CMC-EMS DISPATCH RECORD

Call Taker	Date of Call:	Dispatched Time:	En route:	On Scene	Depart Scene	Arrive Receiving
	Arranged For Date:	At Patient:	Delay Due to:			Time In service

Transport Information

☐ Inter-facility	☐ Pending	☐ Cancelled:	☐ Turn Down
☐ ALS Intercept	☐ Price Quote	☐ Weather	☐ Weather
☐ Nursing Home	☐ PR	☐ Aborted	☐ Maintenance
☐ Other ___________	☐ Standby	☐ Other	☐ Other
☐ 2 Patients			☐ Referred to:

Contact Person:	Patient Location:	Transferring Physician:
Phone/Transferring:	City/State:	
☐ EMTALA Verification:	Patient Destination:	Receiving Physician:
Phone/Receiving:	City/State:	

Patient Information

Patient Name:	Room #:	Direct Admit Room #:

M F	Age:	Weight	B/P	Pulse	Resp.	Temp

Surgical	Medical	Neuro Status	Diagnosis/Condition on Initial Admission:
☐ Burn	☐ Cardiac	☐ Alert	
☐ Head/Spinal	☐ Resp	☐ Confused	
☐ Other Trauma	☐ Poison/Drug	☐ Lethargic	
☐ Multiple Trauma	☐ Neonate	☐ Pain Response Only	
☐ Non-Trauma	☐ Neuro	☐ Unresponsive	
	☐ OB/Gyn	☐ Combative	
	☐ Other		☐ **DNR**

Transferring Diagnosis / Reason for Transfer:

Treatment

Airway: ☐ O2________L/min SPO2___________
☐ Intubated Tube size__________
☐ Mechanical Vent Settings
PEEP________ Tidal Volume___________
FIO2_________ Rate___________

☐ Room Air
☐ Cannula
☐ Simple Mask
☐ Non-Rebreather

IV's Solution/Rate:
☐ Blood
____
____
____
____

Medications/Dose:
☐ Push ☐ PCA
☐ Drip
____
____
____

☐ Previous Meds Given in ER: ____

EKG Monitor Rhythm:____

☐ Post Code? Time:___________

☐ Foley	☐ Chest Tube	☐ C-Spine immobilization	☐ IABP (Balloon Pump)
☐ N/G Tube	☐ Mast Pants	☐ Cath Sheath	☐ Other________________________________