

PRE-ARRIVAL REPORT

SEQUENCE FOR TRANSMISSION OF PATIENT INFORMATION

1. Identify provider name and vehicle number
2. Alert: STEMI, Sepsis, Stroke, Trauma I/II
3. Identify protocol used
4. Age, gender, approximate weight if pertinent
5. History/Subjective
 - Chief complaint - degree of distress/pain
 - History of present illness or injury (HPI), Mechanism of injury (MOI), Onset time
 - past medical history, medications, allergies
6. Exam/Objective
 - Level of consciousness, vitals, pain scale, temperature, blood glucose if indicated
 - skin parameters - color, temperature, moisture
 - if indicated:
 - Resp: Lung sounds, Pulse Oximetry, Capnography
 - CV: ECG/12 Lead
 - CNS: Glasgow Coma Scale, Stroke screen, Pupils
7. Treatment and response
8. ETA and destination

ABBREVIATED REPORT

Used in situations where resources are limited and/or patient's condition is critical

1. Identify provider name and vehicle number
2. State: "This is an abbreviated report"
3. Alert: STEMI, Sepsis, Stroke, Trauma I/II
4. Identify protocol used
5. Age and gender
6. History: chief complaint, brief HPI/MOI
7. Exam: vitals, GCS
8. Treatment and response
9. ETA and destination

NOTE:

1. See [High Risk Refusals](#) for guidance.