# S-SV EMS BLS Skills Utilization PCR (605-A)

| Provider: | Incident #: | Incident Date: |
|---|---|---|
| Incident Address: | Incident City: | |

**Patient Information**

| Name: | ☐ Male ☐ Female | Weight: |
|---|---|---|
| Chief Complaint: | Age: | DOB: |

| Medical History: | Medications | Allergies |
|---|---|---|
| | | |

| Time | GCS | BP | Pulse | Resp. Rate | SpO2 | Pain Scale | By |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |

| Airway Device: ☐ i-gel | # Of Attempts: | Successful: ☐ Yes ☐ No |
|---|---|---|
| Time: | Size: ☐ 3 ☐ 4 ☐ 5 | By: |
| Bi-lat. Lung Sounds: ☐ Yes ☐ No | Epigastric Sounds: ☐ Yes ☐ No | $ETCO_2$ Color Chng: ☐ Yes ☐ No |

| Medications | Defibrillation/AED | O2 Administration | Procedures |
|---|---|---|---|
| Dose:<br>Time:<br>Route: | Time: | LPM:<br>Route: | Procedure:<br>Time: |
| Dose:<br>Time:<br>Route: | Time: | LPM:<br>Route: | Procedure:<br>Time: |

**Patient Care Narrative**

| Crew Names: |
|---|

(Updated 05/2023)