

PECOS VALLEY PUBLIC SERVICES

P.O. Box 488
 200 W. First Street, #516
 Roswell, NM 88203

PATIENT CARE REPORT

Date / Time: <input type="text"/>	Incident No.: <input type="text"/>	Nature Of Call: <input type="text"/>	Location: <input type="text"/>
Dispatched: <input type="text"/>	En Route: <input type="text"/>	At Scene: <input type="text"/>	In Service: <input type="text"/>

Patient Information:

Age: <input type="text"/>	Allergies: None Unknown <input type="text"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Medications: <input type="checkbox"/> Unknown <input type="text"/>
Weight (in kg [lb]): <input type="text"/>	Past Medical History: <input type="text"/>
	Chief Complaint: <input type="text"/>

Vital Signs:

Time: <input type="text"/>	BP: <input type="text"/> / <input type="text"/>	HR: <input type="text"/>	Resp.: <input type="text"/>	SpO ₂ : <input type="text"/> %	BGL <input type="text"/>
Time: <input type="text"/>	BP: <input type="text"/> / <input type="text"/>	HR: <input type="text"/>	Resp.: <input type="text"/>	SpO ₂ : <input type="text"/> %	BGL <input type="text"/>
Time: <input type="text"/>	BP: <input type="text"/> / <input type="text"/>	HR: <input type="text"/>	Resp.: <input type="text"/>	SpO ₂ : <input type="text"/> %	BGL <input type="text"/>
Time: <input type="text"/>	BP: <input type="text"/> / <input type="text"/>	HR: <input type="text"/>	Resp.: <input type="text"/>	SpO ₂ : <input type="text"/> %	BGL <input type="text"/>

Treatment:

Oxygen @ <input type="text"/> L/min <input type="checkbox"/> NC <input type="checkbox"/> NRM <input type="checkbox"/> BVM	Assisted Ventilation <input type="checkbox"/>	Airway Adjunct <input type="checkbox"/>	CPR <input type="checkbox"/>	MEDICATIONS GIVEN <input type="text"/>
<input type="checkbox"/> Defibrillation	<input type="checkbox"/> Bleeding control	<input type="checkbox"/> Bandaging	<input type="checkbox"/> Splinting	<input type="checkbox"/> Other

Narrative:**Materials Used / Dispensed:**

Date:

Printed Name:

Signature: