## Morris Hospital Emergency Medical Services Pre-Hospital Run Report

Department:			Run #:			Vehicle #: Date://				
Incident Location:						Destination:				
Patient Name:					Phone #:	•	Age:	DOB:		
Patient A	ddress:				1					
City:			State:		Zip:	Zip: Legal Gu		ardian:		
Allergies: ( ) None			( ) Unkno	wn						
Current Medications: ( ) None ( ) Brought w/ Pt. ( ) Unknown										
(Meds Cont.)										
History: ( ) None ( ) Unknown										
Chief Cor	mplaint:									
Narrative										
		1								
Time	B/P	Pulse	Irr/Reg	Resp.	Temp	BS	O2 Sat	Room Air	Oxygen	
<u> </u>	/	<u>ı uısc</u>	I/R	itcop.	Temp	<u> </u>	<u>02 0at</u> %	Yes / No	Yes / No	
	/		I/R				%	Yes / No	Yes / No	
•	/		I/R				%	Yes / No	Yes / No	
	/		I/R				%		Yes / No	
Pupils:		() PERL,	( ) Dilate	d, ( ) Con	stricted, (	) Unequa	I, ( ) Fixed			
Abdomen: ( ) Normal, ( ) Soft, ( ) Rigid, ( ) Distended, ( ) Tender										
Skin Colo		` '	, , ,	I, ( ) Pale, ( ) Cyanotic, ( ) Flushed, ( ) Jaundice, ( ) Mottled						
\ \ /			al, ( ) Moist, ( ) Dry, ( ) Wet							
Skin Temperature: ( ) Normal, ( ) Cool, ( ) Cold, ( ) Warm, ( ) Hot										
Lung Sounds: ( ) Clear, ( ) Rhonchi, ( ) Rales, ( ) Wheezes, ( ) Diminished, ( ) Absent										
Time Treatment			<u>Dose</u>			Route		Response to Tx.		
		<u> </u>			<del>700</del>	110	<del>ato</del>	1100	<del>oponioc to</del>	<u> 1 X.</u>
:										
:										
:										
Call Times (Military Time)						Crew Signatures				System #
Receive	:	Contact	:	Beginnin	g Mileage	Crew 1:				
Dispatch	:	Depart	:			Crew 2:				
Enroute	:	Arrive	:	Ending	Mileage	Crew 3				1
Arrived	:	In Serv.	:		_	Crew 4:				1