

Emergency Report SHORT Form

The idea behind this form is more effective communication with emergency responders.

- 1. Please complete this during the breathing emergency, make a copy and give the copy to the EMS providers.**
- 2. Keep the original to assist you in completing the ENTIRE (2-page) Emergency Report Form and submit to AIRE Nebraska within 14-days.**

**This SHORT report DOES NOT take the place
of the Emergency Report Form!**

It is simply another tool to enhance communication with EMS.

Keep several copies of this in your emergency response bag/kit.

COMPLETE & SUBMIT TO EMS UPON ARRIVAL

Patient Name: _____ DOB: _____ Today's Date: _____

Time symptoms developed: _____ Time EMS called: _____ Time EMS arrived: _____

Asthma Symptoms: (check all symptoms observed or described)

Chest tightness

Shortness of breath

Cyanosis (blue around lips)

Wheezing

Inability to speak

Anxious/restless

Coughing

Retractions

Anaphylaxis Symptoms: (check all symptoms observed or described)

Skin:

Warm

Itching

Flushed

Hives

Stomach:

Pain

Nausea

Vomiting

Diarrhea

Breathing:

Swelling of lips,
mouth, tongue,
throat

▪ Lump or
tightness in throat

▪ Hoarseness

▪ Shortness of
breath

Difficulty inhaling

Mental status:

Apprehension

Anxiety

Irritability

Restlessness

Cardiovascular:

Headache

Fainting

Loss of
consciousness

Rapid heart rate

No pulse

History of asthma? ☐ Yes ☐ No History of severe allergy? ☐ Yes ☐ No Allergen _____

Document medication administered:

quick-relief inhaler nebulized albuterol auto-injectable epinephrine Time administered: _____

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CPR Initiated? NO YES – time: _____ Time EMS left with patient: _____

Comments or further description of emergency: _____

Names and titles of individuals responding to emergency: _____