Maryland Institute for Emergency Medical Services Systems

Short Form Patient Information Sheet

Jurisdiction: _____ Unit:_____ Date: _____

Incident #: _____ Time Arrived at Hospital: _____

Age: _____ DOB: _____ Weight:_____ kg Gender:_____

Patient Name:_____SSN *(Opt.)*: _____

Patient Address: _____

City: _____State:_____ Postal Code: _____

Point of Contact: _____ Phone Number: _____

Chief Complaint: _____ Onset:_____

PAST MEDICAL HISTORY

MOLST Status:_____ ☐ No PMH

_____

_____

_____

ALLERGIES *(Medications & Environmental/Food)*

☐ No Known Allergies

_____

_____

CURRENT MEDICATIONS

☐ No Current Medications

_____

_____

_____

ASSESSMENT

Priority:_____ Category: _____

Pupils: PERRL / Unequal / Fixed-Dilated **Neuro:** Alert / Verbal / Pain / Unresponsive

GCS: Eyes (4) _____ + Verbal (5): _____ + Motor (6): _____ = Total Score: _____

Skin: Warm / Hot / Cool / Dry / Clammy / Diaphoretic / Cyanotic

Pulse: Regular / Irregular / JVD / Peripheral Edema Cap Refill (seconds): _____

Lungs:
R: Clear / Rales / Labored / Stridor / Rhonchi / Wheezes / Decreased / Agonal / Absent
L: Clear / Rales / Labored / Stridor / Rhonchi / Wheezes / Decreased / Agonal / Absent

VITALS

Time	*Temp.*	*B/P*	*Pulse*	*RR*	*SAO2 %*	*Cap*	*CO*	*BG*

ALERT: STROKE TRAUMA SEPSIS STEMI

ASSESSMENT *(Additional)*

PROCEDURES

Cardiac Rhythm

_____

12 Lead Performed: Y / N

12 Lead Transmitted: Y / N

IV1 Started: _____
IV2 Started: _____
IO Started: _____
EJ Started: _____
Amount Infused: _____

CPR Performed: Y / N

ROSC: Y / N

Cincinnati Stroke Scale

Facial Droop: Normal / Abnormal
Arm Drift: Normal / Abnormal
Speech: Normal / Abnormal
Last Known Well Date/Time: _____

Los Angeles Motor Scale (LAMS)

Facial Droop	Grip Strength	Arm Drift
Absent....0	Normal..... 0	Absent.....0
Present....1	Weak Grip 1	Drifts Down.....1
	No Grip..... 2	Falls Rapidly....2

Total Score: _____

Airway		Oxygen		Other
NPA	ET	NRB	CPAP	NDT
EGA/SGA	NT	Nasal Cannula	Bilevel-PAP	NGT
BVM		Ventilator		

☐ **Abuse Suspected** *(Reported Directly to Law Enforcement / Social Services)*

TREATMENT

JURISDICTIONAL ADDITIONS

Printed Clinician Name: _____