WINCHESTER FIRE AND RESCUE PRE-HOSPITAL QUICK REPORT

Friendship * Rouss * Shawnee * South End

INCIDENT LOCATION			
PT NAME			
PT ADDRESS			
CITY	STATE	ZIP	
PT PHONE NUMBER			

S.S.N.	— —
D.O.B.	\ \
AGE	
SEX	M / F

DATE	\ \
INCIDENT NO.	
ALARM TIME	: :
UNIT NOTIFIED	: :
UNIT EN-ROUTE	: :
ARRIVED ONSCENE	: :
ARRIVED AT PT.	: :
ENROUTE DEST.	: :
ARRIVE DEST.	: :
BACK IN SERV.	: :

CHIEF COMPLAINT	
ALLERGIES [ ] NKMA	
MEDICAL HISTORY	
MEDICATIONS [ ] LIST SENT [ ] TAKEN WITH PATIENT	PHYSICIAN

OXYGEN THERAPY	
CANNULA	LPM
NRB MASK	LPM
BVM	LPM
CPAP	LPM

TIME	LOC	PULSE	RESP	B/P	PUPILS	EKG	O2 SAT	DEXI
: :	A V P U			/			RA / O2	gm/dL
: :	A V P U			/			RA / O2	gm/dL
: :	A V P U			/			RA / O2	gm/dL

IV / IO SITE	GAUGE	START TIME
		:
		:
		:

DRUG	AMOUNT	TIME	DRUG	AMOUNT	TIME
		:			:
		:			:
		:			:
		:			:

OTHER PROCEDURES		
NASAL AIRWAY	BACKBOARD	CPR
ORAL AIRWAY	SPLINT EXTREMITY	DEFIB
ET TUBE	CONTROL BLEEDING	PACING
KING AIRWAY	OB CARE	OTHER

DRUG BOX
OLD BOX / SEAL NUMBER
NEW BOX / SEAL NUMBER
NARCOTICS ACCOUNTED BY:
DATE:

AIC	(print)	CERT #	FR EMT ENH INT PAR RN MD OTH NA	Signature -
ATTENDANT 1	(print)	CERT #	FR EMT ENH INT PAR RN MD OTH NA	Signature -
ATTENDANT 2	(print)	CERT #	FR EMT ENH INT PAR RN MD OTH NA	Signature -
DRIVER	(print)	CERT #	FR EMT ENH INT PAR RN MD OTH NA	Signature -

NARRATIVE

PHYSICIAN SIGNATURE: **DATE:**