EMR RUN REPORT

Date:_____ Run Number: _____ Nature of Call: _____

Call: _____En Route: _____ On Scene: _____ Completed: _____

Location: _____

PATIENT INFO:

Patient Name: _____ Chief complaint: _____

Age: ____B/D: ____/____/_____Doctor:_____

TIME OF INCIDENT ON SET: _____ am/pm **S/S**:_____

_____

B/P:_____/_____O2 Sat **(room air)**:_____O2 Sat **(on oxygen)**:_____ Pulse: _____ Respirations: ____

Allergies: _____

Meds._____

UNITS RESPONDING: B-31___ B-32___ B-33___ E-31___ E-32___ C-31___ T-31___ POV____

EMRs Responding: _____ **EMS unit:** 110___/120___/130___

EMRs on EMS unit en route to hospital: _____

Procedure(s) done by which EMR: _____

_____

MUTUAL AID: Given: _____ Received: _____ Department Involved: _____

Other Units on Scene:

KPD: _____ County: _____ OHP: _____ Other: _____

Helicopter :_____(landing time) _____ (depart time) _____ (destination)_____

KFD Volunteers Responding _____

Narrative: _____

_____

USE BACK OF THIS FORM FOR ADDITIONAL COMMENTS.

Incident Commander Signature_____

First Responder Signature _____

This report is based only on the opinion of the person completing the report, based on personal observation.

A FDID ☆ | State ☆ | Incident Date (MM DD YYYY) ☆ | Station | Incident Number ☆ | Exposure ☆ | ☐ Delete ☐ Change

NFIRS-6 EMS
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

B Number of Patients | Patient Number ☆
Use a separate form for each patient

C Date/Time
Check if same date as Alarm date ⇨
☐ Time Arrived at Patient — Month | Day | Year | Hour/Min
☐ Time of Patient Transfer — Month | Day | Year | Hour/Min

D Provider Impression/Assessment ☆ Check one box only ☐ None/no patient or refused treatment

10	☐ Abdominal pain	18	☐ Chest pain	26	☐ Hypovolemia	34	☐ Sexual assault
11	☐ Airway obstruction	19	☐ Diabetic symptom	27	☐ Inhalation injury	35	☐ Sting/bite
12	☐ Allergic reaction	20	☐ Do not resuscitate	28	☐ Obvious death	36	☐ Stroke/CVA
13	☐ Altered LOC	21	☐ Electrocution	29	☐ OD/poisoning	37	☐ Syncope
14	☐ Behavioral/psych	22	☐ General illness	30	☐ Pregnancy/OB	38	☐ Trauma
15	☐ Burns	23	☐ Hemorrhaging/bleeding	31	☐ Respiratory arrest	00	☐ Other
16	☐ Cardiac arrest	24	☐ Hyperthermia	32	☐ Respiratory distress		
17	☐ Cardiac dysrhythmia	25	☐ Hypothermia	33	☐ Seizure		

E1 Age or Date of Birth
Age ☐ Months (for infants)
OR
Month | Day | Year

F1 Race
1 ☐ White
2 ☐ Black, African American
3 ☐ Am. Indian, Alaska Native
4 ☐ Asian
5 ☐ Native Hawaiian, Other Pacific Islander
0 ☐ Other, multiracial
U ☐ Undetermined

G1 Human Factors Contributing to Injury ☐ None
Check all applicable boxes
1 ☐ Asleep
2 ☐ Unconscious
3 ☐ Possibly impaired by alcohol
4 ☐ Possibly impaired by drug
5 ☐ Possibly mentally disabled
6 ☐ Physically disabled
7 ☐ Physically restrained
8 ☐ Unattended person

G2 Other Factors ☐ None
If an illness, not an injury, skip G2 and go to H3
1 ☐ Accidental
2 ☐ Self-inflicted
3 ☐ Inflicted, not self

E2 Gender
1 ☐ Male 2 ☐ Female

F2 Ethnicity
1 ☐ Hispanic or Latino
0 ☐ Non Hispanic or Latino

H1 Body Site of Injury
List up to five body sites

H2 Injury Type
List one injury type for each body site listed under H1

H3 Cause of Illness/Injury
Cause of illness/injury

I Procedures Used — Check all applicable boxes ☐ No treatment

01	☐ Airway insertion	14	☐ Intubation (EGTA)
02	☐ Anti-shock trousers	15	☐ Intubation (ET)
03	☐ Assist ventilation	16	☐ IO/IV therapy
04	☐ Bleeding control	17	☐ Medications therapy
05	☐ Burn care	18	☐ Oxygen therapy
06	☐ Cardiac pacing	19	☐ OB care/delivery
07	☐ Cardioversion (defib) manual	20	☐ Prearrival instructions
08	☐ Chest/abdominal thrust	21	☐ Restrain patient
09	☐ CPR	22	☐ Spinal immobilization
10	☐ Cricothyroidotomy	23	☐ Splinted extremities
11	☐ Defibrillation by AED	24	☐ Suction/aspirate
12	☐ EKG monitoring	00	☐ Other
13	☐ Extrication		

J Safety Equipment ☐ None
Used or deployed by patient. Check all applicable boxes.
1 ☐ Safety/seat belts
2 ☐ Child safety seat
3 ☐ Airbag
4 ☐ Helmet
5 ☐ Protective clothing
6 ☐ Flotation device
0 ☐ Other
U ☐ Undetermined

K Cardiac Arrest
Check all applicable boxes
1 ☐ Pre-arrival arrest?
If pre-arrival arrest, was it:
1 ☐ Witnessed?
2 ☐ Bystander CPR?
2 ☐ Post-arrival arrest?
Initial Arrest Rhythm
1 ☐ V-Fib/V-Tach
0 ☐ Other
U ☐ Undetermined

L1 Initial Level of Provider ☆
1 ☐ First Responder
2 ☐ EMT-B (Basic)
3 ☐ EMT-I (Intermediate)
4 ☐ EMT-P (Paramedic)
0 ☐ Other provider
N ☐ No Training

L2 Highest Level of Care Provided On Scene ☐ None
1 ☐ First Responder
2 ☐ EMT-B (Basic)
3 ☐ EMT-I (Intermediate)
4 ☐ EMT-P (Paramedic)
0 ☐ Other provider

M Patient Status
1 ☐ Improved
2 ☐ Remained same
3 ☐ Worsened
Check if:
1 ☐ Pulse on transfer
2 ☐ No pulse on transfer

N EMS Disposition ☐ Not transported
1 ☐ FD transport to ECF
2 ☐ Non-FD transport
3 ☐ Non-FD trans/FD attend
4 ☐ Non-emergency transfer
0 ☐ Other