Boulder County Agency Patient Record

Date ____________________
Trip # ______ Tx Miles ______
Time ____________________
Enroute ____________________
Arrival ____________________
LvScene ____________________
Destin ____________________
Cancel/Ins ____________________
_____ Trauma _____ Med
To Scene ______ (3/2/1)
To Hospital ______ (3/2/1)

Location:
- ☐ Residence
- ☐ Traffic>= 55mph
- ☐ Other Traffic
- ☐ Public Place
- ☐ Rec Area
- ☐ Restaurant/Bar
- ☐ Hotel/Motel
- ☐ Office
- ☐ Industrial Area
- ☐ Agriculture
- ☐ Acute Care Fac.
- ☐ Clinic, Dr's Off
- ☐ LT Care Fac.
- ☐ Other

Chief Complaint:
- ☐ Abd. Pain
- ☐ All. Reaction
- ☐ Behavioral
- ☐ Cardiac Arrest
- ☐ Chest Pn
- ☐ Choking
- ☐ CVA/TIA
- ☐ Dehydration
- ☐ Diabetic
- ☐ Dysrrythmia
- ☐ Gen. Weak
- ☐ GI Bleed
- ☐ Hyperthermia
- ☐ Hypothermia
- ☐ Hyperventilate
- ☐ Infection
- ☐ Ingestion
- ☐ Nausea
- ☐ Epistaxis
- ☐ OB
- ☐ OD/Poisoning
- ☐ Resp. Arrest
- ☐ Dyspnea
- ☐ Seizure
- ☐ Syncope
- ☐ Unc./Unk Eti.
- ☐ Vag. Bleed
- ☐ Vomiting
- ☐ Other

Call Outcome:
- ☐ Trans to Fac.
- ☐ Care Transfer
- ☐ Cancelled
- ☐ Refusal
- ☐ False Call
- ☐ P.O.V.
- ☐ Field DOA
- ☐ Treat/Release
- ☐ Other

Cardiac Arrest:
- ☐ Witnessed
- ☐ Pulse Restored

CPR Started By:
- ☐ Bystander
- ☐ First Responder
- ☐ Fire/Police
- ☐ Other

Auto Protection:
- ☐ Shlder Belt Only
- ☐ Lap Belt Only
- ☐ Lap & Shld Belt
- ☐ Child Sfty Seat
- ☐ Helmet
- ☐ Unknown
- ☐ None
- ☐ Patient Ejected
- ☐ Airbag Used
- ☐ Driver
- ☐ Passenger

Mech. of Injury:
- ☐ Assault
- ☐ Bicycle
- ☐ Bite/Sting
- ☐ Drowning
- ☐ Electrical
- ☐ Equipment
- ☐ Fall >20 ft.
- ☐ Fall <20 ft.
- ☐ GSW
- ☐ Motorcycle
- ☐ Rec. Vehicle
- ☐ Stabbing
- ☐ MVA-Eject.
- ☐ MVA-Head On
- ☐ MVA-Intrusion
- ☐ MVA-Lat Imp
- ☐ Auto Ped
- ☐ MVA-Rear Imp
- ☐ MVA-Rollover
- ☐ MVA-Other
- ☐ Other

Location ______________________________ Pt. Name ______________________________
Reason ______________________________ Age ________ DOB __________ Sex M F
Transported to ______________________________ Pt. Address ______________________________
Driver ______________________ # __________ ______________________________
Attendant ______________________ # __________ Physician ______________________________
Third Rider ______________________________ Chief Complaint ______________________________

(S) ______________________________

(O) Explain all starred (*) items in Narrative

NEUROS:
- ☐ AAOX3
- ☐ Disoriented
- ☐ Loss of Con.
- ☐ Not Alert
- ☐ Verb. Stim.
- ☐ Pain Stim.
- ☐ No Response

HEENT:
- ☐ Atraumatic
- ☐ Headache
- ☐ JVD
- ☐ Neck Pain
- ☐ Epistaxis
- ☐ Lac.*
- ☐ Abrasion*
- ☐ Other*

CHEST:
- ☐ Atraumatic
- ☐ Bilat. Move.
- ☐ SOB*
- ☐ Deform.*
- ☐ Lac.*
- ☐ Abrasion*
- ☐ Other*

LUNGS:
- ☐ Clear
- ☐ Equal
- ☐ Unequal*
- ☐ Stridor*
- ☐ Rales*
- ☐ Rhonchi*
- ☐ Wheezes*

HEART:
- ☐ Reg. Pulse
- ☐ Chest Pain*
- ☐ Weak Pulse*
- ☐ Irr. Pulse*
- ☐ Rad. Pain*
- ☐ Other*

ABDO:
- ☐ Soft
- ☐ Flat
- ☐ Rigid
- ☐ Distended
- ☐ Nausea
- ☐ Vomiting*
- ☐ Tender*
- ☐ Lac.*
- ☐ Other*

EXT:
- ☐ Atraumatic
- ☐ SMOEx4
- ☐ Deform*
- ☐ Lac.*
- ☐ Abrasion*
- ☐ Amputation*
- ☐ Other*

BACK:
- ☐ Atraumatic
- ☐ Deform*
- ☐ Lac.*
- ☐ Abrasion*
- ☐ Pain
- ☐ Bruise*
- ☐ Other*

SKIN:
- ☐ Pink/Warm/Dry
- ☐ Cool
- ☐ Flushed
- ☐ Cyanotic
- ☐ Hot
- ☐ Other*
- ☐ Jaundiced
- ☐ Dry
- ☐ Clammy
- ☐ Pale
- ☐ Burns*

☐ Not Completed*

(A) ______________________________

(P) ______________________________

PMH ______________________________
Allergies ______________________________
Meds ______________________________
EMT Reporting ______________________________ Date __________
Receiving Physician/RN ______________________________ Date __________

VITAL SIGNS (by your Agency)

Time	Pulse	B/P	Resp	Pupils	LOC (GCS) O	V	M	M.O.E. L-Arm-R		L-Leg-R	

PROCEDURES (by your Agency)

Time	Procedure	Dose	Route	Rhythm	Time	Procedure	Dose	Route	Rhythm
					ALS assumed care at ______________				

Transported by: ______________________________ Report by: (print) ______________________________ Agency Name: ______________________________