REMO First Response and Regional EMS ePCR Worksheet

Agency: Unit: Dispatch #: Date: / /

Contact #: Crew Members:

PATIENT INFORMATION

Patient Name:

Address:

Age: DOB:

Weight: Sex:

Primary MD:

SSN:

	TIME	MILEAGE
Dispatch:		
Enroute:		
On Scene:		
At Patient:		
From Scene:		
At Destination:		

CHIEF COMPLAINT

HISTORY OF PRESENT ILLNESS

PAST MEDICAL HISTORY

__ *Cardiac*	__ *MI*	__ *CAD*	__ *Pacemaker*
__ *CHF*	__ *A. fib*	__ *HTN*	__ *Cholesterol*
__ *Smoker*	__ *COPD*	__ *Asthma*	__ *Seizures*
__ *Diabetes*	__ *Stroke*		
ALLERGIES	__ *NKDA*	__ *PCN*	__ *Sulfa*
__ *Latex*	__ *Other*		
MEDICATIONS	__*List Attached*		

AIRWAY/RESPIRATORY

Status:	*Patent | Secured*	
Effort:	*Unlabored | Labored*	
Breath Sounds:	*Clear | Abnormal*	*L | R*

CARDIOVASCULAR

Capillary Refill:	*Brisk | Delayed*	
JVD:	*Present | Not Appreciated*	
Carotid Pulse:	*Strong | Weak | Absent*	
Femoral Pulse:	*Strong | Weak | Absent*	
Radial Pulse:	*Strong | Weak | Absent*	

ABDOMEN/PELVIS

Appearance:	*Flat | Round | Obese | Distended*		
Palpation:	*Soft | Firm | Rigid | Tender | Non-tender*		
Pelvis:	*Stable | Crepitus | Pain*		
Pregnant:	*No | Yes*	*LMP:*	*Gravida/Para:*
Other:			

NEUROLOGICAL EXAM

Level of Cons:	*Alert | Lethargic | Obtunded | Unresponsive*	
Oriented:	*Person | Place | Time*	
GCS:	*E____+ M____ + V____ = Total _____*	
Pupils:	*PEARL | L>R | R>L*	
Reactive:	*Brisk | Sluggish | None*	
Sensory/Motor:	*Intact | Abnormal*	
Facial Droop:	*None | Abnormal*	*L | R*
Arm Drift:	*None | Abnormal*	*L | R*
Speech:	*Normal | Abnormal*	*L | R*

EXTREMITIES

Movement:	*Equal | Unequal | Flaccid*
Edema:	*Left | Right | Bilateral*

SKIN

Color:	*Pink | Pale | Cyanotic | Other*
Temperature:	*Hot | Warm | Cool | Cold*
Moisture:	*Dry | Moist | Diaphoretic*

TREATMENT / NOTES

O2: *NRB | NC _____LPM* *CPAP* *ETT @ ____ lips* *12 Lead EKG __NSR __STEMI __Abnormal (Please leave with this form)*

Time	HR	BP	SpO2	EtCO2	RR	ECG	GCS-E	GCS-M	GCS-V	Pain/10	Comments/Intervention/Medications

Transport Via: __Capital District __ Empire __Mohawk __This Agency __Other_____

Destination: __AMH __ AMC __BMC __CMH __Ellis (B) __Ellis (McC) __Ellis (N) __GFH __ St M (Amst) __St M (Tr) __St P __Sam __Sara __SWVt __VA __Other _____

Belongings:

Signature: