

MACOMB **EMERGENCY EPISODE SHEET**

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Date		_/	/		_ T	ime					_		
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HOW EMERGENCY RECOGNIZED: ☐ Found Unresponsive ☐ By Monitor						☐ Witnessed ☐ Pulseless ☐ Apr				TYPE: ☐ Cardiac ☐ Res			☐ Other
☐ CPR	ation en: N :	lode	A	·		NCY ROOF NaHCO3 Dopamine Lidocaine Atropine Lidocaine Amiodaror	gtt _	Y) am am am am am am am am am	nt nt nt nt	oonse to	treatment p	rior to	o arrival:
INITIAL ASSESSMENT: AIRWAY: BREATHING: CIRCULATION: Method:													Pulse
TIME	A D	- D-D	Dlaudlaus	D.fib/I	F:	A 4	A! a	Other	DET OO	No			
TIME	AR	BP	Rnytnm	Defib/J	Ері	Atropine	Amio	Other	PET CO ₂		pressin x1		
										□ vasc	pressin x i		
5						-							
Patient o	utcom	ne:											
		4!				N-4							
			_	rated Pro	_								
Nurse Sig	gnatu	re						Physici	an Signa	ature			

Return part 2 to Apache office.

