Run Report Number Example - July 7, 2010 at 11:45 pm is 1007042345

Use Tab key to navigate form.

Date of Incident: ____/____/____

Dispatched 10-39 10-40

Other _____

Arnolds Park FIRE & RESCUE Okoboji

No

yymmddhhmm

Patient Information

Last Name First Name Middle Init.

Street Address or PO Box

City State Zip

Age_____ Date of Birth____/____/____ Sex M F

Physician

Location

Disposition

TIME	TIME
Serv Noti	
Time Out	
At Scene	
Dep. Scene	
At Dest.	
In Serv.	
At Base	

Treatment

- 01 Airway Suctioned
- 02 Airway Adjunct _____
- 03 AED # Shocks _____
- 04 Bleed Control _____
- 05 Cervical Collar Applied
- 06 Cold Pack Applied
- 07 Combitube # Attempts _____
- 08 CPR Time Began _____
- 09 Glucometer _____
- 10 Heat Pack Applied
- 11 Irrigation
- 12 IV Start _____
- 13 KED/Short Board Application
- 14 MAST Applied
- 15 Mast Inflated
- 16 O2_____ LPM via _____
- 17 Psychological Support
- 18 Restraints Used
- 19 Scoop Stretcher
- 20 Long Spine Board
- 21 Splint/Type _____

Past Medical History	
Current Medications	
Allergies	

Vital Signs

Respiratory *Pulse* *Blood Pressure* *Glasgow Coma Scale*

Time	Rate	Effort	Rate	Quality	Systolic	Dyastolic	SpO2%	Eye (4)	Verbal (5)	Motor (6)	Total
		1 Normal 2 Abnormal 3 Absent		1 Regular 2 Irregular 3 Absent							
		1 Normal 2 Abnormal 3 Absent		1 Regular 2 Irregular 3 Absent							

Other Assessments

Lung Sounds:	**Pupils**	Left Right
Skin Color / Temperature / Moisture:		

Narrative:

Personnel:		

LAKES PRINTING COMPANY, Spirit Lake, IA

Print