

Iredell County EMS System Preliminary Report

1. EMS Run # _____ - _____ Date _____ - _____ - _____ Loaded Mileage Ref: _____ Rec: _____

2. Patient Information

Patient Name		Age	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Patient Address		City	State	Zip Code
				Phone Number

3. Unit Information

Agency Name Iredell County Emergency Medical Service		Agency Number 0490516
Truck Number 4	Call Sign IMED	
EMT B / I / P State ID P	EMT B / I / P State ID P	



4. Situation

Location/Address of Call or Incident	<input type="checkbox"/> Same as Patient Address
Chief Complaint	Onset Date/Time

5. Narrative / Description of the scene and patient presentation

*** Use the back of the page for additional information; i.e. narrative, procedures, and medications ***.

6. Vital Signs

Pain Scale	BP	HR	RR	Glucose	CO2	SaO2	Temp	GCS	Cardiac Rhythm or 12 Lead Interpretation
___ / 10									
___ / 10									
___ / 10									
___ / 10									
___ / 10									

Glasgow Coma Score (GCS) Legend

Eye
1 None 2 Pain 3 verbal 4 spontaneous

Verbal
1 none 2 incomprehensible
3 inappropriate words 4 disoriented
5 oriented

Motor
1 no response to pain 2 extends to pain
3 flexes to pain 4 withdraws from pain
5 localizes pain 6 obeys commands

7. Stroke Screen

Positive Negative Not Done

8. Reperfusion Check Sheet

No Contraindicators Contraindicators Not Done

9. Procedures and Medications

ALS or BLS	Procedure	Size	Caregiver or PTA	Dose	Medication	Route	Caregiver or PTA
ALS BLS							
ALS BLS							
ALS BLS							
ALS BLS							
ALS BLS							

10. Disposition

Destination Name - Circle One **IMH** DRMC LNRMC NCBH Presby North CMC Presby Main Forsyth Other _____

11. Signatures

ETT Confirmation and Airway form completed by:	Treatment Authorized by	MD	MICN
EMS Primary Caregiver Signature	Patient Received by / Print Nurses' or Doctors' Name		
EMS Secondary Caregiver Signature	Room Assignment		

This is a Preliminary Document – This is not the final EMS Patient Care Report