

**EMS Systems**

<u>RUN#</u>	<u>PT#</u>	<u>AUTHOR</u>	<u>AMBULANCE</u>	<u>DATE</u>

<u>TIME</u>	<u>SKIN</u>	<u>PULSE</u>	<u>RESP</u>	<u>B.P</u>	<u>02 SAT RA</u>	<u>02 SAT 02</u>	<u>GCS</u>	<u>PUPILS</u>

<u>Cincinnati Stroke Scale</u>				<u>Facial Droop</u>		<u>Arm Drift</u>		<u>Abnormal Speech</u>	
Yes	No	Normal	Abnormal	Left	Right	Left	Right	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>IV ATTEMPTS BY TO#</u>	<u>SUCCESS BY TO#</u>	<u>GAGE ANGIO</u>	<u>FLUID USED</u>	<u>AMOUNT INFUSED</u>
0	0	0	0	0

<u>INTUBATION ATTEMPTS BY TO#</u>	<u>SUCCESS BY TO#</u>	<u>SIZE</u>	<u>ROUTE</u>	<u>GLUCOMETER</u>	
0	0	0	0	N/A	N/A

<u>MEDS ADMIN BY TO#</u>	<u>AMOUNT/TIME</u>	<u>ROUTE</u>	<u>WASTED</u>
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

**SUBJECTIVE/Hx:**

<u>AIRWAY</u>	<u>BACK/SPINE</u>
<u>BREATHING/RESP</u>	<u>UPPER EXT</u>
<u>CIRCULATION</u>	<u>LOWER EXT</u>
<u>HEENT</u>	<u>CARDIO</u>
<u>NECK/C-SPINE</u>	<u>MOTOR</u>
<u>CHEST</u>	<u>NEURO</u>
<u>ABD/PELVIS</u>	<u>OTHER</u>

**RULE OUT/DIAGNOSIS:**

**PLAN/Tx:**