

## Initial Information

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Dispatcher: \_\_\_\_\_

Person Making Report: \_\_\_\_\_

Government Employee: (Y/N) \_\_\_\_\_

## Patient Information

Number of patients: (Every patient gets their own patient run sheet) \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Flight Weight: \_\_\_\_\_

Name: (Shouldn't be broadcast over the radio) \_\_\_\_\_

Chief complaint, extent of injuries: (What's wrong?) \_\_\_\_\_

Mechanism of injury or illness: (How it happened) \_\_\_\_\_

## Decision! Is this a Medical Emergency or a Non Emergency Medical Transport?

### Medical Emergency Patient Run Sheet

## Vital Signs

AVPU: (Mental Status) \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

{ } ALERT { } VERBAL { } PAINFUL { } UNRESPONSIVE

Skin Color & Temp: \_\_\_\_\_ Respirations: \_\_\_\_\_

IV Started: Y/N Medications Administered: \_\_\_\_\_

Medically Trained Personnel on Scene: \_\_\_\_\_

## Site Information

Site Contact Name: \_\_\_\_\_

Ground Contact #: \_\_\_\_\_

Fire Name: \_\_\_\_\_

Fire #: \_\_\_\_\_

Radio Frequency FM: \_\_\_\_\_

Air to Ground: \_\_\_\_\_

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

Physical Description: (Mile Marker, Highway) \_\_\_\_\_

Additional Resources Needed: (Law enforcement, agency personnel, search and rescue) \_\_\_\_\_

Transport Needs: (Air Ambulance helicopter or if more than one patient fix wing. Consider ordering an air attack if using air ambulance.) \_\_\_\_\_

Helispot Location and Size: (Proximity to injury site. Needs to be big enough for medium ship) \_\_\_\_\_

Weather: \_\_\_\_\_ Temp: \_\_\_\_\_ Elevation: \_\_\_\_\_

Other Aircraft: \_\_\_\_\_ Flight Hazards: \_\_\_\_\_

## Information to be obtained and passed on to scene

Resources en-route: \_\_\_\_\_

Estimated time of resource arrival: \_\_\_\_\_

Radio Frequencies: \_\_\_\_\_

Trauma or Burn Center notified: \_\_\_\_\_

Supervisor Notified: \_\_\_\_\_