



NFCC EMS Programs Patient Care Report



Student Name:	Unit:	System:	Run #	Date:
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This report should be treated exactly the same as an actual patient care report. It should be completed immediately after each call, kept secure and all information to remain private. No patient identifiers such as name or DOB are to be documented. This PCR will become a permanent part of your student clinical record.

Call Type	Gender	Age
<input type="checkbox"/> Medical <input type="checkbox"/> Trauma <input type="checkbox"/> Combination	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Geriatric (65+ years old) <input type="checkbox"/> Adult (Puberty to 65) <input type="checkbox"/> Child (1 year to Puberty) <input type="checkbox"/> Infant Birth to 1 year)

Scene Size-Up (*Description of the scene*)

Chief Complaint (*only a few words, or very brief description*)

History of Chief Complaint

Initial Assessment			
Level of Consciousness: <input type="checkbox"/> Alert <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive	Airway: <input type="checkbox"/> Open <input type="checkbox"/> Obstructed	Breathing: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> Absent Lung Sounds (<i>Describe</i>)	Circulation: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> Absent Bleeding (<i>Describe</i>)

Detailed Physical Exam (*Head to toe exam is documented here*)



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Sample, OPQRST							
Signs / Symptoms:				Onset:			
Allergies:				Palliative / Provokes:			
Medications:				Quality:			
Past Medical History:				Region / Radiation:			
Last Oral Intake:				Severity:			
Events Prior:				Time:			
Treatment	Provider	B/P	Pulse	Resp	SaO2	Rhythm	Response
	<input type="checkbox"/> Student <input type="checkbox"/> EMS Crew	/					
	<input type="checkbox"/> Student <input type="checkbox"/> EMS Crew	/					
	<input type="checkbox"/> Student <input type="checkbox"/> EMS Crew	/					
	<input type="checkbox"/> Student <input type="checkbox"/> EMS Crew	/					
	<input type="checkbox"/> Student <input type="checkbox"/> EMS Crew	/					
Narrative							
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Ongoing Assessment							
<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>							
Student signature					<i>Note: ECG's or other documentation should be stapled to this report</i>		



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