ALAMEDA COUNTY BASE HOSPITAL PREHOSPITAL CARE REPORT

Base Hospital:______________________

MO/DAY/YEAR	Time	C-MED NUMBER	Tape Number	Log Number	☐ Radio ☐ Phone

Unit number	Radio Person	Patient Person

PATIENT NAME:

Last First Middle

☐ Non-breathing/ pulseless ☐ Stat Medical ☐ Stat Trauma ☐ Non Stat _____min ETA to: ________________ **Location/position:** **Age:** **Sex:** **Weight:** **PMD:**

CHIEF COMPLAINT:

PERTINENT MEDICAL HISTORY:

☐ Cardiac: ☐ Seizure ☐ ETOH on breath
☐ Asthma/Emphysema ☐ CVA ☐ PSYCH
☐ Diabetes ☐ HTN ☐ OTHER

HISTORY OF CHIEF COMPLAINT/MECHANISM OF INJURY:

MEDICATIONS:

GENERAL ASSESSMENT:

ALLERGIES:

GLASCOW COMA SCALE

EYE OPENING	VERBAL RESPONSE	MOTOR RESPONSE
☐ Spontaneous	☐ Oriented	☐ Obeys Commands
☐ To Voice	☐ Confused	☐ Localizes Pain
☐ To Pain	☐ Inappropriate words	☐ Withdraws To Pain
☐ None	☐ Incomprehensible words	☐ Flexion To Pain
	☐ None	☐ Extension To Pain
		☐ None

Explanation:

	WNL	ABN	Details
1. Neuro	☐	☐	
2. Head/Face (eye, ears, nose)	☐	☐	
3. Neck	☐	☐	
4. Chest	☐	☐	
5. Lungs	☐	☐	
6. Abdomen	☐	☐	
7. Back/Spine	☐	☐	
8. Pelvis	☐	☐	
9. Extremities	☐	☐	

BREATHING	SKIN COLOR	SKIN MOIST	SKIN TEMP	CAPILLARY FILL	PUPILS
☐ Normal	☐ Normal	☐ Dry	☐ Warm	☐ Normal	☐ PERL
☐ Shallow	☐ Pale	☐ Moist	☐ Cold	< 2 Secs	☐ Pinpoint
☐ Retracting	☐ Ashen		☐ Cool	☐ Delayed	☐ Dilated
☐ Absent	☐ Flushed	**TURGOR**	☐ Hot	> 2 Secs	☐ Reactive
☐ Rapid	☐ Cyanotic	☐ Good		☐ Absent	☐ Non React
☐ Labored	☐ Jaundiced	☐ Poor			☐ R > L
☐ Other					☐ L > R
					Size:_______

TIME : → BP P R ↳ BP P R EKG:

TIME	MANAGEMENT	PT. RESPONSE	BP	P	R
:					
:					
:					
:					
:					
:					
:					
:					
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RECEIVING HOSPITAL | MD: 2 3 **Code**

Reason for hospital selection: ☐ Pt/family request ☐ Closest ☐ Undesignated ☐ Reroute ☐ MD request ☐ Special services ☐ Trauma Center ☐ Other:________________

ETA:	Notified by	Report given to	Time	MD signature	MICN signature

Unusual field circumstances:

Continuation form ☐ Yes ☐ No