

<b>KERN COUNTY AMBULANCE REPORT</b>				<b>INCIDENT#:</b>		<b>TRANSPORT DESTINATION:</b>  Kern Valley                      San Joaquin Delano Regional                Mercy Ridgecrest Regional        Memorial Tehachapi                        KMC Antelope Valley                Bakersfield Heart Mercy S.W.                        OTHER	
				<b>MAP KEY/SECTION:</b>			
<b>Date:</b>	<b>Amb Provider:</b>	<b>Unit #:</b>	<b>INCIDENT LOCATION:</b>				
<b>Call Time:</b>	<b>Patient Age:</b>	<b>Patient Sex:</b>	<b>Weight (Kg):</b>	<b>RESPONSE OUTCOME:</b>			
<b>Patient Name-Last</b>			<b>First</b>	<b>MI</b>	TRANS	NO TRANS	OTHER

**CHIEF COMPLAINT:**

<b>SKIN VITAL SIGNS:</b>	<b>GLASGOW COMA SCALE:</b>	<b>REVISED TRAUMA SCORE:</b>	<b>PUPILS:</b>				
<b>COLOR:</b> Normal Pale Ashen Peripheral Cyanosis Central Cyanosis Jaundice Flushed	<b>BEST EYE RESPONSE:</b> 4 Opens Spontaneously 3 Open to Command 2 Open to Pain 1 Never	<b>B/P SYSTOLIC:</b> 4 90 or Greater 3 76 to 89 2 50 to 75 1 1 to 49 0 No Pulse	P.E.R.L.    Unreactive/Fixed    Pin-Point    Unequal    Dilated				
<b>TEMPERATURE:</b> Normal Cool Cold Warm Hot	<b>BEST VERBAL RESPONSE:</b> 5 Oriented 4 Confused 3 Inappropriate Words 2 Garbled 1 No Response	<b>RESPIRATION/MIN:</b> 4 10 to 29 3 30 or Greater 2 6 to 9 1 1 to 5 0 None	<b>MEDICAL HX:</b>				
<b>MOISTURE:</b> Normal Dry Moist Diaphoretic	<b>BEST MOTOR RESPONSE:</b> 6 Obeys Command 5 Localizes to Pain 4 Withdraw to Pain 3 Abnormal Flexion 2 Extension to Pain 1 No Response to Pain	<b>GCS TOTAL:</b> 4 13 to 15 3 9 to 12 2 6 to 8 1 4 to 5 0 3	<b>MEDICATIONS:</b>				
<b>CAPILLARY REFILL:</b> Normal Delayed >2 Seconds None	<b>EMERGENCY CARE:</b> BLS: Oral Airway    Ventilation    Oxygen _____ Liters/min    NRB/Nasal Cannula    Suction    C-Spine    CPR    King Airway ALS: Blood Glucose _____    E.T. Intubation Size _____    Defibrillation/Cardiovert/Pacing-Capture @: _____ Other: _____		<b>ALLERGY(S):</b>				
			<b>ECG RHYTHM:</b>		<b>ECG INTERPRETATION:</b>		
			<b>TIME:</b>				

<b>VITAL SIGNS:</b>					<b>IV ADMIN:</b>			
TIME	B/P	RESP RATE	PULSE RATE	O2 SAT%	LOCATION	CATH SIZE	SOLUTION	RATE

<b>MEDICATION ADMINISTRATION:</b>				<b>MICU NARCOTIC USE RE-SUPPLY:</b>				
TIME	MEDICATION	DOSE	ROUTE/RATE	NARCOTIC	AMT USED	AMT WAISTED	PARAMEDIC SIGNATURE	R.N. SIGNATURE

**NARRATIVE:**

<b>BASE HOSPITAL:</b>	<b>TRANSPORT TYPE:</b> CODE 2                      GROUND CODE 3                      AIR	<b>RECEIVING R.N./MICN/M.D. NAME:</b>	<b>RECEIVING R.N./MICN/M.D. SIGNATURE:</b>	<b>SIGN TIME:</b>
<b>ATTENDANT NAME:</b>	<b>LIC/CERT#:</b>	<b>ARR ED TIME:</b>	<b>OFF LOAD TIME:</b>	<b>ATTENDANT SIGNATURE:</b>
				<b>SIGN TIME:</b>