

DIPATTAMENTON GUAFI GUAHAN
GUAM FIRE DEPARTMENT
 Professionalism * Respect * Integrity * Dedication * Empathy
 GFD EMS Patient Care Form



Crew 1: _____ Crew II: _____ Crew III: _____ Crew IV: _____

*Case Number: _____ *Complaint: _____ Interfacility Transfer: PCS: *Gender: M / F *Date: _____

*Incident Address: _____ *Mailing Address: _____ Age: _____ *Unit: _____
 Height: _____ 10-6:
 Weight: _____ 10-15:

*Patient Name: _____ *DOB: _____ Home Address: _____ Trip Mileage: _____ Destination: _____
 Start: _____ GMH
 Scene: _____ GRMC
 Drop Off: _____ USNH
 GIAA
 10-6:
 ALS Int.:
 10-10:
 10-16:

*SSN: _____ DL No.: _____ *Insurance: Medicare / Medicaid / Other: _____
 *Contact No.: _____ PPN: _____ Alt. No.: - - 10-10:

PT. REPRESENTATIVE INFO Name: _____ Relation: _____
 *Chief Complaint: _____ Med/Surg. Hx: _____ Meds: _____ Allergies: _____
 A / V / P / U
 GCS: _____
 LKW: _____

***VITAL SIGNS**

Time:	Time:		Medications Given			
HR:	BGL:	HR:	BGL:	Time:	Time:	Time:
RR:	T:	RR:	T:	Med:	Med:	Med:
B/P:	Spo2: RA	B/P:	Spo2: RA	Route:	Route:	Route:
Eyes:	LPM__NC / NRB	Eyes:	LPM__NC / NRB	Dosage:	Dosage:	Dosage:

MEDICAL

Respiratory	Cardiac	Skin	Neuro	Pt Admits to: Drug use <input type="checkbox"/> Alcohol use <input type="checkbox"/> EMS Suspects: Drug use <input type="checkbox"/> Alcohol use <input type="checkbox"/>
Normal / Rapid / Shallow / Deep	Carotid / Radial / Brachial / Pedal	Warm / Dry Cool / Pale Diaphoretic	Facial Droop: Y / N	
Left Side: Upper Lower	Right Side: Upper Lower	CSM Intact: Y / N	Arm Drift: Y / N	
Clear Clear Absent Absent Crackles Crackles Rales Rales	Clear Clear Absent Absent Crackles Crackles Rales Rales	Edema: Lungs / Pedal	Speech: Gait:	
Pulse: Regular / Irregular / Rapid / Weak / Thready / Absent / Bounding		Cap Refills: < > = 2 sec.	Grip: Normal / Weak / Absent	O
Smoker: Y / N Family Hx: Y / N				P
EKG: 4-Lead / 12-Lead Interpretation:				Q

TRAUMA

MOI:	Affected Region:	Interventions
Deformities	Deformities	Wound Irrigation: Y / N
Contusions	Contusions	Bandage: Y / N
Abrasions	Abrasions	Chest Seal: Y / N
Punctures	Punctures	Splint: Y / N Type:
Burns	Burns	TQ Location: Time:
Tenderness	Tenderness	Accident Information
Lacerations	Lacerations	Collision Type: _____ Vehicle Type: _____
Swelling	Swelling	Location of Pt. Upon Impact: _____

OB-GYN

Gravida:	LMP:	Bloody Show: Y / N	Time:	Airbags Deployed: Y / N Location: _____
Para:	Water Bag Breakage: Y / N	APGAR:	Time:	Safety Equipment Used: Y / N
Weeks:	Prenatal Care: Y / N	APGAR:	Time:	Accident Severity: Minor Moderate Severe
Contraction Duration:	Past Complications: Y / N	APGAR:	Time:	

CPR

Witnessed: Y / N	Start: _____	Duration: _____	ROSC: Y / N	Time: _____		
Airway: OPA / SGA / BVM / ETT	Access: IV / IO	Size: _____	AED Used: Y / N	Shockable Rhythm: Y / N		
LSA: _____	Time CPR Confirmed: _____	Number of Shocks: _____				

Notes:

