

# KEMSA EMS Program



# Patient Assessment Form

## RUN DATA (FILL IN ALL BLANKS & CIRCLE ALL APPROPRIATE ITEMS)

Student Name:	Pt. ID #:	Pt. Type:	Date:
Service or Hospital:	Preceptor:		Time:
Dispatch Priority: 1 3	Clinical Phase: 1 2 3 4	Team Leader: student other	Team Size:

## PATIENT DATA (FILL IN ALL BLANKS & CIRCLE ALL APPROPRIATE ITEMS)

Age:	Sex: M F	Ethnicity:	LOC: A V P U	GCS:		
Most Significant BP:		Pt. Exam: performed observed		Pt. Interview: performed observed		
Primary		Secondary		MOI	Pt Complaints	
ABD / GI Allergic Reaction Burns Cardiac Cardiac Arrest CVA / TIA Diabetic DOA - NO CPR OB-Birth/Delivery OB-GYN OB-Labor OB-Preg. Probs. Other Medical	Other Neuro OD / Poisoning Psychiatric Respiratory Seizure Sepsis / Infection Trauma-ABD Trauma-Chest Trauma-Ext. Trauma-Head Trauma-Multi Trauma-Neck/Back	ABD / GI Allergic Reaction Burns Cardiac Cardiac Arrest CVA / TIA Diabetic DOA - NO CPR OB-Birth/Delivery OB-GYN OB-Labor OB-Preg. Probs. Other Medical	Other Neuro OD / Poisoning Psychiatric Respiratory Seizure Sepsis / Infection Trauma-ABD Trauma-Chest Trauma-Ext. Trauma-Head Trauma-Multi Trauma-Neck/Back	Assault Blunt Trauma Fall Family Violence GSW / Stabbing Heat / Cold Emerg. MVA Trauma Other Trauma Penetrating Trauma Sexual Assault	ABD Pain AMS Chest Pain Dizziness Dyspnea Resp. Distress Gen. Weakness Headache Blurred Vision Syncopal Episode	Transport Routine Refused Transport Transport Emerg. Treated & Refused Trans. Treated & Released DOA

## BLS TREATMENT (Check either OBSERVED OR PERFORMED)

Skill	Obs.	Perf.	Skill	Obs.	Perf.	Skill	Obs.	Perf.
Pt. Exam			02-PPV			L-Board Immob.		
Hosp. Notified			02-BVM			Ventilate		
Bandage			Vital Signs			OPA		
Traction Splint			MD Consult			NPA		
02-NC			C-Spine Immob.			Suction-Oral		
02-Simple Mask			Joint Immob.			Suction-ET		
02-NRB			Pt. Interview			Chest Compression		

## ALS TREATMENT (FILL IN ALL BLANKS & CIRCLE ALL APPROPRIATE ITEMS)

ARREST	EKG	IV	MEDS	AIRWAY	OTHER
Chest Compressions Ventilate OPA / NPA Suction ARREST WITNESSED BY: Unknown No Arrest Bystander 1 <sup>st</sup> Responder Ambulance Crew Not Witnessed RETURN OF PULSE: No Resuscitation On Hosp. Arrival Brief (at any time) No Return	PERFORMED BY: Student / Team  RHYTHM: 1 _____  INTERVENTIONS: Pace Cardiovert Defib None  2 _____  INTERVENTIONS: Pace Cardiovert Defib None  3 _____  INTERVENTIONS: Pace Cardiovert Defib None	# 1-BY: Student / Team  Type: IV / IO Site: _____  Fluid: _____ # Attempts: _____ Successful: Y N Blood Draw: Y N  Time: _____  # 2-BY: Student / Team  Type: IV / IO Site: _____  Fluid: _____ # Attempts: _____ Successful: Y N Blood Draw: Y N  Time: _____	# 1 Name: _____ Dose: _____ Route: _____  Repeated _____ Times  # 2 Name: _____ Dose: _____ Route: _____  Repeated _____ Times  #3 Name: _____ Dose: _____ Route: _____  Repeated _____ Times	PERFORMED BY: Student / Team  TYPE: OTI NTI MLA  SUCCESSFUL: Yes / No  # Attempts: _____  ET Size: _____  Time: _____	12Lead Auto Vent Blood Draw BGL Capnography Carotid Sinus Massage Chest Decompression Cricothyrotomy Foley Catheter MAST Applied MAST Inflated NG Tube Pulse Oximetry Valsalva's Maneuver  <b>PLEASE NOTE:</b> - Include any and all EKG strips. - If more than 2 IV's are started, or more than 3 meds are administered, document this in the narrative. - Enter FISDAP report # in space provided on other side.

