Maryland Institute for Emergency Medical Services Systems

Short Form Patient Information Sheet

Jurisdiction: ____________ **Date:** ____________
Incident # ____________ **Time Arrived at Hospital:** ____________
Unit #: ____________
Age: ______ **DOB:** ______ **Wt:** ____Kg **Gender:** ❑M ❑F
Priority: ❑ 1 ❑ 2 ❑ 3 ❑ 4 **Trauma Category:** ❑ A ❑ B ❑ C ❑ D
Patient's Name: ____________
Patient's Address: ____________
City: ____________ **State:** ____________
Point of Contact: ____________ **Phone Number:** ____________
Chief Complaint: ____________
Time of Onset: ______ **Past Medical History: (DNR/MOLST ❑ A1 ❑A2 ❑B)**
Cardiac ❑ **CHF** ❑ **Hypertension** ❑ **Seizure** ❑ **Diabetes** ❑ **COPD** ❑ **Asthma** ❑
Other: ____________
Current Meds: ____________

Allergies: Latex ❑ **Penicillin/Ceph** ❑ **Sulfa** ❑ **Other:** ____________

Assessments

Vitals
Time: ____________
Temperature ____________
B/P: ______ / ______
Pulse: ____________
Respirations: ____________
SAO2: ____________%
Capnography: ____________
Carbon Monoxide: ____________

Repeat Vitals
Time: ____________
B/P: ______ / ______
Pulse: ____________
Respirations: ____________
SAO2: ____________%
Capnography: ____________
Carbon Monoxide: ____________

Respiration

Left		Right
❑	Clear	❑
❑	Rales	❑
❑	Labored	❑
❑	Stridor	❑
❑	Rhonchi	❑
❑	Wheezes	❑
❑	Decreased	❑
❑	Agonal	❑
❑	Absent	❑

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

Pulse
❑ Regular ❑ Irregular
❑ JVD ❑ Peripheral Edema
Cap Refill: ______ seconds

GCS
Eyes (4): ______
Motor (6): ______
Verbal (5): ______
TOTAL: ______

Pupils
❑ PERRL
❑ Unequal
❑ Fixed/Dilated

Neuro
❑ A ❑ V
❑ P ❑ U

Assessment

Procedures

Cardiac Rhythm:
____
Perform 12 Lead Yes ❑ No ❑12
Lead Transmit Yes ❑ No ❑

Glucometer:
____
❑IV1 ❑IV2 Time Started ______
❑IO ❑EJ
Amount Infused:
____

CPR Performed Yes ❑ No ❑
ROSC Yes ❑ No ❑
Induced Hypothermia Yes ❑ No ❑

Cincinnati Stroke Scale
Normal/Abnormal
Facial Droop Normal ❑ Abnormal ❑
Arm Drift Normal ❑ Abnormal ❑
Speech Normal ❑ Abnormal ❑
Last Known Well Time/Date: ____________

Los Angeles Motor Scale (LAMS)

Facial Droop		*Grip Strength*	
Absent	0	Normal	0
Present	1	Weak Grip	1
		No Grip	2

Arm Drift	
Absent	0
Drifts Down	1
Falls Rapidly	2

Score: ______

Oxygen
❑ NRB Mask ❑ King Airway
❑ Nasal Cannula ❑ CPAP
❑ NPA/OPA ❑ NDT
❑ BVM ❑ Ventilator
❑ ET ❑ NT ❑ NGT
❑ Easy Tube

Treatment:

Jurisdictional Additions:

Print Clinician Name: ____________

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