

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ALS or BLS

Medic: \_\_\_\_\_ Agency: \_\_\_\_\_

Courtesy Notification or Patch

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

**Pertinent Findings:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications and Allergies Pertinent to Findings**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vitals:	Time:	Time:
BP	_____	_____
Pulse	_____	_____
Resp	_____	_____
Pulse Ox	_____	_____
GCS	_____	_____
Glucose	_____	_____
Rhythm	_____	_____

**Standing Orders Performed**

IV attempted IV Established IO Fluids: \_\_\_\_\_

O2 \_\_\_\_L via NC NRB ET King Combi CPAP

Cspine Splint Immobilization

Albuterol Neb Atrovent Neb

Asprin dose \_\_\_\_\_mg Ntg SL x \_\_\_\_\_

Morphine \_\_\_\_\_mg IV IM IO

D50 Initial BG: \_\_\_\_\_ Post BG: \_\_\_\_\_

Zofran

**Refusals:**

\_\_\_\_\_ informed of risks of refusal and exhibits understanding of the risks

**Vitals: (2 sets required on refusals)**

Time:	_____	_____
BP	_____	_____
Pulse	_____	_____
Resp	_____	_____
Pulse Ox	_____	_____
GCS	_____	_____
Glucose	_____	_____
Rhythm	_____	_____

Requests for Additional Orders:

\_\_\_\_\_  
\_\_\_\_\_

Morphine Protocol Utilized

Dose \_\_\_\_\_ IM IV IO

Receiving Facility:

VVMC SEC FMC Other

ETA \_\_\_\_\_

Re-Patch to receiving facility: \_\_\_\_\_

RN Signature:

\_\_\_\_\_

MD Signature:

\_\_\_\_\_

NOT A PERMANENT PART OF THE MEDICAL RECORD