox"/> 3 Words				
					<input type="checkbox"/> 2 Sounds				
					<input type="checkbox"/> 1 None				
					<input type="checkbox"/> NT				
Abdomen					Best Motor				
					<input type="checkbox"/> 6 Obeys				
					<input type="checkbox"/> 5 Localizes				
					<input type="checkbox"/> 4 Normal flexion				
					<input type="checkbox"/> 3 Abn flexion				
					<input type="checkbox"/> 2 Extension				
					<input type="checkbox"/> 1 None				
					<input type="checkbox"/> NT				
Extremities: (Check for asymmetric swelling/SMV)					Total				
Back									
Skin									
P H Y S I C A L E X A M V S C A R E	Time	BP	P	RR	Temp	ECG rhythm	Glucose	SpO ₂	ETCO ₂
PPE on EMS		PPE on pt		EMS responder PRINT Name/Signature					
<input type="checkbox"/> Gloves	<input type="checkbox"/> Mask (surgical)	<input type="checkbox"/> Mask (surgical)	<input type="checkbox"/> Mask (cloth)	EMS responder PRINT Name/Signature					
<input type="checkbox"/> Mask (N95)	<input type="checkbox"/> Mask N95	Receiving facility:							
<input type="checkbox"/> Eye protection	<input type="checkbox"/> None								
<input type="checkbox"/> Handoff report given to (name, credential):							Time of departure:		

Attach copies of ECG & EtCO₂ 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.

