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

Medication (Med)	Defibrillation/AED	O2 Administration	Procedures
Med: Dose: Time: Route:	Time: Time:	LPM: Route:	Procedure: Time:
Med: Dose: Time: Route:	Time: Time:	LPM: Route:	Procedure: Time:

Patient Care Narrative

Crew Names:

(Updated 05/2023)