Commonwealth of Virginia — Emergency Medical Services Medical Record

SAMPLE

Response Information

Agency		Agency #		Unit #		INC. #	
Location				ZIP		Other Agency On Scene:	
Urgency:	☐ Immediate ☐ Non-Immediate ☐ N/A			Response Delay		Date	

To Scene — Response Mode — To Dest.

- ☐ Lights & Sirens ☐
- ☐ No Lights/No Sirens ☐
- ☐ Initial Lights & Sirens, Downgraded to No Lights or Sirens ☐
- ☐ Initial No Lights & Sirens, Upgraded to Lights or Sirens ☐

Primary Role of Unit

- ☐ Transport
- ☐ Non-transport
- ☐ Supervisor
- ☐ Rescue

Type of Service

- ☐ 911 Resp.
- ☐ Intercept
- ☐ Mutual Aid
- ☐ Standby
- ☐ Other
- ☐ Flagdown-Emergeny
- ☐ Flagdown-Non-Emergency
- ☐ Interfacility Trans. (sched)
- ☐ Interfacility Trans. (Un-sched)
- ☐ Medical Transport

Location Type

- ☐ Home/Residence
- ☐ Street or Highway
- ☐ Public Building
- ☐ Trade/Service (Bus.)
- ☐ Residential Facility
- ☐ Health Care Facility
- ☐ Industrial Place/Premises
- ☐ Place of Recreation/Sport
- ☐ Lake, River, Ocean
- ☐ Mine or Quarry
- ☐ Farm
- ☐ Other Location

Response Delay

To:	Response	Scene	Transport
None	☐	☐	☐
Traffic	☐	☐	☐
Directions	☐	☐	☐
Distance	☐	☐	☐
Weather	☐	☐	☐
Safety	☐	☐	☐
Crowd	☐	☐	☐
Staff Delay	☐	☐	☐
Diversion	☐	☐	☐
Vehicle Crash	☐	☐	☐
Vehicle Failure	☐	☐	☐
HazMat	☐	☐	☐
Extricate >20 mins.		☐	
Language Barrier		☐	
Patient Access Delay		☐	

Times (24hr Format)

PSAP Time	
Unit Disp.	
Enroute	
Arrive Scene	
Arrive Patient	
Leave Scene	
Arrive Dest.	
In Service	
Cancelled	
In Quarters	

Mileage

- End ______ .
- Start ______ .
- Total ______ .

Patient Information

Name: ____________________ Age

Address: ____________________ Apt/Rm ______

City: ______ State: ______ ZIP ______

Telephone: ______ Next of Kin Name: ______ Tel.# ______ Rel. ______

SSN/DL # ______ DL State ______ DOB M M D D Y Y Y Y

Gender: ☐ Male ☐ Female

Race: ☐ White ☐ Asian ☐ Other Race ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Not Applicable

Medications:

Allergies:

Patient Complaint

Chief Complaint

Duration: ☐ Y ☐ Mos. ☐ D ☐ H ☐ Min ☐ S

Secondary Complaint

Duration: ☐ Y ☐ Mos. ☐ D ☐ H ☐ Min ☐ S

Chief Complaint Anatomic Location (Choose 1)

☐ Chest ☐ Extremity-Upper ☐ N/A ☐ ABD ☐ Extremity-Lower ☐ Head ☐ Genitalia ☐ Gen'l/Global ☐ Neck ☐ Back ☐ Not Known

Chief Complaint Organ System (choose 1)

☐ Cardio/Vasc. ☐ CNS/Neuro ☐ Endocrine/Met. ☐ GI ☐ Global ☐ Musculoskeletal ☐ OB/Gyn ☐ Psych ☐ Pulmonary ☐ Renal ☐ Skin ☐ N/A

Symptoms

Instructions: Place a P,S, or O in the box next to the Sx P=Primary Symptom S=Secondary Symptom (choose 1) O=Other Symptom(s) (No Limit)

No Signs/Symptoms	Bright Blood In Stool	Death	Headache	Mental/Psych	Palpitations	Visual Impairment
Abdominal Pain	CardioResp. Arrest	Device/Equip Prob.	Headache W/Photo.	Nausea/Vomiting	Rash/Itching	Weakness
Altered Mental Status	Change Stool Color	Diarrhea	Hives	OB-Contractions	Seizure	Wheezing
Anxiety	Chest Pain	Dizziness	Indegestion	Orthostatic B/P	Swelling	Wound
Aphasia	Choking	Drainage/Discharge	Lethargic	Pain	Syncope	Other
Back pain	Constipation	Ear Pain	Loss of Appetite	Pain-Extremity	Transport Onl	
Bleeding	Cough	Eye Pain	Malaise	Pain-Flank	Unconcious	
Breathing Problem	Dark Tarry Stool	Fever	Mass/Lesion	Pain-Neck	Vaginal Bleed	

Suspected Diagnosis

Provider Impression

P=Primary S=Secondary Impression (Place only 1 P and 1 S as applicable in the Box)

Not Applicable	Cancer	Electrocution	Hypovolemia/Shock	Other-OB/gyn	Stroke / CVA	
Abd. Aortic Aneurysm	Cardiac Arrest	Epistaxis	Inhalation Injury	Patient Assist Only	Substance Abuse	
Abd. Pain/Problems	Cardiac Rhythm Dist.	ETOH	Migraine	Poisoning-Drug	Syncope/Fainting	
Airway Obstruction	Chest Pain	Gen Malaise	Obvious Death	Obstetrics/delivery	TIA	
Allergic Reaction	CHF	GI Bleed	Other-Abd/GI	Respiratory Arrest	Toxic Exposure	
Altered Mental Status	COPD	Headache	Other-Cardiovasc.	Respiratory Distress	Traumatic Injury	
Asthma	Dehydration	Heat Related	Other-CNS Prob.	Seizure	Unconcious	
Back Pain(non-injury)	Diabetic Elevated	Hyperthermia	Other-Endocrine/Met.	Sepsis	Vaginal Bleed	
Behavioral/Psych.	Diabetic - Low	Hypotension	Other-GU Problem	Sexual Assault/Rape	Weakness	
Bowel Obstruction	Diarrhea	Hypothermia	Other-Illness/Injury	Smoke Inhalation	Other:	
				Stings/Venomous Bites		

Past Medical Surgical History

☐ None	☐ Hypertension
☐ Asthma	☐ Hypotension
☐ Cancer:________	☐ Neuro
☐ Cardiac:________	☐ Psych Disorder
☐ COPD	☐ Renal Failure
☐ Develop Delayed	☐ Seizures
☐ Diabetes	☐ Stroke/CVA
☐ Endocrine	☐ Substance Abuse
☐ GU/GI	☐ TIA
☐ High Cholesterol	☐ Tuberculosis
☐ HIV/AIDS	☐ Other:_________

Injury/Trauma

Cause of Injury

☐ Not-Applicable	☐ Elder Abuse/Neglect	☐ Lightning	☐ Poisoning-Drug
☐ Aircraft Accident	☐ Electrocution	☐ Machinery Accidents	☐ Poison-Radiation
☐ Assault	☐ Entrapped (Non-MVC)	☐ Mechanical Suffocation	☐ Sexual Assault
☐ Bicycle Accident	☐ Excessive Cold	☐ MVC	☐ Smoke Inhalation
☐ Bites	☐ Excessive Heat	☐ MVC - ATV	☐ Stab/Cut Accidental
☐ Blunt Injury	☐ Explosion	☐ MVC Motorcycle	☐ Stab/Cut Assault
☐ Burn Hot Subst.	☐ Fall	☐ MVC Non-Traffic	☐ Venomous Stings
☐ Burns-Chemical	Fall # of Ft. ________	☐ MVC-Lg. Animal	☐ Water Trans. Accident
☐ Burns-Fire/Flames	☐ Firearm Assault	☐ MVC-Pedestrian	☐ Unknown
☐ Burns-Thermal	☐ Firearm Inj.(accidental)	☐ Non-Motorized Vehicle	☐ Other:
☐ Child Abuse/Nglct	☐ Firearm Self Inflicted	☐ Overexertion	
☐ Drowning	☐ Foreign Body	☐ Poison-Chemical	

Safety Equipment Used

☐ Not Applicable	☐ Airbag Deployed Other
☐ None Used	☐ Helmet Worn
☐ Shoulder Belt	☐ Eye Protection
☐ Lap Belt	☐ Personal Floatation Device
☐ Child Restraint	☐ Protective Clothing
☐ Airbag Deploy Front	☐ Protective Gear Non-Clothing
☐ Airbag Deploy Side	

MV Impact

☐ N/A	☐ Left Side	☐ Right Rear
☐ Center Front	☐ Right Side	☐ Roll Over
☐ Left Front	☐ Center Rear	☐ Unknown
☐ Right Front	☐ Left Rear	

Vehicle Indicators

☐ N/A	☐ Fire
☐ Ejection	☐ >12" Intrusion
☐ Windshield Star/Spider	☐ Side Post Deformity
☐ Dashboard Deformity	☐ Roll Over/Roof Deformity
☐ Steering Wheel Deformity	☐ DOA Same Vehicle

Exterior Damage Level

☐ None ☐ Moderate ☐ Minor ☐ Major

Cardiac Arrest

Cardiac Arrest:

- ☐ No
- ☐ Yes, Prior to EMS Arrival
- ☐ Yes, After EMS Arrival

Estimated Time of Arrest PTA:

- ☐ N/A
- ☐ Unknown
- ☐ 0-2 Minutes
- ☐ 2-4 Minutes
- ☐ 4-6 Minutes
- ☐ 6-8 Minutes
- ☐ 8-10 Minutes
- ☐ 10-15 Minutes
- ☐ 15-20 Minutes
- ☐ >20 Minutes

Pre-Transport Unit AED

- ☐ N/A
- ☐ No Pre-ambulance AED
- ☐ Other EMS Unit with AED
- ☐ Non-EMS Responder w/AED
- ☐ Public Access AED

Resuscitation Attempted:

- ☐ Not Applicable
- ☐ Attempted Defibrillation
- ☐ Attempted Ventilations
- ☐ Initiated Chest Compressions
- ☐ Not Attempted - Futile
- ☐ Not attempted DNR Order
- ☐ Not Attempted Signs of Circulation

Arrest Etiology:

- ☐ Presumed Cardiac
- ☐ Trauma
- ☐ SIDS (suspected)
- ☐ Respiratory
- ☐ Drowning
- ☐ Electrocution
- ☐ Other ☐ UNK

Reason CPR Discontinued: ☐ N/A

- ☐ DNR Provided
- ☐ Obvious Signs of Death
- ☐ ROSC
- ☐ Medical Control Order
- ☐ Protocol Completed
- ☐ Unknown

ROSC

- ☐ No
- ☐ Yes, Prior to ED & At ED
- ☐ Yes, Prior to ED Only

Assessment - Physical

Assessment

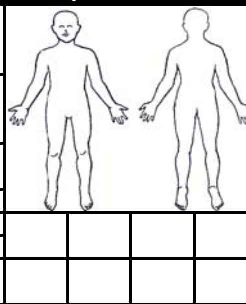
Mental Status: ☐ Not Done Oriented to: ☐ Person ☐ Place ☐ Time
☐ Combative ☐ Confused ☐ Incoherent ☐ Hallucinations
☐ Unresponsive ☐ Responsive to Verbal Stim. ☐ Responsive to Painful Stim.

Neuro: ☐ Not Done ☐ Normal ☐ Speech Normal Weakness L R ☐ Tremors
☐ Facial Droop ☐ Speech Slurring ☐ Abnormal Gait ☐ Aphaisic
☐ Seizures ☐ Postictal ☐ Decerebrate Posturing ☐ Decorticate Posturing

Head/Face: ☐ Not Done ☐ Normal ☐ Pain ☐ Swelling ☐ Drainage
☐ Symmetrical Face ☐ Asymmetric Smile/Droop ☐ Mass/Lesion

Pupils: ☐ Not Done ☐ Normal Pupil Size L:____ R:____ Nystagmus L R
Reactive L R Sluggish L R Non-Reactive L R Blind L R
Pupil Deformity L R Cataracts L R Disconjugated L R Glaucoma Pres. L R

Neck: ☐ Note Done ☐ Normal ☐ Trachea Midline ☐ No JVD ☐ SubQ Air
☐ Edema ☐ Stridor ☐ Pain ☐ Tracheal Deviation ☐ JVD ☐ Stiffness



Injury Assessment
☐ Not Applicable

A	Skin	1	Abrasions	12	Crush
B	Head	2	Amputation	13	Deformity
C	Face	3	Avulsion	14	Dislo/Fx
D	Neck	4	Bleeding Controlled	15	Ecchymosis
E	Thorax	5	Bleeding Uncontrolled	16	Foreign Body
F	Abdomen	6	Burn	17	Gunshot
G	Spine	7	Burn Blistering	18	Laceration
H	Arm/Hand	8	Burn Charring	19	Pain No Soft Tissue Inj.
I	Pelvis	9	Burn Redness	20	Pain
J	Leg/Foot	10	Burn White/Waxy	21	Puncture/Stab
K	Unspecified	11	Crepitus	22	Soft Tissue Injury

Chest Lungs: ☐ Not Done ☐ Normal ☐ BS Clr & Eql Bilat ☐ Inc. Effort
☐ Rales ☐ Insp. Wheezing ☐ Exp. Wheezing ☐ Rhonchi ☐ Assisted BS
Decreased BS L R Absent BS L R ☐ Chest Pain/Pressure Radiating
☐ Retractions ☐ Acc. Muscle Use ☐ Chest Pain/Pressure Reproducable
Tenderness L R Flailed Seg. L R ☐ Chest Pain/Pressure Non-Reproducable

GU: ☐ Not Done ☐ Normal ☐ Burning ☐ Discharge ☐ Foreign Body
Blood From: ☐ Rectum ☐ Vagina ☐ Penis ☐ Pain ☐ Painful Urination
Incontinent: ☐ Bladder ☐ Bowel ☐ Priaprism ☐ Genital Injury ☐ Unstable

Abdomen: ☐ Not Done ☐ Normal ☐ Distended ☐ Rigid
Guarding RU LU LL RL Pain/Tenderness RU LU LL RL ☐ Mass

Spine: (Circle)
☐ Not Done — Pain to ROM: C-Spine T-Spine L-Spine
☐ Normal — Tender Para-Spinous: C-Spine T-Spine L-Spine
Tender Spinous Process: C-Spine T-Spine L-Spine

Extremeties ☐ Not Done ☐ Normal Edema UR UL LR LL
+CMS UR UL LR LL Abnormal CMS UR UL LR LL Weakness UR UL LR LL
Pain UR UL LR LL Abnormal Sensation UR UL LR LL Absent Pulse UR UL LR LL
Abnormal Pulse UR UL LR LL Cold Extremety UR UL LR LL

Skin: ☐ Normal ☐ Warm ☐ Cold ☐ Hot ☐ Dry ☐ Clammy ☐ Diaphoretic
☐ Cap Ret <2 Secs. ☐ Cap Ret 2-4 Secs. ☐ Cap Ret >4 Secs. ☐ Pale ☐ Cyanotic
☐ Poor Turgor ☐ Hives ☐ Rash ☐ Jaundice ☐ Mottled ☐ Lividity ☐ Flushed

Glasgow Coma	Eye	Verbal	Motor	Total	GCS Qualifier	☐ No Qualifiers (N) ☐ Intubated (I)	☐ Sedated (S) ☐ Paralyzed (P)

NIH Stroke Scale (see back of sheet) LOC ___ Questions ___ Commands ___ Gaze ___

Assessment - Vital Signs

Time	LOC	B/P	Pulse	Resp.	SpO2	Pain	ECG
	☐ A ☐ V	/			☐ RA		
Gluc.	☐ P ☐ U ☐ n/a	☐ Palp ☐ Unable ☐ N/O	☐ Regular ☐ Reg.-Irreg. ☐ Irreg.-Irreg.	☐ Regular ☐ Reg.-Irreg. ☐ Irreg.-Irreg.	☐ 1-6 L ☐ 7-9 L ☐ 10-25 L	CO2	Defib Joules
	☐ A ☐ V	/			☐ RA		
Gluc.	☐ P ☐ U ☐ n/a	☐ Palp ☐ Unable ☐ N/O	☐ Regular ☐ Reg.-Irreg. ☐ Irreg.-Irreg.	☐ Regular ☐ Reg.-Irreg. ☐ Irreg.-Irreg.	☐ 1-6 L ☐ 7-9 L ☐ 10-25 L	CO2	Defib Joules
	☐ A ☐ V	/			☐ RA		
Gluc.	☐ P ☐ U ☐ n/a	☐ Palp ☐ Unable ☐ N/O	☐ Regular ☐ Reg.-Irreg. ☐ Irreg.-Irreg.	☐ Regular ☐ Reg.-Irreg. ☐ Irreg.-Irreg.	☐ 1-6 L ☐ 7-9 L ☐ 10-25 L	CO2	Defib Joules

☐ Additional Info on page 3

SAMPLE

Treatment

Medication Administration

Time	Medication	Dose	Route	Resp.	Crew #	Time	Medication	Dose	Route	Resp	Crew #

Airway/Intravenous Procedures

Time	Size	Type	Loc.	Fluid/Lock	ATT.	Succ.	Crew #

Procedure **Time:** **Crew #:**
☐ None
☐ Asst Vent. RPM ______
☐ O2 Cannula LPM ______
☐ O2 Mask LPM ______
☐ O2 Neb/BB LPM ______
☐ Nasal Airway Sz. ________
☐ Oral Airway Sz. ________
☐ Suction

Procedure **Time:** **Crew #:**
☐ Glucose Check
☐ Splint Extremety
☐ Splint Traction
☐ Spinal Immob.
☐ Bleeding Contr
☐ Burn Care
☐ OB Care
☐ Other

Procedure
☐ Supraglottic Airway
☐ CPAP
☐ Intubated (ETT)
☐ Ventilator
☐ Crichothyrotomy
☐ NG Tube
☐ Chest Decomp
☐ ECG Monitoring

Procedure
☐ External Pacing
R ______ M ______
☐ Defib/Cardioversion
☐ CPR
☐ IV Access
☐ IO Access
☐ IV Fluids
☐ Medications

Disposition

Receiving Facility: **Facility Diverted From:**

Physician Signature:
DEA#

Facility Notified By ☐ N/A ☐ Unable ☐ Radio ☐ Direct ☐ Cell

12 Lead Communicated In Advance ☐ N/A ☐ Yes ☐ No

Specialty Team Notified ☐ N/A ☐ Stroke Alert ☐ Trauma Alert ☐ STEMI Alert

Procedure Authorization ☐ N/A ☐ Protocal ☐ On-line ☐ On-scene (MD Name) _______________ ☐ Written Order

Drug Box	
Old #	New #

Narcs Accounted For

Reason for Choice
☐ Closest Facility
☐ Patient Choice
☐ Protocol
☐ Specialty Res Ctr
☐ On-line Control
☐ Law Enf. Choice
☐ Insurance Status
☐ Pt's MD Choice
☐ Family Choice
☐ Diversion

Type of Destination
☐ Hospital
☐ Other EMS Unit
☐ Air medical unit
☐ Dr. Office/Clinic
☐ Police/Jail
☐ Other
☐ Nursing Home
☐ Home
☐ Morgue

Incident Dispostion
☐ Tx'd & Transported
☐ Patient Refusal
☐ Tx'd/Went by POV
☐ Tx'd/Transf. Care
☐ Tx'd & Release
☐ EMS Not Needed
☐ Ref to Police
☐ Dead at Scene
☐ Cancelled
☐ No Pt. Found

Turn Around Delay: ☐ N/A - No Delay ☐ Restocking ☐ Drug Box Exchange ☐ Clean Up ☐ Decontamination ☐ Documentation ☐ Staff Delay ☐ Veh. Failure ☐ Other

Func.	Printed Name	Signature	VA. Certification No.
AIC 1			FR EMT Enh. Int. P
DRIV 2			FR EMT Enh. Int. P
ATT 3			FR EMT Enh. Int. P RN MD Oth
ATT 4			FR EMT Enh. Int. P RN MD Oth