❑BLS ❑LALS ❑ALS **GENESEE COUNTY MEDICAL CONTROL AUTHORITY AMBULANCE RUN RECORD**

DATE_____SERVICE_____RUN #_____

VEH I.D.25-_____DESTINATION_____ TRANS PRIOR I II III IV

INCIDENT LOCATION_____

INCIDENT TWP/CITY_____BASE#_____ZIP_____

	Call	Start	Scene	Depart	Dest.	ALS Req/ON	Final Disposition		Determined By			
Time							ALS		EMT		EMT-P	
Mileage							BLS		HOSP		ALS/NA	

Communications: HERN UHF FAILED OTHER_____

Destination: ❑ No Pref. ❑ Patient/Family Pref. ❑ Closest ❑ Closest Diverted ❑ Specialty Facility

Name_____ ❑ M ❑ F Age_____

Address_____DOB_____

City_____State_____Zip_____

Phone ( )_____Physician_____

SS#_____Next of Kin_____

Insurance Co._____Coverage Code_____

Plan Code_____Group #_____

Contract #_____

Medicare #_____Medicaid #_____

Allergies_____

Medical History: ASTHMA, CARDIAC, COPD, DIABETES, HYPERTENSION, SEIZURE, CHF.

Other_____

Current medications:_____

CAR SEAT YES / NO SEAT BELTS YES / NO HELMET YES / NO BIRTH TIME(S) _____

Dispatch Info_____T-1_____T-2_____

Chief Complaint_____

Narrative_____

PATIENT ASSESSMENT CHECKLIST

PUPILS: ❑ NORMAL REACTIVE ❑ FIXED & DILATED ❑ OTHER_____

SKIN: ❑ NORMAL ❑ HOT ❑ COLD ❑ DIAPHORETIC

SKIN COLOR: ❑ NORMAL ❑ PALE ❑ ASHEN ❑CYANOTIC ❑ FLUSHED

PULSE: ❑ NORMAL ❑ WEAK ❑ IRREG ❑ ABSENT ❑ BOUNDING

BREATH SOUNDS: ❑ NORMAL ❑ WHEEZE ❑ RALES ❑ STRIDOR ❑ ABSENT ❑ LABORED ❑ OTHER_____

ABDOMEN: ❑ SOFT ❑ RIGID ❑ DISTENDED ❑HOT

SKELETAL MUSCLE : SENSORY DEFICIT ❑YES ❑NO
ARM ❑R ❑L LEG ❑R ❑L
MOTOR DEFICIT ❑YES ❑NO
ARM ❑R ❑L LEG ❑R ❑L

PAIN SCALE: _____ BEFORE MEDICATION _____ AFTER MEDICATION

	B/P	Pulse	Resp	GCS	TEMP	SAO2	Glucose
TIME	COURSE OF TREATMENT			MEDICATIONS			PTCL/MC

PATIENT MANAGEMENT

AIRWAY ❑ PATENT ❑ ORAL ❑ NASO ❑ SUCTION
❑ DLA ❑ ET#_____ ❑ FAILED ET ATTEMPTS

SPINAL ❑ C-COLLAR ❑ CID ❑ LONG ❑ SHORT

OXYGEN ❑ NASAL ❑ MASK ❑ BVM_____L/MIN

LIMB ❑ PILLOW ❑ BOARD ❑ AIR_____

SPLINTS ❑ TRACTION ❑ PULSE BEFORE ❑ PULSE AFTER

BLEEDING ❑BANDAGE (MNR) ❑BANDAGE (MJR) ❑PRESSURE DRESSING

FAILED IV/IO ATTEMPTS_____ EXTRICATION MINUTES_____

DRUG BOX # NEW OLD NARCOTICS WASTE:
A-PACK # NEW OLD

DRIVER_____PARAMEDIC_____EMT_____OTHER_____

RECORDED BY_____MD/DO SIGNATURE_____MD/DO PRINTED_____

White – Agency / Canary – Hospital / Pink – PSRO / Goldenrod - Pharmacy