

**FIRE RESCUE AND HOSPITAL
PATIENT CARE REPORT FORM**



Seminole Community College

Student: _____ PM I II III / EMT

Agency: _____

Date: _____

- Medical Abdominal OB Trauma Syncope Chest Pain Cardiac Arrest
- Resp. Distress Asst. Vent Psych Altered Mental Stroke Alert Team Leader

Patient Information: Adult Peds Geriatric Age: _____ Sex: M / F Wt: _____ Kg

Chief Complaint: _____ Vitals: Time | B/P | Heart Rate | Resp | SPO2 | Temp

HPI: _____

PMH: _____

O2: _____ L/M Via: _____ BVM: Y / N ETT size: _____

Allergies: _____ Monitor Rhythm: _____ CPR: _____

Current Med: _____ IV Gauge: _____ Site: _____

Accu Check Yes/No _____ Solution: _____ Amount Infused: _____

Narrative: _____ Results: _____

OBJECTIVE ASSESSMENT

Respiratory

- Retracting Nasal Flaring Stridor Deep
- Shallow Cough Productive _____
- Symmetrical Asymmetrical Clear
- Diminished Wheezes Upper/Lower R/L

Circulation Pulses

- Strong Weak/Thready Absent
- Upper ext. R / L Lower ext. R / L

GLASGOW COMA SCALE ADULT / PEDIATRIC

Best Eye Opening	Best Verbal Response	Best Motor Response
Eyes open spontaneously 4	Oriented <i>(Coos & babbles)</i> 5	Obeys Commands <i>(Moves spontaneously)</i> 6
Verbal 3	Confused <i>(Irritable & continually cries)</i> 4	Localizing pain <i>(Infant w/d from touch)</i> 5
Eye opening to pain 2	Inappropriate words <i>(Infant cries to pain)</i> 3	Withdrawal from pain 4
No eye opening 1	Incomprehens'l sounds <i>(Infant moans to pain)</i> 2	Flexion to pain 3
Recognizes Parent Y / N	No verbal response 1	Extension to pain 2
Total Score: _____		No motor response 1

Motor Ability / Strength of Extremities

- Upper R / L Strong Weak None
- Lower R / L Strong Weak None

Pupil Size: OD (Right) _____ OS (Left) _____

Reaction: OD: Brisk Slow None
OS: Brisk Slow None

Skin: Pink Pale Mottled Cyanotic Flushed
 Jaundiced Dry Cool Clammy Diaphoretic

Face / Head: Symmetrical Asymmetrical Deformities

EENT: Drainage Epistaxis Foreign Body Deformities

Neck: Supple Nuchal Rigidity Tracheal Deviation Other

Abd: Soft Rigid Distended Obese Guarding Rebound

Bowel Sounds: Present Absent Nausea Y/N Vomiting Y/N
Diarrhea Y/N

GU: No complaint Burning Frequency Urgency Hematuria
LMP _____ Normal Abnormal Vaginal Bleeding
EDC _____ Gravida _____ Para _____ AB _____ FHT _____

Possible Diagnosis: _____

Final Impression: _____

Treatment Plan: _____

Response to Treatment: _____

Transported: Yes / No Where: _____

Student Signature: _____