Northwest Community EMSS - TEMPORARY PCR (DECLARED EMERGENCY) – Rev 5-25-20

Date	Agency:	Vehicle #:	Incident #

INFO

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

HISTORY

Chief complaint/History of presenting illness (Onset S&S)

Yes	No/unsure	Questions to ask/answer
		Have you had exposure to someone in the past 14 days with confirmed or suspected COVID-19?
		Have you been tested for or had a diagnosis of COVID-19 in the last 30 days?

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:

Chest:

Abdomen:

Extremities: (Check for asymmetric swelling/distal pulse decifits)

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 Abnl. flexion
2 Extension
1 None

Total

VS

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

Rx

PPE used on EMS responders
☐ Gloves ☐ Gown
☐ Mask (surgical) ☐ Goggles/Face shield
☐ Mask (N95) ☐ Other:

EMS responder
PRINT NAME/Signature

EMS responder
PRINT NAME/Signature

Attach written stroke screen checklist or suicide screen 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