



ESCAMBIA COUNTY DEPARTMENT OF PUBLIC SAFETY ABBREVIATED PATIENT CARE REPORT

Condensed patient information. Complete Patient Care Form to follow. All assessments and times are approximate.

CALL	Date / /	Unit	Time of Call : :	Nature of Call as Dispatched	Incident Number
	Location of Call			Hospital Destination <input type="radio"/> Baptist <input type="radio"/> Sacred Heart <input type="radio"/> West Florida <input type="radio"/> Gulf Breeze <input type="radio"/> Other: _____	
	Service(s) Rendering Patient Care <input type="radio"/> Escambia Co. EMS <input type="radio"/> Escambia Co. Fire Rescue <input type="radio"/> Escambia Co. Lifeguard <input type="radio"/> Other(s): _____				
	Primary Patient Caregiver (Print) <input type="radio"/> 1st Responder <input type="radio"/> EMT <input type="radio"/> Paramedic		Primary Patient Caregiver Signature		Additional Transport Crew Member(s) <i>If applicable</i>

PATIENT INFORMATION	Patient's Full Name		Age	Gender <input type="radio"/> M <input type="radio"/> F	DOB (M/D/Y) / /
	Chief Complaint				
	Allergies			<p style="text-align: center;">MARK(S) INDICATE GENERAL AREA OF ILLNESS</p>	
	Medications				
	Past Medical History				
			Patient Initial Reported Pain Level <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10		

VITAL SIGNS	TIME	HR	BP	RR	SpO ₂	ETCO ₂	CBG	β-OHB	TEMP.	LOC	GCS
	INITIAL		Rate	/	Rate	<input type="radio"/> Room Air <input type="radio"/> Supplemental %	mmHg	mg/dl	mmol/L	°F	<input type="radio"/> Alert <input type="radio"/> Verbal <input type="radio"/> Pain <input type="radio"/> Unresp.
ONGOING		Rate	/	Rate	<input type="radio"/> Room Air <input type="radio"/> Supplemental %	mmHg	mg/dl	mmol/L	°F	<input type="radio"/> Alert <input type="radio"/> Verbal <input type="radio"/> Pain <input type="radio"/> Unresp.	
ONGOING		Rate	/	Rate	<input type="radio"/> Room Air <input type="radio"/> Supplemental %	mmHg	mg/dl	mmol/L	°F	<input type="radio"/> Alert <input type="radio"/> Verbal <input type="radio"/> Pain <input type="radio"/> Unresp.	

ASSESSMENTS & INTERVENTIONS		Rx ADMINISTERED	MEDICATION	TIME	DOSE	ROUTE