Initial Information

Date:_____ Time:_____

Dispatcher:_____

Person Making Report:_____ Government Employee: (Y/N)_____

Patient Information

Number of patients: (Every patient gets their own patient run sheet)_____

Sex:_____ Age:_____ Flight Weight:_____

Name: (Shouldn't be broadcast over the radio)_____

Chief complaint, extent of injuries: (What's wrong?)_____

_____

Mechanism of injury or illness: (How it happened)_____

_____

Decision! Is this a Non Emergency Medical Transport or a Medical Emergency?

Non Emergency Medical Transport Patient Run Sheet

Vital Signs

AVPU: (Mental Status)_____ BP:_____Pulse:_____

{} ALERT {} VERBAL {} PAINFUL {} UNRESPONSIVE

Skin Color & Temp:_____Respirations: _____

IV Started: Y/N Medications Administered:_____

Medically Trained Personnel on Scene:_____

Site Information

Site Contact Name:_____ Ground Contact #:_____

Fire Name:_____ Fire #:_____

Radio Frequency FM:_____ Air to Ground:_____

Latitude:_____ Longitude:_____

Physical Description: (Mile Marker, Highway)_____

_____

_____

Additional Resources Needed: (Law enforcement, agency personnel, search and rescue)_____

_____

_____

Transport Needs: (Air Ambulance helicopter or if more than one patient fix wing. Consider ordering an air attack if using air ambulance.) _____

_____

Helispot Location and Size: (Proximity to injury site. Needs to be big enough for medium ship)_____

_____

Weather: _____ Temp:_____ Elevation:_____

Other Aircraft:_____ Flight Hazards:_____

Information to be obtained and passed on to scene

Resources en-route:_____

_____

Estimated time of resource arrival:_____

Radio Frequencies: _____

Local Hospital or clinic notified:_____

Supervisor Notified:_____