

### Assessment 1 WNS HPI

DISPATCH	<b>Run Number</b>		<b>Run Date</b>		<b>Dispatch Time</b>		<b>Crew Members</b>										
	<b>Truck Number</b>		<b>Run Type</b>	<input type="checkbox"/> ALS <input type="checkbox"/> CCT <input type="checkbox"/> BLS	<b>Enroute</b>		<b>At Pt.</b>		D <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> P <input type="checkbox"/>								
	<b>Odometer at Start</b>		<b>Odometer at Scene</b>		<b>At Ref.</b>		<b>Lv. Pt.</b>		<b>Referring Location</b>								
	<b>Odometer at Rec.</b>		<b>Odometer at End</b>		<b>Lv. Ref</b>		<b>Avail.</b>		<input type="checkbox"/> Residence <input type="checkbox"/> Street < 50 <input type="checkbox"/> Business <input type="checkbox"/> Street > 50 <input type="checkbox"/> Hospital <input type="checkbox"/> Assisted Living <input type="checkbox"/> Wilderness <input type="checkbox"/> Other								
	<b>Dispatch Location</b>				<b>At Dest.</b>		<b>In Qtrs.</b>										
PATIENT MEDICAL SURVEY	<b>Patient Name</b>				<b>Date of Birth</b>		<b>Age Years</b>		<b>M</b>	<input type="checkbox"/>	<b>F</b>	<input type="checkbox"/>					
	<b>Patient Address</b>						<b>Phone Number</b>										
	<b>HPI</b>																
	<b>Past Medical History</b>								<b>Additional PMHx</b>								
	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> CHF <input type="checkbox"/> GI Bleed <input type="checkbox"/> Psychiatric <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> High Cholesterol <input type="checkbox"/> PVD <input type="checkbox"/> Atrial Fib <input type="checkbox"/> CVA <input type="checkbox"/> Hypertension <input type="checkbox"/> Seizures/Convulsions <input type="checkbox"/> CABG <input type="checkbox"/> Dementia <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Smoker <input type="checkbox"/> CAD <input type="checkbox"/> Diabetes <input type="checkbox"/> None - reported by family <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Cancer <input type="checkbox"/> ESRD <input type="checkbox"/> None - reported by patient <input type="checkbox"/> TIA																
	<b>Allergies</b>												<b>Current Medications</b>				
	<input type="checkbox"/> NKDA <input type="checkbox"/> PCN <input type="checkbox"/> Sulfa <input type="checkbox"/> Latex <input type="checkbox"/> IVP Dye		<b>Common</b>		<b>Name</b>		<b>Dose</b>		<b>Name</b>		<b>Dose</b>						
			<input type="checkbox"/> None <input type="checkbox"/> Albuterol <input type="checkbox"/> ASA <input type="checkbox"/> NTG														
	<b>Chief Complaint</b>				Initial GCS	<b>Neuro</b>				<b>L Pupils</b>		<b>R Pupils</b>					
						A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> <input type="checkbox"/> Chemical Paralysis <input type="checkbox"/> <input type="checkbox"/> Immobilized <input type="checkbox"/>				<b>Size</b>							
								<b>React</b>									
<b>Respiratory Effort</b>		<b>L Breath Sounds</b>		<b>R</b>		<b>Skin Temp</b>		<b>Skin Temp Taken Via</b>		<b>Cap Refill</b>							
						<input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Warm		°C <input type="checkbox"/> °F <input type="checkbox"/>		<input type="checkbox"/> Delayed <input type="checkbox"/> Brisk <input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds							
<b>Skin Moisture</b>		<b>Skin Color</b>				<b>JVD</b>		<b>Edema</b>									
<input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Moist <input type="checkbox"/> Clammy		<input type="checkbox"/> Normal <input type="checkbox"/> Pale-Ashen <input type="checkbox"/> Jaundice <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Mottled															
PROCEDURES + VITAL SIGNS	<b>Time</b>	<b>Crew</b>	<b>Procedure</b>	<b>Action/Medication</b>	<b>Size</b>	<b>HR</b>	<b>BP</b>	<b>SaO2</b>	<b>EtCO2</b>	<b>Resp</b>	<b>Res Effort</b>	<b>Rhythm</b>	<b>Glu.</b>	<b>Pain</b>	<b>GCS</b>		
		#1 <input type="checkbox"/>					/										
		#2 <input type="checkbox"/>					/										
		#1 <input type="checkbox"/>					/										
		#2 <input type="checkbox"/>					/										
		#1 <input type="checkbox"/>					/										
		#2 <input type="checkbox"/>					/										
NOTES																	
DISPOSITION	<b>Outcome</b>			<b>Destination</b>			<b>Condition Upon Arrival</b>					<b>Mode</b>					
												<input type="checkbox"/> Lights + Sirens <input type="checkbox"/> No Lights + Sirens					
	<b>Patient Position in Vehicle</b>			<b>Destination Basis</b>			<b>Crew Signature</b>										
								Crew #1 <input type="checkbox"/> Crew #2 <input type="checkbox"/>									
<b>Rec'd By</b>						<b>Receiving Signature</b>											