

Required Fields: = Always
 = for Pt. Contact (as available)
 = Trauma Only

State of Georgia - Patient Care Report

AGENCY	UNIT	ENS GRID	SERV REQ	VEH TYPE	LOCATION TYPE	COUNTY	RESPONSE NUMBER	DRV/MEDIC	T	MEDIC 1	T	MEDIC 2	T
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

CALL DATE	REPORT 911	DISP NOTIFIED	UNIT NOTIFIED	UNIT RESPONSE	AT SCENE	AT PATIENT	1ST SHCK/EXTRIC	ENROUTE	DESTINATION	IN SERVICE
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

GENDER	DOB	PATIENT ID NUMBER	CLIN AREA	CAUSE OF INJURY	PROVIDER IMPRESSIONS/SIGNS AND SYMPTOMS
Male	0	0	0	0	0
Female	0	0	0	0	0
Unkwn	0	0	0	0	0
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

SAFETY EQUIP	FACTORS	INJURY SITE & TYPE	PULSE	RESP	SYS B/P	DIAS B/P	PULSE OX	RESP EFFORT	GLASGOW COMA SCORE	TREATMENT AUTH. BY
Not Used	Weather	A M P T B U R N D F X G S W L A C P A I N P U B L I C S O F T	0	0	0	0	0	N	Eye: Spontan (4)	Stand Ord (0)
Shoulder	Road Cond		1	1	1	1	1	L	To Voice (3)	Obedient (6)
Lap Only	Veh Prob		2	2	2	2	2	S	To Pain (2)	Localize (5)
Lap/Shldr	Unsafe Scn		3	3	3	3	3	A	Withdrawl (4)	Flexion (3)
Child Seat	Language		4	4	4	4	4	SKIN	None (1)	Extension (2)
Airbag Dep	Ext > 20		5	5	5	5	5	PERF	Oriented (5)	None (1)
Helmet	HazMat		6	6	6	6	6	N	Confused (4)	GCS Total
Eye Prot	Crowd		7	7	7	7	7	D	Inapprop (3)	
Float Dev	Other		8	8	8	8	8	O2	Incompre (2)	
Prot Cloth	Traffic/Train		9	9	9	9	9		None (1)	
Unkn	N/A									

ENV. CAUSE	INJURY INTENT	RHYTHM	MED 1	MED 2	MED 3	MED 4	MED 5	MED 6	MED 7	DEST	MILES OUT	MILES IN	PRE-EXISTING
Neglect	Unintnt	Sinus	0	0	0	0	0	0	0	0	0	0	Asthma
Abuse	Intent-self	S. Brady	1	1	1	1	1	1	1	1	1	1	Diabetes
Alcohol	Substance	S. Tach	2	2	2	2	2	2	2	2	2	2	Tuberculosis
Housing	N/A		3	3	3	3	3	3	3	3	3	3	Emphysema
			4	4	4	4	4	4	4	4	4	4	Chronic Renal
			5	5	5	5	5	5	5	5	5	5	Cardiac
			6	6	6	6	6	6	6	6	6	6	Hypertension
			7	7	7	7	7	7	7	7	7	7	MR/Dev. Delay
			8	8	8	8	8	8	8	8	8	8	Premature Baby
			9	9	9	9	9	9	9	9	9	9	Psychiatric

CARE RENDERED	MEDIC	PROCEDURE	MEDIC	ATTEMPT	SUCC	ROSC	TRANSPORT CHOICE	MISCELLANEOUS	STUDY 1	STUDY 2	TECH ASSISTED
12 Lead ECG	1	AED	1	2	3	Y N	Closest		0	0	Home
Assist Delivery	1	Sync Cardvrt	1	2	3	Y N	PV/Fam Choice		0	0	Ventilators
Auto Ventilation	1	Manual Defib	1	2	3	Y N	Pt Phys Choice		0	0	CPAP
Bag-Valve-Mask	1	Chest Decomp	1	2	3	Y N	Manag Care		2	2	Cent IV
Bleed Control	1	Oral/Nas Airway	1	2	3	Y N	Law Enforce		3	3	Catheter
Cardiac Monitor	1	Adv Airway	1	2	3	Y N	Protocol		4	4	Pacemaker
CPR	1	ET/NT Intub	1	2	3	Y N	Specialty		5	5	Feeding
C-Spine Managed	1	Intraosseous	1	2	3	Y N	On-Line Med		6	6	Catheter
Glucose Monitor	1	IV #1	1	2	3	Y N	Diversion		7	7	CSF Shunt
MAST	1	IV #2	1	2	3	Y N	Trauma Ctr		8	8	Colostomies
Oxygen	1	IV #3	1	2	3	Y N			9	9	Tracheostomy
Splints	1	Needle Crit	1	2	3	Y N					
Suction	1	Pacing	1	2	3	Y N					
Traction Splint	1	Vagal Manvr	1	2	3	Y N					
		CPAP	1	2	3	Y N					

INCIDENT/PATIENT DISPOSITION

Cancelled Treated, Transported

No Patient Found Treated, Xfer Care

False Call Treated, POV

Refused All Treated, Released

Assist at home Treated, Refused Transport

Dead at scene Transport Only

No Treatment Required N/A

Service Name: _____

Unit Number: _____

Patient Name: _____

