Name:

DOB: Chart Label Here

 **EMS Notification Report** 

**EMS Agency and Unit No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALS BLS**

**Date: \_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_ETA: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pt. Age: \_\_\_\_\_\_\_\_\_Gender: \_\_\_\_\_\_\_Precautions/Safety Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact/Witness Available? Yes / No Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STROKE**

**FAST ED Score: \_\_\_\_\_\_\_\_**

**F\_\_\_\_A\_\_\_\_S\_\_\_\_E\_\_\_\_D\_\_\_\_**

**(T) Last Known Well: \_\_\_\_\_\_**

**FSBS: \_\_\_\_\_\_\_\_**

**Recent Surgery/Trauma? Y N**

**Hx. Bleeding Disorder? Y N**

**On Anticoagulant? Y N**

**Anticoagulant Name:**

**Go Direct to CT? Y N**

**Activate Code Stroke Y N**

**SEPSIS**

I**nfection Source \_\_\_\_\_\_\_\_\_\_**

**Abnormal VS x 2**

**- T <96.8 OR >100.4**

**- HR>90 Y N**

**- RR>20 Y N**

**- SBP<90 Y N**

**Acute MS Changes Y N**

**Interventions:**

**TRAUMA**

**Mechanism:**

**Major Injury(s):**

**GCS:**

**Highest HR: \_\_\_\_\_\_\_\_**

**Lowest systolic BP: \_\_\_\_**

**On Anticoagulant? Y N**

**Pregnant? Y N**

**Interventions: (e.g.TXA)**

**AMI/STEMI**

**Symptom(s) Onset/Duration**

**EKG:**

**Recent Surgery/Trauma? Y N**

**Evidence GIB or Stroke? Y N**

**Hx. Bleeding Disorder? Y N**

**On Anticoagulant? Y N**

**Anticoagulant Name:**

**ASA 324 mg Given Y N**

**Injury/Illness/Chief Complaint:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Resp. Rate** | **Resp. Effort** | **Sp02** | **O2 Device**  **NC NRB BVM/ NIPPV** | **HR** | **BP** | **Temp** | **FSBS** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**On-Line-Medical- Control (OLMC) Orders**

Orders Given:

Diversion Recommended: Y N Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diversion Destination: \_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Taken By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_