MN EMS SHORT FORM

Date Approx. Arrival Time	Anticoagulated? □ Yes □ No PMH	EMS Agency Incident #
Patient Name DOB Age Patient Sticker	Allergies	EMS Provider

VITALS

VS approx. time: _____ BP: _____/_____HR: _____ RR: _____ SpO_2: _____

VS approx. time: _____ BP: _____/_____HR: _____ RR: _____ SpO_2: _____

Glucose: _____

Approx. time: _____

TREATMENT

Medications

Approx. Time	Medication	Dose/Rate

□ IV/IO #1
Location _____ Bag # _____

□ IV/IO #2
Location _____ Bag # _____

Total fluid volume infused _____mL

Advanced Airway
Type
_____
Size
_____

TRAUMA

Trauma Team Activation?
□ Yes □ No
Approx. time
_____

Eye Opening

Spontaneous	4
To Speech	3
To Pain	2
None	1

Verbal Response

Oriented	5
Disoriented	4
Inappropriate Words	3
Incomprehensible Sounds	2
None	1

Motor Response

Obeys Commands	6
Localizes Pain	5
Withdraws from Pain	4
Abnormal Flexion	3
Extension to Pain	2
None	1

M **MOI** _____

I **I**njuries _____

S **S**igns/Symptoms _____

T **T**reatments

□ Oxygen LPM _____

□ Needle decompression site _____

□ Other

STROKE

Prehospital Stroke Screen: □ Positive □ Negative □ Not performed

Stroke Alert to Hospital: □ Yes □ No

Last known well: Date _____ Time _____ □ Unknown

Name of person providing well time

_____

Phone number of person providing well time

_____

Stroke Signs & Symptoms

□ **Balance** sudden loss
□ **Eyes** sudden change in vision
□ **Face** facial droop □ L □ R
□ **Arm** downward drift □ L □ R
□ **Speech** slurred/strange
□ Other:

CARDIOVASCULAR

□ STEMI □ Cardiac Arrest □ Chest Pain/Dysrhythmia/Other CV

ECG approx. time: _____ Transmitted to hospital? □ Yes □ No

Initial Rhythm _____

Oxygen _____ LPM

ASA 324mg given?
□ Yes □ No Approx. time: _____

Highest defibrillation energy used: _____ Joules

ROSC? □ Yes □ No

Highest pacing energy used: _____ mA

Capture? □ Yes □ No