

McLaren Northern Michigan
Cheboygan Campus

EMS LOG

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Cheboygan Campus

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RN/MD/Medic Initials: _____
(required)

Date: _____ EMS Service: _____ Priority: _____ Pt initials/DOB: _____

Time contacted: _____ Age: _____ C/O: _____ ETA: _____

B/P	Pulse	Resp	ECG	SaO ₂ / Oxygen

Summary of Pt/Care: _____

IV

Blood Glucose

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MNM-42 EMS Log Book (4.24)

Trauma Activation (circle one) Level 1 – Full Level 2 – Partial Time Called: _____

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