South Dakota EMS Patient First Care Form

(The ambulance service will complete the official Electronic Patient Care Report form and provide to the receiving facility once completed)

SOUTH DAKOTA DEPARTMENT OF HEALTH

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

COMPLAINT REPORTED BY DISPATCH	PRIMARY PAYMENT	EMERGENCY MEDICAL DISPATCH PERFORMED	MILEAGE
		☐ No ☐ Yes w/pre-arrival instructions ☐ Not Known ☐ Yes w/out pre-arrival instructions	_____ Out _____ Scene _____ Destination _____ In

INCIDENT/PATIENT DISPOSITION

☐ Treated, Transport EMS ☐ No Patient Found ☐ Treated, Transferred care ☐ Treated, Transported Law Enforcement
☐ Cancelled ☐ No Treatment Required ☐ Pt Refused Care
☐ Treated & Released ☐ Dead at Scene ☐ Treated, Transported Private Vehicle

NUMBER OF PATIENTS ON SCENE	MASS CASUALTY	TYPE OF SERVICE REQUESTED	PRIMARY ROLE OF THE UNIT
☐ Single ☐ None ☐ Multiple	☐ Yes ☐ No	☐ 911 Response (Scene) ☐ Intercept ☐ Mutual Aid ☐ Medical Transport ☐ Interfacility Transfer ☐ Standby	☐ Transport ☐ Non-transport ☐ Supervisor ☐ Rescue

TYPE OF DELAY (If Applicable)

DISPATCHER	RESPONSE	SCENE	TRANSPORT	RETURN
☐ None-N/A	☐ None-N/A	☐ None-N/A	☐ None-N/A	☐ None-N/A
☐ Not known	☐ Crowd	☐ Crowd	☐ Crowd	☐ Clean up
☐ Caller Uncooperative	☐ Directions	☐ Directions	☐ Directions	☐ Decontamination
☐ High Call Volume	☐ Distance	☐ Distance	☐ Distance	☐ Documentation
☐ Language Barrier	☐ Diversion	☐ Diversion	☐ Diversion	☐ ED Overcrowding
☐ Location (Inability to obtain)	☐ Hazmat	☐ Extrication>20 Min	☐ Hazmat	☐ Equipment Failure
☐ No Unit Available	☐ Safety Conditions	☐ Hazmat	☐ Safety Conditions	☐ Equipment Replenishment
☐ Safety Conditions	☐ Staff Delay	☐ Language Barrier	☐ Staff Delay	☐ Other
☐ Technical Failure	☐ Traffic	☐ Safety Conditions	☐ Traffic	☐ Staff Delay
☐ Other	☐ Vehicle Crash	☐ Staff Delay	☐ Vehicle Crash	☐ Vehicle Failure
	☐ Vehicle Failure	☐ Traffic	☐ Vehicle Failure	
	☐ Weather	☐ Vehicle Crash	☐ Weather	
	☐ Other	☐ Vehicle Failure	☐ Other	
		☐ Weather		
		☐ Other		

PATIENT LAST NAME	PATIENT FIRST NAME	MI

PATIENT ADDRESS ☐ SAME AS INCIDENT	PATIENT CITY	PATIENT STATE	PATIENT ZIP CODE

AGE	SSN	DATE OF BIRTH	GENDER	RACE	ETHNICITY
			☐ Female ☐ Male		

CURRENT MEDICATIONS	ALLERGIES	PERTINENT HISTORY

INJURY PRESENT	CAUSE OF INJURY	TYPE OF INJURY	ALCOHOL/DRUG USE INDICATORS
☐ Yes ☐ No		☐ Blunt ☐ Penetrating ☐ Burn ☐ Not Known	☐ None ☐ Pt admits to drug use ☐ Smell of alcohol on breath ☐ Pt admits to alcohol use ☐ Alcohol and/or drug paraphernalia at scene

CHIEF COMPLAINT	CONDITION CODE See Ref. Sheet

CHIEF COMPLAINT ANATOMIC LOCATION

☐ Abdomen ☐ Extremity Lower ☐ General/Global
☐ Chest ☐ Back ☐ Extremity Upper
☐ Head ☐ Neck ☐ Genitalia

CHIEF COMPLAINT ORGAN SYSTEM

☐ Cardiovascular ☐ CNS/Neuro ☐ Endocrine/Metabolic ☐ Renal
☐ GI ☐ Global ☐ Musculoskeletal ☐ Skin
☐ OB/GYN ☐ Phych ☐ Pulmonary

CARDIAC ARREST	RESUSCITATION	CAUSE OF CARDIAC ARREST
☐ Yes, Prior to Arrival ☐ Yes, After Arrival ☐ No	☐ Defibrillation ☐ None-DOA ☐ Ventilation ☐ None-DNR ☐ Chest Compressions ☐ None-Signs of life	☐ Presumed Cardiac ☐ Respiratory ☐ Unknown ☐ Trauma ☐ Electrocution ☐ Drowning ☐ Other

USE OF SAFETY EQUIPMENT

☐ N/A ☐ Lap Belt ☐ Shoulder Belt ☐ Protective Clothing
☐ Not Known ☐ Helmet Worn ☐ Protective Non-Clothing Gear ☐ Other
☐ Child Restraint ☐ Eye Protection ☐ Personal Floatation Device

AIRBAG DEPLOYMENT

☐ None Present ☐ Deployed Front
☐ Not Deployed ☐ Deployed Side
☐ Deployed Other

BARRIERS TO EFFECTIVE CARE

☐ Development Impaired ☐ Physically Impaired ☐ Unattended/Unsupervised ☐ Hearing Impaired
☐ Physical Restraint ☐ Unconscious ☐ Language ☐ Speech Impaired

RESPONSE MODE **TRANSPORT MODE**

☐ ← Lights/Sirens → ☐
☐ ← No Lights/No Sirens → ☐
☐ ← Initial Lights/Sirens Downgraded to no Lights/Sirens → ☐
☐ ← Initial No Lights/Sirens Upgraded to Lights/Sirens → ☐

Initial Call for Help	:	Unit Left Scene	:
Unit Notified (Dispatch)	:	Patient arrived at Destination	:
Unit En Route	:	Incident Completed	:
Arrive on Scene	:	Available for Next Incident	:
Arrived at PT.	:	Unit back at Quarters	

PRIOR AID

PERFORMED BY	MEDICATIONS/ PROCEDURES	OUTCOME

PCR NUMBER	UNIT ID	INCIDENT DATE

TRAUMA TEAM ALERT

Physiological Absolutes:

Adult:
- ☐ GCS < 10
- ☐ BP < 90
- ☐ Pulse > 120

Child:
The Pediatric Assessment Triangle Should be the basis for all pediatric Emergencies.

Anatomic Absolutes:
- ☐ Pen injuries to chest, abdomen, head, neck
- ☐ Limb Paralysis (associated with trauma)
- ☐ Flail chest
- ☐ Amputation proximal to wrist or ankle

Strong degree of suspicion
- ☐ Pelvic Fractures
- ☐ Falls from 2 times height of pt.
- ☐ Pts. Involved with high energy MVA
- ☐ Death of occupant (same compartment)
- ☐ Auto-Ped/Bicycle with > 5 MPH
- ☐ Ped thrown or run over
- ☐ Significant rec vehicle/farm incident
- ☐ Significant injury associated with Large animal

Co-morbidities
- ☐ Age < 5 or > 55
- ☐ Pregnancy
- ☐ Chronic medical illness

SYMPTOMS PRIMARY=P ASSOCIATED=A

P	A	
☐	☐	None
☐	☐	Bleeding
☐	☐	Breathing
☐	☐	Changes in Responsiveness
☐	☐	Choking
☐	☐	Death
☐	☐	Device/Equip Prob
☐	☐	Diarrhea
☐	☐	Drainage/Discharge
☐	☐	Fever
☐	☐	Malaise
☐	☐	Mass/Lesion
☐	☐	Mental/Psych
☐	☐	Nausea/Vomiting
☐	☐	Pain
☐	☐	Palpitations
☐	☐	Rash/Itching
☐	☐	Swelling
☐	☐	Transport Only
☐	☐	Weakness
☐	☐	Wound

PROVIDER IMPRESSION PRIMARY=P SECONDARY=S

P	S		P	S		P	S	
☐	☐	Abd pain	☐	☐	Electrocution	☐	☐	Resp arrest
☐	☐	Airway obstruct	☐	☐	Hyperthermia	☐	☐	Resp distress
☐	☐	Allergic rxn	☐	☐	Hypothermia	☐	☐	Seizure
☐	☐	Altered LOC	☐	☐	Hypovolemia/shock	☐	☐	Sexual assault/rape
☐	☐	Behavior/psych	☐	☐	Inhalation/toxic gas	☐	☐	Stings/bites
☐	☐	Cardiac arrest	☐	☐	Inhalation/smoke	☐	☐	Stroke/CVA
☐	☐	Cardiac arrhythmia	☐	☐	Death	☐	☐	Syncope
☐	☐	Chest pain	☐	☐	Poisoning/drug OD	☐	☐	Injury
☐	☐	Diabetic	☐	☐	OB/delivery	☐	☐	Vag bleed

MEDICATIONS

TIME	MEDICATION	DOSE	ROUTE	REACTIONS
:				
:				
:				
:				
:				

INTERVENTIONS/PROCEDURES

TIME	PROCEDURE	# ATTEMPTS	SUCCESSFUL	COMPLICATIONS
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	

VITAL SIGNS

TIME	PULSE	SYS BP	DIA BP	RESP	O2 SAT	GCS EYE	GCS VERBAL	GCS MOTOR
:								
:								
:								
:								
:								

ADV DIRECTIVE
- ☐ ComfortOne
- ☐ Family Request DNR (no form)
- ☐ Living Will
- ☐ Other Healthcare DNR
- ☐ None
- ☐ Other

DESTINATION

TYPE OF DESTINATION
- ☐ Hosp ED/OR/L&D
- ☐ Other EMS (air)
- ☐ Other EMS (ground)
- ☐ Other

REASON FOR CHOOSING DESTINATION
- ☐ Closest
- ☐ Diversion
- ☐ Family Choice
- ☐ Insurance
- ☐ Law Enforcement Choice
- ☐ On-line Med Control
- ☐ Other
- ☐ Pt. Choice
- ☐ Pt. Physician's Choice
- ☐ Protocol

ED DISPOSITION
- ☐ Admit-floor
- ☐ Admit-ICU
- ☐ Death
- ☐ Discharge
- ☐ Transfer-other hosp

HOSPITAL DISPOSITION
- ☐ Death
- ☐ Discharge
- ☐ Transfer-other hosp
- ☐ Transfer-nursing home
- ☐ Transfer-other
- ☐ Transfer-rehab

NARRATIVE

CREW MEMBER (Driver)	CREW MEMBER (Primary Provider-Report Author)	CREW MEMBER (Secondary Provider)
CREW MEMBER	**CREW MEMBER**	**CREW MEMBER**