EMR RUN REPORT

Date:________________ Run Number: ________________ Nature of Call: ____________________

Call: ___________En Route: _____________ On Scene: _____________ Completed: _______________

Location: ____

PATIENT INFO:

Patient Name: ______________________________ Chief complaint: ____________________________

Age: ____B/D: ____/____/______Doctor:____

TIME OF INCIDENT ON SET: ________ am/pm **S/S**:____

____

B/P:_____/______O2 Sat **(room air)**:_____O2 Sat **(on oxygen)**:______ Pulse: ______ Respirations: ____

Allergies: ____

Meds.____

UNITS RESPONDING: B-31___ B-32___ B-33___ E-31___ E-32___ C-31___ T-31___ POV____

EMRs Responding: ____ **EMS unit:** 110___/120___/130___

EMRs on EMS unit en route to hospital: ____

Procedure(s) done by which EMR: ____

____

MUTUAL AID: Given: _____ Received: ______ Department Involved: _______________________

Other Units on Scene:

KPD: ____________ County: _____________ OHP: ___________ Other: _________________________

Helicopter :__________________(landing time) ______ (depart time) _____ (destination)__________

KFD Volunteers Responding ____

Narrative: ____

____

USE BACK OF THIS FORM FOR ADDITIONAL COMMENTS.

Incident Commander Signature____

First Responder Signature ____

This report is based only on the opinion of the person completing the report, based on personal observation.

A FDID ☆ | State ☆ | Incident Date (MM DD YYYY) ☆ | Station | Incident Number ☆ | Exposure ☆

☐ Delete ☐ Change

NFIRS-6 EMS
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

B Number of Patients / Patient Number ☆

Use a separate form for each patient

C Date/Time

Check if same date as Alarm date

	Month	Day	Year	Hour/Min
☐ Time Arrived at Patient				
☐ Time of Patient Transfer				

D Provider Impression/Assessment ☆ Check one box only

☐ None/no patient or refused treatment

- 10 ☐ Abdominal pain
- 11 ☐ Airway obstruction
- 12 ☐ Allergic reaction
- 13 ☐ Altered LOC
- 14 ☐ Behavioral/psych
- 15 ☐ Burns
- 16 ☐ Cardiac arrest
- 17 ☐ Cardiac dysrhythmia
- 18 ☐ Chest pain
- 19 ☐ Diabetic symptom
- 20 ☐ Do not resuscitate
- 21 ☐ Electrocution
- 22 ☐ General illness
- 23 ☐ Hemorrhaging/bleeding
- 24 ☐ Hyperthermia
- 25 ☐ Hypothermia
- 26 ☐ Hypovolemia
- 27 ☐ Inhalation injury
- 28 ☐ Obvious death
- 29 ☐ OD/poisoning
- 30 ☐ Pregnancy/OB
- 31 ☐ Respiratory arrest
- 32 ☐ Respiratory distress
- 33 ☐ Seizure
- 34 ☐ Sexual assault
- 35 ☐ Sting/bite
- 36 ☐ Stroke/CVA
- 37 ☐ Syncope
- 38 ☐ Trauma
- 00 ☐ Other

E1 Age or Date of Birth

Age ☐ Months (for infants)

OR

Month Day Year

E2 Gender

1 ☐ Male 2 ☐ Female

F1 Race

- 1 ☐ White
- 2 ☐ Black, African American
- 3 ☐ Am. Indian, Alaska Native
- 4 ☐ Asian
- 5 ☐ Native Hawaiian, Other Pacific Islander
- 0 ☐ Other, multiracial
- U ☐ Undetermined

F2 Ethnicity

- 1 ☐ Hispanic or Latino
- 0 ☐ Non Hispanic or Latino

G1 Human Factors Contributing to Injury ☐ None

Check all applicable boxes

- 1 ☐ Asleep
- 2 ☐ Unconscious
- 3 ☐ Possibly impaired by alcohol
- 4 ☐ Possibly impaired by drug
- 5 ☐ Possibly mentally disabled
- 6 ☐ Physically disabled
- 7 ☐ Physically restrained
- 8 ☐ Unattended person

G2 Other Factors ☐ None

If an illness, not an injury, skip G2 and go to H3

- 1 ☐ Accidental
- 2 ☐ Self-inflicted
- 3 ☐ Inflicted, not self

H1 Body Site of Injury

List up to five body sites

H2 Injury Type

List one injury type for each body site listed under H1

H3 Cause of Illness/Injury

Cause of illness/injury

I Procedures Used

Check all applicable boxes ☐ No treatment

- 01 ☐ Airway insertion
- 02 ☐ Anti-shock trousers
- 03 ☐ Assist ventilation
- 04 ☐ Bleeding control
- 05 ☐ Burn care
- 06 ☐ Cardiac pacing
- 07 ☐ Cardioversion (defib) manual
- 08 ☐ Chest/abdominal thrust
- 09 ☐ CPR
- 10 ☐ Cricothyroidotomy
- 11 ☐ Defibrillation by AED
- 12 ☐ EKG monitoring
- 13 ☐ Extrication
- 14 ☐ Intubation (EGTA)
- 15 ☐ Intubation (ET)
- 16 ☐ IO/IV therapy
- 17 ☐ Medications therapy
- 18 ☐ Oxygen therapy
- 19 ☐ OB care/delivery
- 20 ☐ Prearrival instructions
- 21 ☐ Restrain patient
- 22 ☐ Spinal immobilization
- 23 ☐ Splinted extremities
- 24 ☐ Suction/aspirate
- 00 ☐ Other

J Safety Equipment ☐ None

Used or deployed by patient. Check all applicable boxes.

- 1 ☐ Safety/seat belts
- 2 ☐ Child safety seat
- 3 ☐ Airbag
- 4 ☐ Helmet
- 5 ☐ Protective clothing
- 6 ☐ Flotation device
- 0 ☐ Other
- U ☐ Undetermined

K Cardiac Arrest

Check all applicable boxes

1 ☐ Pre-arrival arrest?

If pre-arrival arrest, was it:

- 1 ☐ Witnessed?
- 2 ☐ Bystander CPR?

2 ☐ Post-arrival arrest?

Initial Arrest Rhythm

- 1 ☐ V-Fib/V-Tach
- 0 ☐ Other
- U ☐ Undetermined

L1 Initial Level of Provider ☆

- 1 ☐ First Responder
- 2 ☐ EMT-B (Basic)
- 3 ☐ EMT-I (Intermediate)
- 4 ☐ EMT-P (Paramedic)
- 0 ☐ Other provider
- N ☐ No Training

L2 Highest Level of Care Provided On Scene ☐ None

- 1 ☐ First Responder
- 2 ☐ EMT-B (Basic)
- 3 ☐ EMT-I (Intermediate)
- 4 ☐ EMT-P (Paramedic)
- 0 ☐ Other provider

M Patient Status

- 1 ☐ Improved
- 2 ☐ Remained same
- 3 ☐ Worsened

Check if:

- 1 ☐ Pulse on transfer
- 2 ☐ No pulse on transfer

N EMS Disposition ☐ Not transported

- 1 ☐ FD transport to ECF
- 2 ☐ Non-FD transport
- 3 ☐ Non-FD trans/FD attend
- 4 ☐ Non-emergency transfer
- 0 ☐ Other