

KERN COUNTY AMBULANCE REPORT FORM				INCIDENT #:	STEMI <input type="checkbox"/>	At Pt. Time:	12 LEAD TIME:	At Hosp time:
Date:	Amb Provider:	Unit #:	INCIDENT LOCATION:	STROKE <input type="checkbox"/>	LAST NORM TIME:	Face Arm Drift Speech		
Call Time:	Patient Age:	Patient Sex:	Weight (Kg):	DESTINATION FACILITY:	TRAUMA ACTIVATION <input type="checkbox"/>	ACTIVATION LEVEL 1 2 3 4		
Patient Name-Last		First	MI					
CHIEF COMPLAINT:								
SKIN VITAL SIGNS:		GLASGOW COMA SCALE:		REVISED TRAUMA SCORE:		PUPILS:		
COLOR: Normal Pale Ashen Peripheral Cyanosis Central Cyanosis Jaundice Flushed		BEST EYE RESPONSE: 4 Opens Spontaneously 3 Open to Command 2 Open to Pain 1 Never		B/P SYSTOLIC: 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		
TEMPERATURE: Normal Cool Cold Warm Hot		BEST VERBAL RESPONSE: 5 Oriented 4 Confused 3 Inappropriate Words 2 Garbled 1 No Response		RESPIRATION/MIN: 4 10 to 29 3 30 or Greater 2 6 to 9 1 1 to 5 0 None		MEDICAL HX:		
MOISTURE: Normal Dry Moist Diaphoretic		BEST MOTOR RESPONSE: 6 Obeys Command 5 Localizes to Pain 4 Withdraw to Pain 3 Abnormal Flexion 2 Extension to Pain 1 No Response to Pain		GCS TOTAL: 4 13 to 15 3 9 to 12 2 6 to 8 1 4 to 5 0 3		MEDICATIONS:		
CAPILLARY REFILL: Normal Delayed >2 Seconds None		_____ Total GCS		_____ Total RTS		ALLERGY(S):		
						ECG RHYTHM:		ECG INTERPRETATION:
						TIME:		
EMERGENCY CARE: 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: _____								
VITAL SIGNS:					IV ADMIN:			
TIME	B/P	RESP RATE	PULSE RATE	O2 SAT%	LOCATION	CATH SIZE	SOLUTION	RATE
MEDICATION ADMINISTRATION:				MICU NARCOTIC USE RE-SUPPLY:				
TIME	MEDICATION	DOSE	ROUTE/RATE	NARCOTIC	AMT USED	AMT WAISTED	PARAMEDIC SIGNATURE	R.N. SIGNATURE
NARRATIVE:								
BASE HOSPITAL:		TRANSPORT TYPE: CODE 2 GROUND CODE 3 AIR	RECEIVING R.N./MICN/M.D. NAME:		RECEIVING R.N./MICN/M.D. SIGNATURE:		SIGN TIME:	
ATTENDANT NAME:		LIC/CERT#:	ARR ED TIME:	OFF LOAD TIME:	ATTENDANT SIGNATURE:		SIGN TIME:	