

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: _____ O2 %; _____

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)

<u>Skin:</u>	<u>Stomach:</u>	<u>Breathing:</u>	<u>Mental status:</u>	<u>Cardiovascular:</u>
Warm	Pain	Swelling of lips,	Apprehension	Headache
Itching	Nausea	mouth, tongue,	Anxiety	Fainting
Flushed	Vomiting	throat	Irritability	Loss of consciousness
Hives	Diarrhea	▪ Lump or tightness in throat	Restlessness	Rapid heart rate
		▪ Hoarseness		No pulse
		▪ Shortness of breath		
		Difficulty inhaling		

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:

