COES 110

CUPERTINO MEDICAL RESERVE CORPS PATIENT CARE REPORT

| Time of Arrival: Date of Arrival: | | | | | | | | | | | | | | | | |
|--|----------|----------------|------------|----------|-----------|--------|-------|---|--------------|-------|--------|-----|-----------|--|--|--|
| Patient ID# From Registration Control Log: | | | | | | | | | | | | | | | | |
| Patient Address: | | | | | | | | | | | | | | | | |
| City: S | | | | | | | | State: ZIP: | | | | | | | | |
| Phone Number: | | | | | | | | | | | | | | | | |
| | | | | | | | | | NOK Phone #: | | | | | | | |
| Patient DOB: Triage Tag # | | | | | | | | Minor Delayed Immediate Dec. | | | | | | | | |
| Major Complaint: | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Resp: 0 or over 30 Airway: Open Partial Fully Obstructed Perfusion: | | | | | | | | Blood Loss: None Minimal Moderate Severe | | | | | | | | |
| Cervical S | | Stable Pa | ain Paraly | ysis Imn | nobilized | | | Mental Status | X0 | X1 | X2 | X3 | X4 | | | |
| Pulse: Regular Irregular Rapid Strong Weak Absent | | | | | | | | | | | | | | | | |
| Respiration: Normal Shallow Labored Rapid Absent | | | | | | | | Signs & Symptoms | | | | | | | | |
| Part of Boo | dy Injur | ed | | Abdom. | Arm | Back | Cheek | | | | | | | | | |
| Chin | Chest | Collar Bone | Ear | Elbow | Eye | Finger | Foot | Allergies | | | | | | | | |
| Forehead | Hand | Нір | Knee | Leg | Lip | Mouth | Neck | | | | | | | | | |
| Nose | Pelvis | Scalp | Shoulder | Тое | Teeth | Other: | | | | | | | | | | |
| Vitals | | | | | | | | Medications: | | | | | | | | |
| Time | | | | | | | | | | | | | | | | |
| Pulse | | | | | | | | | | | | | | | | |
| B.P. | | | | | | | | Past Pertinent Medical History: | | | | | | | | |
| Skin | | | | | | | | | | | | | | | | |
| AVPU | | | | | | | | | | | | | | | | |
| Medications Provided | | | | | | | | Last Oral Intake: | | | | | | | | |
| Time | | | | | | | | | | | | | | | | |
| Med | | | | | | | | Events L | .eading | up to | incide | nt: | | | | |
| Dose | | | | | | | | | | | | | | | | |
| Med | | | | | | | | | | | | | | | | |
| Dose | | | | | | | | | | | | | | | | |

| Observations on Initial Evaluation: | | | | | | | | | | | |
|-------------------------------------|--|--|--|--|------|----|--|--|--|--|--|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Vitals Continued | | | | | | | | | | | |
| Time | | | | | | | | | | | |
| Pulse | | | | | | | | | | | |
| Resp. | | | | | | | | | | | |
| Perfusion | | | | | | | | | | | |
| Mental | | | | | | | | | | | |
| B.P. | | | | | | | | | | | |
| Skin | | | | | | | | | | | |
| AVPU | | | | | | | | | | | |
| | | | | | Note | 26 | | | | | |
| | | | | | nou | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | Pati | ent Disp | ositio | n | | | | |
|------------------------|----------|---------------------|----------------|---------------|--------------|--------------|--------------|----------|----------|
| Released: | | Instructions: | | | | | | | |
| No Further Medical A | Required | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Released By: | | | Date: | | | Tim | | | |
| Patient Signature: | | | Date: | | | Tim | e: | | |
| Released: | | | | Instru | | ons: | | | |
| Further Medical Atten | tion Re | quired / AMA / Re | fused | | | | | | |
| | | | | | | | | | |
| | | | Date: | | | | | | |
| Released By: | | | | | Time: | | | | |
| Patient Signature: | | | | ate: | | Time: | | <u> </u> | |
| Released: Further Me | | Released By: | | Date | te: | | Time: | | |
| Attention at Medical F | acility | | | | | | | | |
| Transported by: | | Ambulance: | ID #: | | Destination | | | | |
| Driver Name: | | Taxi: | | ID #: | | Destination | | | |
| Driver Name: | | Sheriff: | ID #: | | Destination: | | | | |
| | | Helicopter: | ID #: | | Destination: | | | | |
| Contact Info: | | POV: | | ID #: | | Destination: | | | |
| | | CERT: | | ID #: | | | Destination: | | |
| Released To: | | Released By: | | | Date: | | | Time: | |
| Cupertino Medical Ce | enter | | | | | | | | |
| Transported by | | Ambulanaa | | | | | | | |
| Transported by: | | Ambulance: Taxi: | ID #: ID #: | | | | | | |
| Driver Name: | | Sheriff: | | ID #: | | | | | |
| Dilver Maille. | | | | ID #: | | | | | |
| Contact Info: | | Helicopter | | ID #: | | | | | |
| Contact into. | | POV: CERT: | | ID# | | | | | |
| | | CERT. | Decease | | | | | | |
| Declaration of Decth | Modo P | · · · | Decease | . | · | Tim | e of Death: | | |
| Declaration of Death | ру. | | | | e and Date: | | | | |
| Removed to onsite By: | | | | | 1 11 11 | e and Date. | | | |
| Removed to | Morgue | | | | | Tim | e and Date: | | |
| Temporary Morgue | By: | | | | 1 11 11 | e and Date. | | | |
| Facility | | | | | | | | | |
| Released to County By: | | | | Time and Date | | | | | |
| Coroner | Jy. | | | | | | | | |
| Received by County | | | Time and Date: | | e and Date: | | | | |
| Coroner | | | | | | | | | |
| | 1 | | Commer | nts: | | | | | |
| | | | 2 3 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Cupertino OES | | | | | | | | | May 2008 |