

PT IDENTIFICATION

**EMMCO WEST, INC.
MEDICAL COMMAND FACILITY
PREHOSPITAL COMMAND RECORD**

DATE _____ TAPE # _____ COUNTER START _____ END _____

BLS CALL _____ ALS CALL _____ OTHER _____

TIME CONTACTED _____ END _____ SERVICE _____ MEDIC / H.P. _____

PATIENT INFORMATION

AGE _____ (Y M D) MALE _____ FEMALE _____ WEIGHT _____ CLASS 1 2 3 4 5

CC	HPI	
PMH	MEDS	ALLERGIES

PATIENT ASSESSMENT

TIME	LOC	BP	P	R	PUPILS	TS	GLASGOW COMA SCALE			EKG
		/			<input type="checkbox"/> PERL		EYES	VERBAL	MOTOR	NSR <input type="checkbox"/>
		/			Other _____		4 Spontan.	5 Oriented	6 Obeys Comm.	
		/					3 To Voice	4 Confused	5 Pain - Local	Other _____
		/					2 To Pain	3 Inapprop.	4 Pain - Withdr.	
		/					1 None	2 Garbled	3 Pain - Flexion	
		/						1 None	2 Pain - Extends	
		/							1 None	

SKIN		LUNGS		OTHER ASSESSMENT	
<input type="checkbox"/> Normal	<input type="checkbox"/> Hot		LEFT	RIGHT	
<input type="checkbox"/> Pale	<input type="checkbox"/> Flushed	Clear	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Clammy	<input type="checkbox"/> Dry	Rales	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Cyanotic		Rhonchi	<input type="checkbox"/>	<input type="checkbox"/>	
		Wheezes	<input type="checkbox"/>	<input type="checkbox"/>	

TREATMENT INITIATED / ORDERED

<p>C-SPINE IMMOBILIZATION</p> <p><input type="checkbox"/> Collar <input type="checkbox"/> Back Board <input type="checkbox"/> CID</p> <p>Mast _____ Inflated _____</p> <p>CPR Initiated <input type="checkbox"/></p> <p>AIRWAY: ETT _____ Oral _____ NP _____</p> <p>O₂ via _____ @ _____ LPM</p> <p>Ventilate _____ BPM</p> <p>IV _____ D5W @ _____ NSS @ _____ LR @ _____</p> <p>DESTINATION: _____ Here ETA _____</p> <p>Notified _____ @ _____</p>	<p style="text-align:center;">MEDICATIONS</p> <p>DONE ORD</p> <p><input type="checkbox"/> <input type="checkbox"/> Alupent / Proventil INH _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Atropine _____ mg Route _____ x _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Bretylium: Bolus _____ mg x _____</p> <p style="padding-left: 20px;">Drip _____</p> <p><input type="checkbox"/> <input type="checkbox"/> D-50 _____ x _____</p> <p><input type="checkbox"/> <input type="checkbox"/> EPI (1:10,000) x _____ Route _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Lasix _____ mg x _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Lidocaine: Bolus _____ mg x _____ Route _____</p> <p style="padding-left: 20px;">Drip _____</p> <p><input type="checkbox"/> <input type="checkbox"/> MS _____ mg x _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Narcan _____ x _____</p> <p><input type="checkbox"/> <input type="checkbox"/> NTG _____ x _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Valium _____ mg Route _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>	<p>OTHER TREATMENT/ORDERS:</p> <p>MEDICAL COMMAND ORDERS:</p>
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MEDICAL COMMAND PHYSICIAN (Signature Required for ALS)

RN COMMAND RELAY

RELATED RECORD #