GENERIC RUN REPORT
Prehospital Patient Care Chart

INCIDENT NUMBER	UNIT ID	INCIDENT DATE

INCIDENT ADDRESS	INCIDENT CITY	INCIDENT STATE	INCIDENT ZIP CODE

INCIDENT COUNTY	INCIDENT LOCATION TYPE See Ref. Sheet

COMPLAINT REPORTED BY DISPATCH See Ref. Sheet	PRIMARY PAYMENT See Ref. Sheet	EMERGENCY MEDICAL DISPATCH PERFORMED	LEVEL OF SERVICE
		☐ No ☐ Yes w/pre-arrival instructions ☐ Yes w/out pre-arrival instructions	☐ BLS, Emergency ☐ ALS, Level 1 Emergency ☐ ALS, Level 2 ☐ Specialty Care Transport ☐ Helicopter ☐ Not Applicable

INCIDENT/PATIENT DISPOSITION
☐ Treated, Transport EMS ☐ No Patient Found ☐ Treated, Transferred care ☐ Treated, Transported Law Enforcement
☐ Cancelled ☐ No Treatment Required ☐ Pt Refused Care
☐ Treated & Released ☐ Dead at Scene ☐ Treated, Transported Private Vehicle

NUMBER OF PATIENTS ON SCENE	MASS CASUALTY	TYPE OF SERVICE REQUESTED	PRIMARY ROLE OF THE UNIT
☐ Single ☐ None ☐ Multiple	☐ Yes ☐ No	☐ Scene Response ☐ ED to ED Transfer ☐ Mutual Aid ☐ Intercept	☐ Transport ☐ Non-transport ☐ Supervisor ☐ Rescue

TYPE OF DELAY (S)

DISPATCHER	RESPONSE	SCENE	TRANSPORT	RETURN
☐ None-N/A	☐ None-N/A	☐ None-N/A	☐ None-N/A	☐ None-N/A
☐ Not known	☐ Crowd	☐ Crowd	☐ Crowd	☐ Clean up
☐ Caller Uncooperative	☐ Directions	☐ Directions	☐ Directions	☐ Decontamination
☐ High Call Volume	☐ Distance	☐ Distance	☐ Distance	☐ Documentation
☐ Language Barrier	☐ Diversion	☐ Diversion	☐ Diversion	☐ ED Overcrowding
☐ Location (Inability to obtain)	☐ Hazmat	☐ Extrication>20 Min	☐ Hazmat	☐ Equipment Failure
☐ No Unit Available	☐ Safety Conditions	☐ Hazmat	☐ Safety Conditions	☐ Equipment Replenishment
☐ Safety Conditions	☐ Staff Delay	☐ Language Barrier	☐ Staff Delay	☐ Other
☐ Technical Failure	☐ Traffic	☐ Safety Conditions	☐ Traffic	☐ Staff Delay
☐ Other	☐ Ambulance Crash	☐ Staff Delay	☐ Ambulance Crash	☐ Ambulance Failure
	☐ Ambulance Failure	☐ Traffic	☐ Ambulance Failure	
	☐ Weather	☐ Ambulance Crash	☐ Weather	
	☐ Other	☐ Ambulance Failure	☐ Other	
		☐ Weather		
		☐ Other		

PATIENT LAST NAME	PATIENT FIRST NAME	MI

PATIENT ADDRESS ☐ SAME AS INCIDENT	PATIENT CITY	PATIENT STATE	PATIENT ZIP CODE

AGE	DATE OF BIRTH	GENDER	RACE	ETHNICITY
		☐ Female ☐ Male		

CURRENT MEDICATIONS	ALLERGIES	PERTINENT HISTORY

INJURY PRESENT	CAUSE OF INJURY See Ref. Sheet	TYPE OF INJURY	ALCOHOL/DRUG USE INDICATORS
☐ Yes ☐ No		☐ Blunt ☐ Penetrating ☐ Burn ☐ Not Known	☐ None ☐ Smell of alcohol on breath ☐ Alcohol and/or drug paraphernalia at scene ☐ Pt admits to drug use ☐ Pt admits to alcohol use

CHIEF COMPLAINT	CONDITION CODE See Ref. Sheet

CHIEF COMPLAINT ANATOMIC LOCATION
☐ Abdomen ☐ Extremity Lower ☐ General/Global
☐ Chest ☐ Back ☐ Extremity Upper
☐ Head ☐ Neck ☐ Genitalia

CHIEF COMPLAINT ORGAN SYSTEM
☐ CNS/Neuro ☐ OB/GYN ☐ Pulmonary ☐ Endocrine/Metabolic
☐ Global ☐ Renal ☐ Cardiovascular ☐ Gastrointestinal
☐ Psych ☐ Skin ☐ Musculoskeletal

CARDIAC ARREST
☐ Yes, Prior to Arrival
☐ Yes, After Arrival
☐ No

RESUSCITATION
☐ Defibrillation ☐ None-DOA
☐ Ventilation ☐ None-DNR
☐ Chest Compressions ☐ None-Signs of life

CAUSE OF CARDIAC ARREST
☐ Presumed Cardiac ☐ Respiratory
☐ Trauma ☐ Electrocution
☐ Drowning ☐ Other

USE OF SAFETY EQUIPMENT
☐ N/A ☐ Lap Belt ☐ Shoulder Belt ☐ Protective Clothing
☐ Not Known ☐ Helmet Worn ☐ Protective Non-Clothing Gear ☐ Other
☐ Child Restraint ☐ Eye Protection ☐ Personal Floatation Device ☐ None

AIRBAG DEPLOYMENT
☐ None Present ☐ Deployed Front
☐ Not Deployed ☐ Deployed Side
☐ Deployed Other ☐ N/A

BARRIERS TO STANDARD PATIENT CARE
☐ Development Impaired ☐ Physically Impaired ☐ Unattended/Unsupervised ☐ Hearing Impaired
☐ Physical Restraint ☐ Unconscious ☐ Language ☐ Speech Impaired

RESPONSE MODE	TRANSPORT MODE
☐ Lights/Sirens	☐
☐ No Lights/No Sirens	☐
☐ Initial Lights/Sirens Downgraded to no Lights/Sirens	☐
☐ Initial No Lights/Sirens Upgraded to Lights/Sirens	☐

Initial Call for Help	:	Unit Left Scene	:
Unit Notified	:	Patient arrived at Destination	:
Unit En Route	:	Incident Completed	:
Arrive on Scene	:	Available for Next Incident	:
Arrived at PT.	:		

PRIOR AID See Ref. Sheet

PRIOR AID OUTCOME ☐ Improved ☐ Unchanged ☐ Worse ☐ Unknown

PERFORMED BY	MEDICATIONS/ PROCEDURES	PERFORMED BY	MEDICATIONS/PROCEDURES

INCIDENT NUMBER	UNIT ID	INCIDENT DATE

TRAUMA TRIAGE CRITERIA

- ☐ 2nd/3rd burn >10% BSA or face/feet/hand/genital/airway
- ☐ Amp prox to wrist/ankle
- ☐ Decreasing LOC
- ☐ GCS Motor <4
- ☐ GCS Total ≤13
- ☐ Head/neck/torso crush
- ☐ Extremity inj w/neurovasc comp
- ☐ Extremity crush
- ☐ Torso inj w/pelvic fx
- ☐ Flail chest
- ☐ Torso inj w/abd tender/ distended/seatbelt sign
- ☐ LOC ≥5 min
- ☐ Mech of inj
- ☐ Did not meet any triage criteria
- ☐ Pen inj head/neck/torso
- ☐ Pen inj prox to knee/elbow w/neurovasc comp
- ☐ Spinal cord inj
- ☐ Special Considerations
- ☐ 2+ prox humerus/femur fxs

ADULTS ONLY

- ☐ Pulse >120 w/hemor shock
- ☐ Tension pneumothorax
- ☐ Resp <10 or >29
- ☐ Required intubation
- ☐ SysBP <90, or no radial pulse w/carotid pulse

PEDS ONLY

- ☐ Poor perfusion
- ☐ Resp distress/failure

SYMPTOMS PRIMARY=P ASSOCIATED=A

P	A		P	A	
☐	☐	None	☐	☐	Mass/Lesion
☐	☐	Bleeding	☐	☐	Mental/Psych
☐	☐	Breathing	☐	☐	Nausea/Vomiting
☐	☐	Changes in Responsiveness	☐	☐	Pain
☐	☐	Choking	☐	☐	Palpitations
☐	☐	Death	☐	☐	Rash/Itching
☐	☐	Device/Equip Prob	☐	☐	Swelling
☐	☐	Diarrhea	☐	☐	Transport Only
☐	☐	Drainage/Discharge	☐	☐	Weakness
☐	☐	Fever	☐	☐	Wound
☐	☐	Malaise			

PROVIDER IMPRESSION PRIMARY=P SECONDARY=S

P	S		P	S		P	S	
☐	☐	Abd pain	☐	☐	Electrocution	☐	☐	Resp arrest
☐	☐	Airway obstruct	☐	☐	Hyperthermia	☐	☐	Resp distress
☐	☐	Allergic rxn	☐	☐	Hypothermia	☐	☐	Seizure
☐	☐	Altered LOC	☐	☐	Hypovolemia/shock	☐	☐	Sexual assault/rape
☐	☐	Behavior/psych	☐	☐	Inhalation/toxic gas	☐	☐	Stings/bites
☐	☐	Cardiac arrest	☐	☐	Inhalation/smoke	☐	☐	Stroke/CVA
☐	☐	Cardiac arrhythmia	☐	☐	Death	☐	☐	Syncope
☐	☐	Chest pain	☐	☐	Poisoning/drug OD	☐	☐	Injury
☐	☐	Diabetic	☐	☐	OB/delivery	☐	☐	Vag bleed

MEDICATIONS

TIME	MEDICATION	DOSE	ROUTE	REACTIONS See Ref. Sheet
:				
:				
:				
:				
:				

PROCEDURES

TIME	PROCEDURE	# ATTEMPTS	SUCCESSFUL	COMPLICATIONS See Ref. Sheet
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	

VITAL SIGNS See Ref. Sheet

TIME	PULSE	SYS BP	DIA BP	RESP	O2 SAT	GCS EYE	GCS VERBAL	GCS MOTOR
:								
:								
:								
:								
:								

ADV DIRECTIVE

- ☐ State DNR Form
- ☐ Other Healthcare DNR
- ☐ Family Request DNR (no form)
- ☐ None
- ☐ Living Will
- ☐ Other

DESTINATION

TYPE OF DESTINATION

- ☐ Hosp ED/OR/L&D
- ☐ Other EMS (air)
- ☐ Other EMS (ground)
- ☐ Other

REASON FOR CHOOSING DESTINATION

- ☐ Closest
- ☐ Diversion
- ☐ Family Choice
- ☐ Insurance
- ☐ Law Enforcement Choice
- ☐ On-line Med Control
- ☐ Other
- ☐ Pt. Choice
- ☐ Pt. Physician's Choice
- ☐ Protocol

ED DISPOSITION

- ☐ Admit-floor
- ☐ Admit-ICU
- ☐ Death
- ☐ Discharge
- ☐ Transfer-other hosp

HOSPITAL DISPOSITION

- ☐ Death
- ☐ Discharge
- ☐ Transfer-other hosp
- ☐ Transfer-nursing home
- ☐ Transfer-other
- ☐ Transfer-rehab

NARRATIVE

CREW MEMBER	CREW MEMBER	CREW MEMBER
CREW MEMBER	CREW MEMBER	CREW MEMBER