

## PATIENT CARE REPORT

Date:

Incident No.:

Nature Of Call:

Location:

Dispatched:

En Route:

At Scene:

At Hospital:

In Service:

### Patient Information:

Age:

Sex:  Male  Female

Weight (in kg [lb]):

Allergies:  None  
 Unknown

Medications:  Unknown

Past Medical History:

Chief Complaint:

### Vital Signs:

Time:

BP:  /

Respirations:

SpO<sub>2</sub>:  %

Time:

BP:  /

Respirations:

SpO<sub>2</sub>:  %

Time:

BP:  /

Respirations:

SpO<sub>2</sub>:  %

Time:

BP:  /

Respirations:

SpO<sub>2</sub>:  %

### Treatment:

Oxygen @  L/min

NC  NRM  BVM

Assisted  
Ventilation

Airway Adjunct

CPR

Defibrillation

Bleeding control

Bandaging

Splinting

Other

### Narrative:

Date:

Printed Name:

Signature: