

WMRMCC

EMS Field Notes

MFR/AMB. Run # _____ / _____

Date _____ Incident Location _____

MFR Agency _____

Amb. Svc./Unit _____

Destination _____

Med. Control _____ Time _____ :

Patient Name _____ Age/Sex _____ M F

Address _____

DOB ____ / ____ / ____

City/State/Zip Code _____

Phone (_____) _____

Med/Surg Hx _____
None Asthma Cancer Cardiac CHF COPD CVA
Diabetes ETOH HTN Renal Seizures

Meds _____

None Unk. E.D. Med Albuterol Alprazolam
Asprin Abenolol Furosemide Insulin Lipitor
Lisinopril Metformin Ntg. Norvasc Plavix
Prevacid Simvastatin Synthroid Vicodin Warfarin

Allergies
NKDA PCN Sulfa Keflex Codiene Morphine
Demerol Vicodin ASA Motrin Latex Tape

IV: Time _____ : _____ Location _____

Size _____ ga. Att. _____ Rate _____

VITALS/INTERVENTIONS						
Time	P	R	B/P	SpO2	Medications/Procedure	Amt/Size

Notes _____

Hospital Personnel Name/Signature

EMT/Paramedic Name/Signature