

EMS RADIO REPORT

Date: ___/___/___ Time: ___:___ Agency/Unit #: _____

Pt Age: ___ Sex: M ___ F ___ Priority: I ___ II ___ III ___ IV ___

Chief Complaint: _____

History: _____ Meds: _____

Meds given: _____ Allergies: _____

Vitals: BP: ___/___ P: ___ R: ___ T: ___ GCS: _____

Blood Glucose: ___ MGDL Room Air SA O2: ___% SA O2 W / O2: ___ CPAP: _____

IV # 1 Site: _____ Rate: ___ #2 Site: _____ Rate: _____

Cardiac

12 Lead ECG received Y ___ N ___ STEMI Y ___ N ___ Cardiac Rhythm: _____

ECG shown to DR. _____ at ___:___ Time of Activation

___:___

Cardiologist: _____

Cath lab fax 23587

CVA Symptoms

Onset of symptoms: ___:___ Last known well time ___:___ Cincinnati
Scale

TRAUMA

Mechanism of injury: _____

C-Collar: ___ Back board: ___ LOC: Y ___ N ___ Minutes Extrication Y ___ N ___ Minutes: ___.

Activation time ___:___ Level: ___ Speed: ___ Fall Height: ___ Ft. GCS: _____

Staff taking report _____ ETA: _____

PATIENT LABEL