

Assessment Std

DISPATCH	Run #		Date		Dsp. Time		Crew Information						
	Response	Patient Category			Dispatched As		D <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> P <input type="checkbox"/>						
	Dispatch Location												<input type="checkbox"/> Residence
PATIENT MEDICAL SURVEY	Patient Name				Date of Birth		Age (Years)		M <input type="checkbox"/>	F <input type="checkbox"/>			
	Patient Address					Phone Number							
PATIENT MEDICAL SURVEY	Primary Insurance			Policy #			Group #						
	Past Medical History												
PATIENT MEDICAL SURVEY	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Myocardial Infarction									
	<input type="checkbox"/> Asthma	<input type="checkbox"/> CHF	<input type="checkbox"/> ESRD	<input type="checkbox"/> None									
PATIENT MEDICAL SURVEY	<input type="checkbox"/> Atrial Fib	<input type="checkbox"/> COPD	<input type="checkbox"/> GI Bleed	<input type="checkbox"/> Psychiatric									
	<input type="checkbox"/> CABG	<input type="checkbox"/> CVA/TIA	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Seizures/Convulsions									
PATIENT MEDICAL SURVEY	<input type="checkbox"/> CAD	<input type="checkbox"/> Dementia	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Substance Abuse									
	Allergies												
PATIENT MEDICAL SURVEY	<input type="checkbox"/> NKDA												
	<input type="checkbox"/> PCN												
PATIENT MEDICAL SURVEY	<input type="checkbox"/> Sulfa												
	<input type="checkbox"/> Latex												
PATIENT MEDICAL SURVEY	<input type="checkbox"/> IVP Dye												
	Chief Complaint				Current Medications								
PATIENT MEDICAL SURVEY				Common		Name		Dose		Name			Dose
				<input type="checkbox"/> None									
PATIENT MEDICAL SURVEY				<input type="checkbox"/> Albuterol									
				<input type="checkbox"/> ASA									
PATIENT MEDICAL SURVEY				<input type="checkbox"/> NTG									
PATIENT MEDICAL SURVEY	Initial GCS			Neuro				L Pupils		R			
				A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>								Size	
PATIENT MEDICAL SURVEY				<input type="checkbox"/> Loss of Consciousness								React	
				<input type="checkbox"/> Chemical Paralysis									
PATIENT MEDICAL SURVEY				<input type="checkbox"/> Immobilized									
PATIENT MEDICAL SURVEY	Respiratory Effort		L Breath Sounds		R		Skin Temp		Skin Temp Taken Via		Cap Refill		
							<input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Warm				<input type="checkbox"/> Delayed <input type="checkbox"/> Brisk <input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds		
PATIENT MEDICAL SURVEY	Skin Moisture		Skin Color				JVD		Edema				
	<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	Time	PROC	Action/Meds	Dose/Size	HR	BP	SaO2	EtCO2	Resp	RE	Rhythm	Pain	GCS
						/							
							/						
							/						
							/						
							/						
DISPOSITION	Outcome		Destination			Condition Upon Arrival				Mode			
										<input type="checkbox"/> Lights + Sirens <input type="checkbox"/> No Lights + Sirens			
	Patient Position in Vehicle		Destination Basis			Crew Signature							
							Crew #1 <input type="checkbox"/> Crew #2 <input type="checkbox"/>						