

DIPATTAMENTON GUĀFI GUĀHAN
GUAM FIRE DEPARTMENT
 Professionalism * Respect * Integrity * Dedication * Empathy
 GFD EMS M.I.S.T. Report



Date: _____ Case #: _____ Village: _____

DEMOGRAPHICS	Gender: M F	Chief Complaint:	Unit Info	
Age: _____ Years / Months		A V P U CPR Time: _____	M -	ALS - 1 2

MEDICAL	LKW Time: _____	Auto vs	
History: MI CHF Gout Cancer CVA HTN / Hypo DM 1 / 2 COPD ESRD CAD Seizures Thyroid HI / LO Psych		Auto Object Pedestrian Bicycle Minor Moderate Severe	
Additional HX or Surgery: _____		Safety Equipment: YES NO	
Allergies: NKDA <input type="checkbox"/>		Blunt <input type="checkbox"/> Crush <input type="checkbox"/> Penetrating <input type="checkbox"/>	
ILLNESS <input type="checkbox"/>	INJURY <input type="checkbox"/>	Deformities	Deformities
O -	R -	Contusions	Contusions
P -	S - / 10	Abrasions	Abrasions
Q -	T -	Punctures	Punctures
		Burns	Burns
		Tenderness	Tenderness
		Lacerations	Lacerations
		Swelling	Swelling
		Tourniquet	Tourniquet
		Splint: <input type="checkbox"/>	Notes: _____
		Bandage: <input type="checkbox"/>	
		Chest Seal: <input type="checkbox"/>	

SIGNS	Time:	Time:	Intervention	SMR	IV IO	Intubation		
	HR: _____	BGL: _____		HR: _____	BGL: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR: _____	Spo2: RA	RR: _____	Spo2: RA	Status	Unchanged	Improved	Worsened
	B/P: _____	NC / NRB / BVM	B/P: _____	NC / NRB / BVM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Temp: _____	LPM _____	Temp: _____	LPM _____	Medication	Nitroglycerin	Duo-Nebulizer	Other: _____

TREATMENT	Medication	Aspirin	Epi-Pen Epi Jr.	Oxygen	Administered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Administered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time			
	Time				Administered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medication	Acetaminophen	Oral Glucose	Narcan	Time			
	Administered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time				Time				

NOTES	
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Patient Medications List Albuterol | Allopurinol | Amlodipine | Amoxicillin | Aspirin | Atorvast | Cephalexin
 Ciprofloxacin | Doxycycline | Fluoxetine | Gabapentin | Hydrochlorothiazide | Ibuprofen | Insulin | Levetiracetam | Levofloxacin
 Levothyroxine | Lisinopril | Metformin | Metoprolol | Prednisone | Warfarin | **OTHER:** _____