

South Dakota RUN REPORT Ver. 1.0 Prehospital Patient Care Chart

Law Enforcement/Crash Report Number		PCR NUMBER		UNIT ID		INCIDENT DATE/TIME						
INCIDENT ADDRESS				INCIDENT CITY		INCIDENT STATE	INCIDENT ZIP CODE					
INCIDENT COUNTY		INCIDENT LOCATION TYPE See Ref. Sheet										
COMPLAINT REPORTED BY DISPATCH See Ref. Sheet		PRIMARY PAYMENT See Ref. Sheet	EMERGENCY MEDICAL DISPATCH PERFORMED <input type="checkbox"/> No <input type="checkbox"/> Yes w/pre-arrival instructions <input type="checkbox"/> Not Known <input type="checkbox"/> Yes w/out pre-arrival instructions			MILEAGE _____ Out _____ Scene _____ Destination _____ In						
INCIDENT/PATIENT DISPOSITION <input type="checkbox"/> Treated, Transport EMS <input type="checkbox"/> No Patient Found <input type="checkbox"/> Treated, Transferred care <input type="checkbox"/> Treated, Transported Law Enforcement <input type="checkbox"/> Cancelled <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Pt Refused Care <input type="checkbox"/> Treated & Released <input type="checkbox"/> Dead at Scene <input type="checkbox"/> Treated, Transported Private Vehicle												
NUMBER OF PATIENTS ON SCENE <input type="checkbox"/> Single <input type="checkbox"/> None <input type="checkbox"/> Multiple		MASS CASUALTY <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF SERVICE REQUESTED <input type="checkbox"/> 911 Response (Scene) <input type="checkbox"/> Intercept <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Medical Transport <input type="checkbox"/> Interfacility Transfer <input type="checkbox"/> Standby			PRIMARY ROLE OF THE UNIT <input type="checkbox"/> Transport <input type="checkbox"/> Non-transport <input type="checkbox"/> Supervisor <input type="checkbox"/> Rescue						
TYPE OF DELAY (If Applicable) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">DISPATCHER <input type="checkbox"/> None-N/A <input type="checkbox"/> Not known <input type="checkbox"/> Caller Uncooperative <input type="checkbox"/> High Call Volume <input type="checkbox"/> Language Barrier <input type="checkbox"/> Location (Inability to obtain) <input type="checkbox"/> No Unit Available <input type="checkbox"/> Safety Conditions <input type="checkbox"/> Technical Failure <input type="checkbox"/> Other </td> <td style="width: 25%; border: none;">RESPONSE <input type="checkbox"/> None-N/A <input type="checkbox"/> Crowd <input type="checkbox"/> Directions <input type="checkbox"/> Distance <input type="checkbox"/> Diversion <input type="checkbox"/> Hazmat <input type="checkbox"/> Safety Conditions <input type="checkbox"/> Staff Delay <input type="checkbox"/> Traffic <input type="checkbox"/> Vehicle Crash <input type="checkbox"/> Vehicle Failure <input type="checkbox"/> Weather <input type="checkbox"/> Other </td> <td style="width: 25%; border: none;">SCENE <input type="checkbox"/> None-N/A <input type="checkbox"/> Crowd <input type="checkbox"/> Directions <input type="checkbox"/> Distance <input type="checkbox"/> Diversion <input type="checkbox"/> Extrication>20 Min <input type="checkbox"/> Hazmat <input type="checkbox"/> Language Barrier <input type="checkbox"/> Safety Conditions <input type="checkbox"/> Staff Delay <input type="checkbox"/> Traffic <input type="checkbox"/> Vehicle Crash <input type="checkbox"/> Vehicle Failure <input type="checkbox"/> Weather <input type="checkbox"/> Other </td> <td style="width: 25%; border: none;">TRANSPORT <input type="checkbox"/> None-N/A <input type="checkbox"/> Crowd <input type="checkbox"/> Directions <input type="checkbox"/> Distance <input type="checkbox"/> Diversion <input type="checkbox"/> Hazmat <input type="checkbox"/> Safety Conditions <input type="checkbox"/> Staff Delay <input type="checkbox"/> Traffic <input type="checkbox"/> Vehicle Crash <input type="checkbox"/> Vehicle Failure <input type="checkbox"/> Weather <input type="checkbox"/> Other </td> <td style="width: 25%; border: none;">RETURN <input type="checkbox"/> None-N/A <input type="checkbox"/> Clean up <input type="checkbox"/> Decontamination <input type="checkbox"/> Documentation <input type="checkbox"/> ED Overcrowding <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Equipment Replenishment <input type="checkbox"/> Other <input type="checkbox"/> Staff Delay <input type="checkbox"/> Vehicle Failure </td> </tr> </table>								DISPATCHER <input type="checkbox"/> None-N/A <input type="checkbox"/> Not known <input type="checkbox"/> Caller Uncooperative <input type="checkbox"/> High Call Volume <input type="checkbox"/> Language Barrier <input type="checkbox"/> Location (Inability to obtain) <input type="checkbox"/> No Unit Available <input type="checkbox"/> Safety Conditions <input type="checkbox"/> Technical Failure <input type="checkbox"/> Other	RESPONSE <input type="checkbox"/> None-N/A <input type="checkbox"/> Crowd <input type="checkbox"/> Directions <input type="checkbox"/> Distance <input type="checkbox"/> Diversion <input type="checkbox"/> Hazmat <input type="checkbox"/> Safety Conditions <input type="checkbox"/> Staff Delay <input type="checkbox"/> Traffic <input type="checkbox"/> Vehicle Crash <input type="checkbox"/> Vehicle Failure <input type="checkbox"/> Weather <input type="checkbox"/> Other	SCENE <input type="checkbox"/> None-N/A <input type="checkbox"/> Crowd <input type="checkbox"/> Directions <input type="checkbox"/> Distance <input type="checkbox"/> Diversion <input type="checkbox"/> Extrication>20 Min <input type="checkbox"/> Hazmat <input type="checkbox"/> Language Barrier <input type="checkbox"/> Safety Conditions <input type="checkbox"/> Staff Delay <input type="checkbox"/> Traffic <input type="checkbox"/> Vehicle Crash <input type="checkbox"/> Vehicle Failure <input type="checkbox"/> Weather <input type="checkbox"/> Other	TRANSPORT <input type="checkbox"/> None-N/A <input type="checkbox"/> Crowd <input type="checkbox"/> Directions <input type="checkbox"/> Distance <input type="checkbox"/> Diversion <input type="checkbox"/> Hazmat <input type="checkbox"/> Safety Conditions <input type="checkbox"/> Staff Delay <input type="checkbox"/> Traffic <input type="checkbox"/> Vehicle Crash <input type="checkbox"/> Vehicle Failure <input type="checkbox"/> Weather <input type="checkbox"/> Other	RETURN <input type="checkbox"/> None-N/A <input type="checkbox"/> Clean up <input type="checkbox"/> Decontamination <input type="checkbox"/> Documentation <input type="checkbox"/> ED Overcrowding <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Equipment Replenishment <input type="checkbox"/> Other <input type="checkbox"/> Staff Delay <input type="checkbox"/> Vehicle Failure
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PATIENT LAST NAME				PATIENT FIRST NAME		MI						
PATIENT ADDRESS <input type="checkbox"/> SAME AS INCIDENT				PATIENT CITY		PATIENT STATE	PATIENT ZIP CODE					
AGE	SSN	DATE OF BIRTH	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male		RACE	ETHNICITY						
CURRENT MEDICATIONS			ALLERGIES		PERTINENT HISTORY							
INJURY PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No	CAUSE OF INJURY See Ref. Sheet		TYPE OF INJURY <input type="checkbox"/> Blunt <input type="checkbox"/> Penetrating <input type="checkbox"/> Burn <input type="checkbox"/> Not Known		ALCOHOL/DRUG USE INDICATORS <input type="checkbox"/> None <input type="checkbox"/> Pt admits to drug use <input type="checkbox"/> Smell of alcohol on breath <input type="checkbox"/> Pt admits to alcohol use <input type="checkbox"/> Alcohol and/or drug paraphernalia at scene							
CHIEF COMPLAINT						CONDITION CODE See Ref. Sheet						
CHIEF COMPLAINT ANATOMIC LOCATION <input type="checkbox"/> Abdomen <input type="checkbox"/> Extremity Lower <input type="checkbox"/> General/Global <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Extremity Upper <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Genitalia				CHIEF COMPLAINT ORGAN SYSTEM <input type="checkbox"/> Cardiovascular <input type="checkbox"/> CNS/Neuro <input type="checkbox"/> Endocrine/Metabolic <input type="checkbox"/> Renal <input type="checkbox"/> GI <input type="checkbox"/> Global <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Skin <input type="checkbox"/> OB/GYN <input type="checkbox"/> Phych <input type="checkbox"/> Pulmonary								
CARDIAC ARREST <input type="checkbox"/> Yes, Prior to Arrival <input type="checkbox"/> Yes, After Arrival <input type="checkbox"/> No	RESUSCITATION <input type="checkbox"/> Defibrillation <input type="checkbox"/> Ventilation <input type="checkbox"/> Chest Compressions		None-DOA <input type="checkbox"/> None-DNR <input type="checkbox"/> None-Signs of life		CAUSE OF CARDIAC ARREST <input type="checkbox"/> Presumed Cardiac <input type="checkbox"/> Respiratory <input type="checkbox"/> Unknown <input type="checkbox"/> Trauma <input type="checkbox"/> Electrocutation <input type="checkbox"/> Drowning <input type="checkbox"/> Other							
USE OF SAFETY EQUIPMENT <input type="checkbox"/> N/A <input type="checkbox"/> Lap Belt <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Not Known <input type="checkbox"/> Helmet Worn <input type="checkbox"/> Protective Non-Clothing Gear <input type="checkbox"/> Other <input type="checkbox"/> Child Restraint <input type="checkbox"/> Eye Protection <input type="checkbox"/> Personal Floatation Device				AIRBAG DEPLOYMENT <input type="checkbox"/> None Present <input type="checkbox"/> Deployed Front <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed Side <input type="checkbox"/> Deployed Other								
BARRIERS TO EFFECTIVE CARE <input type="checkbox"/> Development Impaired <input type="checkbox"/> Physically Impaired <input type="checkbox"/> Unattended/Unsupervised <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Unconscious <input type="checkbox"/> Language <input type="checkbox"/> Speech Impaired												
RESPONSE MODE		TRANSPORT MODE		Initial Call for Help		:	Unit Left Scene					
<input type="checkbox"/> ← Lights/Sirens → <input type="checkbox"/>		<input type="checkbox"/>		Unit Notified (Dispatch)		:	Patient arrived at Destination					
<input type="checkbox"/> ← No Lights/No Sirens → <input type="checkbox"/>		<input type="checkbox"/>		Unit En Route		:	Incident Completed					
<input type="checkbox"/> ← Initial Lights/Sirens Downgraded to no Lights/Sirens → <input type="checkbox"/>		<input type="checkbox"/>		Arrive on Scene		:	Available for Next Incident					
<input type="checkbox"/> ← Initial No Lights/Sirens Upgraded to Lights/Sirens → <input type="checkbox"/>		<input type="checkbox"/>		Arrived at PT.		:	Unit back at Quarters					
PRIOR AID See Ref. Sheet PERFORMED BY		MEDICATIONS/ PROCEDURES			OUTCOME							

