



Texas Engineering Extension Service
 Emergency Services Training Institute
 Emergency Medical Services Training Program

Call Times – Use 24hr Clock	
DISPATCH	
ENROUTE	
ON SCENE	
TO HOSP	
AT HOSP	
IN SERVICE	

Student Name: _____

Class: Basic Intermediate Paramedic Class Start Date: _____

Rotation Date: _____ EMS Site: _____ Unit: _____ Patient: _____ of _____

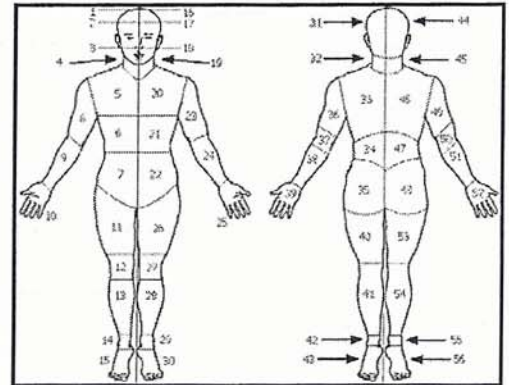
Weather: Dry Rain Snow Ice Fog Other: _____	Law Enforcement Units (List): _____	Patient's Valuables: _____
Additional EMS Units (List): _____	Fire Units (List): _____	Disposition of Patient Valuables: _____
Air Ambulance? <input type="checkbox"/> YES <input type="checkbox"/> NO Pt Airlifted to: _____		
Second Ambulance used to transport? <input type="checkbox"/> YES <input type="checkbox"/> NO Service: _____ Transported to: _____		

Chief Complaint: _____	Working Diagnosis: _____
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PATIENT HISTORY		Time			
Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		BP			
PMHx: _____		P			
MEDS: _____		R			
		SaO₂			
		D-Stick			
		Pupils			
ALLERGIES: _____		Skin			
		GCS/RCS			

MEDICATIONS ADMINISTERED BY EMS

TIME	MED	DOSE	ROUTE	EFFECT



Patient Transported to: _____

Transport Refused	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle Extrication
Work Related:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES TIME _____ <input type="checkbox"/> NO
Aid Prior to Arrival:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Preventative Aid:

Driver _____	Cert _____
Attendant _____	Cert _____
Student _____	Cert _____
Preceptor Signature	

