Prehospital Care Report

**Oklahoma Report Number from 1st page:**  
**SUPPLEMENTAL PAGE**  
**PATIENT LAST NAME from 1st page:**  
**INCIDENT DATE from 1st page:**

**Additional PATIENT MEDICAL HISTORY from 1st page:**  
**Additional PATIENT MEDICATION HISTORY from 1st page:**  
**Additional PATIENT ALLERGIES from 1st page:**

**Additional NARRATIVE from 1st page:**

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### Medications

<table>
<thead>
<tr>
<th>Time</th>
<th>Medication Given</th>
<th>See Reference Sheet</th>
<th>Medication Administered By:</th>
<th>Reactions</th>
<th>See Reference Sheet</th>
<th>Medication Authorization</th>
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<tbody>
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<td></td>
<td>CM 1</td>
<td>CM 2</td>
<td>CM 3</td>
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</table>

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### Procedures

<table>
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<tr>
<th>Time</th>
<th>Procedure</th>
<th># Attempts</th>
<th>Successful</th>
<th>Done By:</th>
<th>Complications</th>
<th>See Reference Sheet</th>
</tr>
</thead>
<tbody>
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### Crew Member ID Numbers

- **CREW MEMBER 4 ID NUMBER**
- **CREW MEMBER 5 ID NUMBER**
- **CREW MEMBER 6 ID NUMBER**

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### Crew Member Roles

- **CREW MEMBER 4 Role**
  - Primary Patient Caregiver
  - Secondary Patient Caregiver
  - Third Patient Caregiver

- **CREW MEMBER 5 Role**
  - Primary Patient Caregiver
  - Secondary Patient Caregiver
  - Third Patient Caregiver

- **CREW MEMBER 6 Role**
  - Primary Patient Caregiver
  - Secondary Patient Caregiver
  - Third Patient Caregiver

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### Necessity For Service

- Emergency
- Non-Emergency
- Unknown

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### Vital Signs & Glasgow Coma Scale

<table>
<thead>
<tr>
<th>Time</th>
<th>Pulse</th>
<th>Resp</th>
<th>SBP</th>
<th>DBP</th>
<th>Method</th>
<th>BP</th>
<th>LOC</th>
<th>Sat</th>
<th>EKG</th>
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</table>

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### Vitals

- **Glasgow Coma Scale**
- **Pediatric Trauma Score**: Age 12 and under

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### Procedures Continued from 1st page

<table>
<thead>
<tr>
<th>Time</th>
<th>Procedure</th>
<th># Attempts</th>
<th>Successful</th>
<th>Done By:</th>
<th>Complications</th>
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</tbody>
</table>

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### Crew Member Signatures

- **CREW MEMBER 4 Signature**
  - Crew Member Signature
- **CREW MEMBER 5 Signature**
  - Crew Member Signature
- **CREW MEMBER 6 Signature**
  - Crew Member Signature

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### Other

- **Other Patient Caregiver**
- **Secondary Patient Caregiver**
- **Primary Patient Caregiver**

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### Narrative page ___ of ___ pages