

Patient Care Report

Time	Pulse	Resp	BP	Pulse Ox	Lung Sounds	Skin	Cap Refil	
:							<input type="checkbox"/> < 2 Sec	<input type="checkbox"/> > 2 sec
:							<input type="checkbox"/> < 2 Sec	<input type="checkbox"/> > 2 sec
:							<input type="checkbox"/> < 2 Sec	<input type="checkbox"/> > 2 sec

Glasgow Coma Score			Oxygen	Immobilization
Eye <input type="checkbox"/> 4 Spontaneous <input type="checkbox"/> 3 To Voice <input type="checkbox"/> 2 To Pain <input type="checkbox"/> 1 None	Verbal <input type="checkbox"/> 5 Oriented <input type="checkbox"/> 4 Confused <input type="checkbox"/> 3 Inappropriate <input type="checkbox"/> 2 Garbled <input type="checkbox"/> 1 None	Motor <input type="checkbox"/> 6 Obeys Commands <input type="checkbox"/> 5 Localizes Pain <input type="checkbox"/> 4 Withdraw to Pain <input type="checkbox"/> 3 Decorticate <input type="checkbox"/> 2 Decerebrate <input type="checkbox"/> 1 None	LPM _____ <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Non-Rebreather <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Combi-Tube <input type="checkbox"/> ET Intubation <input type="checkbox"/> Other _____	C-Collar <input type="checkbox"/> Backboard <input type="checkbox"/> Vacuum Board <input type="checkbox"/> Pedi Board <input type="checkbox"/> Vacuum Splint <input type="checkbox"/> Traction Splint <input type="checkbox"/> Foam Splint
Total: _____				<input type="checkbox"/> CID <input type="checkbox"/> Straps <input type="checkbox"/> KED/XP1 <input type="checkbox"/> Splint <input type="checkbox"/> Pillow <input type="checkbox"/> Other

Interventions

Time	Medication/Treatment	Provider	Comments
:			
:			
:			

ALS Providers Only

Time	Solution	Gauge	Location	Provider	Comments
:	<input type="checkbox"/> Lock <input type="checkbox"/> NS <input type="checkbox"/> Other			<input type="checkbox"/> S <input type="checkbox"/> U	
:	<input type="checkbox"/> Lock <input type="checkbox"/> NS <input type="checkbox"/> Other			<input type="checkbox"/> S <input type="checkbox"/> U	

Rhythm Interpretation

Time	Rate	Interpretation	Provider	Electrical Intervention			
:				<input type="checkbox"/> Defib	<input type="checkbox"/> Pace	<input type="checkbox"/> Cardiovert	<input type="checkbox"/> Joules
:				<input type="checkbox"/> Defib	<input type="checkbox"/> Pace	<input type="checkbox"/> Cardiovert	<input type="checkbox"/> Joules

Attach Strip Here:

Administrative Review - EMS Coordinator/BTC Clinical Coordinator Only

Approved for: ALS BLS Team Member Team Leader

Administrative Review Completed On: _____ / _____ / _____

Dean, Director of Education, or Clinical Coordinator's Signature

Reviewed
 Discussed with student
 Randomly Selected for review
 Other: _____