Maryland Institute For Emergency Medical Services Systems

Prehospital Consultation/Interventions
Radio Report Form

Priority: 1 2 3 4 ❑ Pre Code ❑ Specialty Referral

ETA: _____ Unit # _____

Receiving _____

❑ ALS ❑ Critical Care

❑ BLS ❑ Helicopter _____

Date: _____ Time: _____ am/pm Age: _____ Sex: ❑ M ❑ F Wt: _____ Kg/Lbs

Chief Complaint/Mechanism of Injury: DNR: ❑ A ❑ B

_____

_____

P.M.H./Routine Medications: _____ Allergies: _____

_____ _____

_____ _____

Initial Vitals:

B/P _____ / _____

Pulse _____

RR _____

Repeat Vitals:

BP _____ / _____

Pulse _____

RR _____

Glucometer: _____

O_2 Sat. _____ %

Respiratory
❑ Clear
❑ Rales
❑ Labored
❑ Stridor
❑ Rhonchi
❑ Wheezes
❑ Decreased
❑ L ❑ R

Pulse
❑ Regular
❑ Irregular
❑ Thready

Circulation
❑ JVD
❑ Edema
Cap. Refill: _____ sec.

Skin
❑ Warm
❑ Hot
❑ Cool
❑ Dry
❑ Clammy
❑ Diaphoretic
❑ Cyanotic

Neurology
LOC:
❑ Alert
❑ Verbal
❑ Pain
❑ Unresp.
Pupils:
❑ PERRL
❑ Unequal
❑ Fixed & Dilated
Motor:
❑ Follows Commands
❑ Localizes
❑ Withdraws
❑ Postures
❑ Flaccid
Pertinent Findings:
❑ GCS _____
❑ Cinn. Scale _____

Monitor
❑ Nor Sinus
❑ Sinus Tach
❑ Sinus Brad
❑ A-Fib
❑ A-Flutter
❑ SVT
❑ Block
Degree ① ② ③
❑ Asystole
❑ PEA
❑ PVC's
❑ Vent Fib
❑ Vent Tach
❑ Paced
❑ Other

Oxygen
❑ NR Mask
❑ Nasal Cannula _____ L/min.
❑ BVM
❑ ET ❑ NT
❑ Combitube
❑ CPAP
❑ CPR in Progress
❑ Ventilator
❑ NGT

Equipment
❑ Spine Imm
❑ Splint
❑ PASG: Inflated
❑ Defib
❑ Cardiovert
❑ Paced

❑ IV1 ❑ IV2
❑ IO ❑ EJ
Rate: _____
Gauge: _____
Site: _____
Amount Infused: _____
❑ Bloods Drawn

Medication	Dose	Route
Activated Charcoal		
Adenosine		
Albuterol Sulfate		
Aspirin		
Atropine Sulfate		
Benzocaine		
Calcium Chloride		
Captopril		
Dextrose		
Diazepam		
Diltiazem		

Medication	Dose	Route
Diphenhydramine		
Dopamine		
Epinephrine		
Etomidate		
Furosemide		
Glucagon		
Haloperidol		
Ipratropium		
Lidocaine		
Midazolam		
Morphine Sulfate		

Medication	Dose	Route
Naloxone		
Nitroglycerin Tablet		
Nitroglycerin Paste		
Oral Glucose		
Oxygen		
Sodium Bicarbonate		
Succinylcholine		
Terbutaline		
Vecuronium		
Verapamil		

Interventions: ❑ None

R.N. Signature: _____ M.D. Signature: _____