EMS Patient Care Report Narrative

COMPLAINT

Chief Complaint: _____

Description of Complaint:

HISTORY

Onset of Complaint: _____

Medical History:

Patient's Self-Reported Health: _____

Medications:

Allergies: _____ Last Oral Intake: _____

Precipitating/Palliating Factors:

ASSESSMENT

Vital Signs:

General Observations:

Airway/Respiratory:

Cardiovascular:

Neurological/Head:

Other Observations:

PHYSICAL EXAMINATION

Examination of head, face, neck, chest, abdomen, pelvis, back/spine, and extremities

DIAGNOSTIC TESTS

Results of diagnostic tests such as ECG, blood glucose, SaO2, ETCO2, etc.

Field Diagnosis: _____

RX/TREATMENT

Interventions:

Patient Education:

TRANSPORT

Destination: _____ Transport Method: _____

Patient Status During Transport:

Communication with the Receiving Facility:

CONCLUSION

Outcome:

Follow-Up Actions:

Additional Notes:

PREPARED BY

Name: _____ Date and Time: _____ dd / mm / yyyy