Boulder County Agency Patient Record / Agency reporting _____

Date	Location of incident	Pt. Name
Run #	Dispatch Information	Age DOB Sex ☐M ☐F
Time Toned	Chief Complaint	Pt. Address
Enroute	Call Address Toned	
Arrival	Location ☐ Residence ☐ Traffic > 55 mph > 55 mph☐ Rec Area ☐ Other *	
Lv Scene	☐Abd pain ☐All reaction ☐Behavioral ☐Chest Pain ☐Choking ☐ Stroke/ TIA	
Destination	☐Diabetic ☐Dyspnea ☐Dysrhythmia ☐GI Bleed ☐Hypothermia ☐SZ	Telephone #
Cancel/ Ins	Medical ☐ Trauma☐ ☐ Other	Next of Kin / Guardian

Vital Signs * Explain All Abnormal findings in Narrative

Time	Pulse	B.P.	Resp	Skin	SpO2	*Pupils*	*GCS*	*Time*	*Pulse*	*B.P.*	Resp	Skin	SpO2	*Pupils*	*GCS*
		/								/					
		/								/					
		/								/					

Protection:
☐Shoulder Belt
☐Lap Belt
☐Child Seat ☐Helmet
☐Airbag
☐None

Chief Complaint/ Mechanism of Injury/ Nature of Illness:_____

Past Medical History:	Medications(Include new meds over past 30 days)
Allergies:	

Assessment Findings Including: Mental Status/ Neuro, HEENT, Chest, Lungs, Heart, Abdomen, GU/GI,OB/GYN, Extremities, Back

Intervention	Time	Action
Airway		☐Open ☐Clear ☐Secure ☐Suction ☐SpO2 Room Air____ with O2____ @ __ B.S. ☐Clear ☐Equal ☐Wheeze ☐Course ☐_____
		ADJUNCTS : ☐NPA ☐OPA ☐NRB ☐Nasal Cannula ☐BVM O2 @ ____LPM _____ ☐King size____ ☐CPAP____
	-	INTUBATION: ☐Oral ☐Nasal ET Size___ Attempts x___ ☐EtCO2 ☐ Nebulized w/☐Albuterol __x__ ☐ Ipratropium ___Time_____
Monitor		☐4 Lead ☐12 Lead _____
AED/ Defib		☐AED ☐No Shock ☐CPR ☐Defib (Energy & Times) _____
Spinals		☐C-Collar ☐Backboard ☐Scoop ☐KED ☐Vacuum Splint ☐Other_____ SMOE: ☐Pre-Spinals x _____ ☐Post-Spinals x_____
Splint		☐Traction ☐Rigid ☐ _____ ☐RA ☐LA ☐RL ☐LL CMS: Pre-Splint ☐Circ ☐Move ☐Sense / Post-Splint: ☐Circ ☐Move ☐Sense
IV/IO		Gauge___ Location _____ Rate ____ Solution: ☐NSS ☐LR ☐Other_____ BGL____ mg/dl Attempts: ____ By:_____
IV/IO		Gauge___ Location _____ Rate ____ Solution: ☐NSS ☐LR ☐Other_____ Attempts: ____ By:_____

Time	Rx	Dose	Route	Response	Time	Rx	Dose	Route	Response

Call Outcome: Transferred to ☐Facility ☐Agency_____ ☐Cancelled ☐Refusal ☐Treat &Release ☐Field DOA ☐CPR ____ ALS Arrival_____

Responders Name_____ Signature_____ Certification Level_____

White: Agency Copy Yellow& Pink Copies: Rec. hospital