McLaren Northern Michigan Cheboygan Campus

EMS LOG

McLaren Northern Michigan Cheboygan Campus

EMS LOG

Mclaren-Northern Michigan FMS LOG

| KN/NID/NIEGIC INI | (required) | | | |
|--|---|--------------------------|-----------------------------|---|
| | | Priority: | Pt initials/D | OB: |
| Time contacted: | Age: C/O: | | ETA: | |
| B/P | Pulse | Resp | ECG | SaO₂ / Oxygen |
| | | | | |
| | | | | |
| Summary of Pt/Care: | | | | |
| | | | | IV |
| | | | | od Glucose |
| | | | | |
| | | | | |
| | | | | MNM-42 EMS Log Book (|
| Trauma Activation | (circle one) Level 1 | – Full Level 2 – Partial | | en-Northern Michig |
| | tials: | | Mclare | |
| RN/MD/Medic Ini | tials:(required) | | Mclare | en-Northern Michig |
| RN/MD/Medic Ini Date: | tials:(required) EMS Service: | | Mclare Pt initials/D | en-Northern Michig |
| RN/MD/Medic Ini Date: | tials:(required) EMS Service: | Priority: | Mclare Pt initials/D | en-Northern Michig EMS LOC |
| RN/MD/Medic Ini Date: Time contacted: | tials: (required) EMS Service: Age: C/O: | Priority: | Mclare Pt initials/D | en-Northern Michig EMS LOC OB: |
| RN/MD/Medic Ini Date: Time contacted: | tials: (required) EMS Service: Age: C/O: | Priority: | Mclare Pt initials/D | en-Northern Michig EMS LOC OB: |
| RN/MD/Medic Ini Date: Time contacted: B/P | tials: (required) EMS Service: C/O: Age: C/O: Pulse | Priority: Resp | Mclare Pt initials/D E | en-Northern Michig EMS LOC OB: |
| RN/MD/Medic Ini Date: Time contacted: B/P | tials: (required) EMS Service: C/O: Age: C/O: Pulse | Priority: | Mclare Pt initials/D E | en-Northern Michig EMS LOC OB: TA: SaO ₂ / Oxygen |
| RN/MD/Medic Ini Date: Time contacted: B/P | tials: (required) EMS Service: C/O: Age: C/O: Pulse | Priority: Resp | Mclare Pt initials/D E ECG | en-Northern Michig EMS LOC OB: |
| RN/MD/Medic Ini Date: Time contacted: B/P | tials: (required) EMS Service: C/O: Age: C/O: Pulse | Priority: Resp | Mclare Pt initials/D E ECG | en-Northern Michig EMS LOC OB: TA: SaO ₂ / Oxygen |