Spokane County Emergency Medical Services
Preliminary Field Medical Report

Reporting Agency _____

Location _____ ☐ Home Date _____ Time _____

Name _____ DOB _____ Age _____ M F MD _____

C hief Complaint _____ Other Agencies @ Scene: SPD • SVPD • SCS • WSP • _____

H istory of Current Illness _____

S igns / Symptoms _____

A llergies | **M** edications | **P** ast Med Hx

L ast P.O. _____ **E** vents Prior _____

A ssessment _____

	Agency / Unit			Agency / Unit			Agency / Unit		
Time									
Position									
BP									
Pulse									
RR									
Sats									
O_2 / Device						☐Verify			☐Verify
Lungs									
CO_2									
Rhythm									
Temp									
Glucose									
Cap Refill	>2 <2	>2 <2	>2 <2	>2 <2	>2 <2	>2 <2	>2 <2	>2 <2	>2 <2
Pupils									
GCS									

Glasgow Coma Scale

Eye	4 Spontaneous
	3 To sound
	2 To pressure
	1 None
Verbal	5 Oriented
	4 Confused
	3 Words
	2 Sounds
	1 None
Motor	6 Obeys Command
	5 Localizing
	4 Normal flexion
	3 Abnormal flexion
	2 Extension
	1 None

R x / Treatment

Medications	Dose + Route	Dose + Route	Dose + Route

IV Fluids

18 20 22 R L			
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Additional Events and Procedures

Stroke	Stroke Severity Score
F ace:	Facial droop: Absent = 0 Present = 1
A rms:	Arm drift: Absent = 0 Drifts = 1 Falls rapidly = 2
S peech:	Grip strength: Normal = 0 Weak = 1 No grip = 2
T ime onset:	**Total Stroke Severity Score = (Max 5 points)**

CardioPulmonary Arrest

Witnessed	Y / N
Citizen CPR	Y / N
Initial Rhythm	
Time 1st Defib	
ROSC	Y / N

High Risk Cardiac (≥4)

☐ Age ≥ 55	
☐ Aspirin in last 7 days	
☐ CP ≥ 2 times in last 24 h	
☐ Known coronary artery dx	
☐ ST deviation ≥ 0.5mm	
☐ Elevated cardiac markers	
☐ ≥3: F-Hx; HTN; HCL; DM; smoke	
	TOTAL cardiac score

T ransport / Destination Deaconess • Holy Family • Sacred Heart • Valley • VA

White = Initial Responder Yellow = Transport Pink = Hospital

4/18 Rev.