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**EPAB / FIRST RESPONDER ORGANIZATION
EMS INCIDENT REPORT**

FRO: _____ Company: _____

FD Inc #: _____ Date: ____ / ____ / ____ FD Alarm Time: ____ : ____

Inc. Location: _____

Pt Name: _____

Address: _____

SSN: ____ / ____ / ____ DOB: ____ / ____ / ____ Age: ____ (M/F)

SKIN / Capillary Refill <input type="checkbox"/> Absent <input type="checkbox"/> Delayed <input type="checkbox"/> Normal	Parent/ Guardian
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TIME	PULSE	BLOOD PRESSURE	RESP	SPO2	GLUCOSE
:		/			
:		/			
:		/			

PULSE QUALITY Regular Irregular Strong Weak Absent

SKIN CONDITION Moist Dry Warm Cool Pale Blue Red Normal

INITIAL GLASGOW COMA SCALE:	INITIAL TRAUMA SCORE:
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Chief Complaint: _____

Past History: _____

Medications: _____

Allergies: _____ NKDA

Narrative: _____

AMA

RAS

F.D. Sign Off

MedStar Sign Off

_____	_____
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AMA FORM REFUSAL OF TREATMENT / RECHASO DE TRATAMIENTO

This is to certify that I release (FRO) _____ and its employees from liability for any claim arising from or associated with my injuries or condition; and I refuse further treatment even though I am informed and I am aware that my injuries may be serious and may require further treatment.

Esto es para certificar que renuncio de cargos al (FRO) _____ y sus empleados de toda culpabilidad si algun resultado apareciera asociado con mis lastimaduras o condiciones y rechazo todo tratamiento despues que se me ha informado y me consta que mis lastimaduras pueden ser mas serias y despues requieren mas serios tratamientos.

_____/_____/_____
Legal Representative

_____/_____/_____
Witness

_____/_____/_____
EMT-B/Paramedic

RELEASE AT SCENE FORM

Did patient activate 911 for EMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient disoriented or confused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any loss of consciousness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any evidence of alcohol and/or drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any complaints of pain or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any significant mechanism of injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same vehicle DOS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family voicing concerns over patient's refusal?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES is answered to any of the above questions, you MUST complete a Patient Record Form AMA and a Release At Scene cannot be used.

I refuse any medical assessment, evaluation or treatment and refuse to be transported to a medical facility. I hereby release MedStar, the AMAA and the EPAB, their officials, officers, agents, and employees from all liability, claims and causes of action arising from or relating to my decision to refuse medical assessment, evaluation or treatment.

Signature

(_____) - _____
Phone

Parent/Guardian Signature

Relationship

Home Address

_____/_____/_____
Date

I performed a scene assessment and observed that there appears to be no significant mechanism of injury at the scene and it appears _____ has no obvious injury, illness, medical or physical complaints or symptoms.

EMS Personnel Signature

EMS Personnel Printed Name

_____/_____/_____
Date

Incident Number

Unit Number

Witness Signature

Witness Printed Name

REFUSAL TO SIGN

The person named above refused to sign this form.

EMS Personnel Signature

EMS Personnel Printed Name

_____/_____/_____
Date

Incident Number

Unit Number

Witness Signature

Witness Printed Name

Incident Address

City

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INITIAL GLASGOW COMA SCALE WORKSHEET

Eye Opening	Best Verbal Response	Best Motor Response
Spontaneous = 4	Oriented = 5	Obeys Commands = 6
To Voice = 3	Confused = 4	Localizes Pain = 5
To Pain = 2	Inappropriate Words = 3	Withdraws to Pain = 4
None = 1	Incomprehensible Sounds = 2	Flexes to Pain = 3
	None = 1	Extends to Pain = 2
		None = 1

Eye Opening _____ + Verbal _____ + Motor _____

Glasgow Coma Scale Total = _____

INITIAL TRAUMA SCORE WORKSHEET

Systolic Blood Pressure	Respiratory Rate	Glasgow Coma Scale
89 = 4	10—29 = 4	13—15 = 4
76—89 = 3	> 29 = 3	9—12 = 3
50—75 = 2	6—9 = 2	6—8 = 2
1—49 = 1	1—5 = 1	4—5 = 1
0 = 0	0 = 0	3 = 0

CGCS _____ + Blood Pressure _____ + Respiratory _____

Trauma Score = _____

APGAR WORKSHEET

	0	1	2
SKIN COLOR	Cyanosis of Body and Extremities	Extremities Cyanotic / Body Pink	No Cyanosis
HEART RATE	Absent	<100	>100
REFLEX	No Response to Stimulation	Grimace / Feeble Cry to Stimulation	Sneeze / Cough / Pulls Away to Stimulation
MUSCLE TONE	None	Some Flexion	Active Movement
BREATHING	Absent	Weak / irregular	Strong

APGAR at 1 Minute: _____

APGAR at 5 Minutes: _____