Maryland Institute For Emergency Medical Services Systems

Prehospital Consultation/Interventions
Radio Report Form

Priority: 1 2 3 4 ☐ Pre Code
☐ Specialty Referral
ETA: _____ Unit # _____
Receiving _____
☐ ALS ☐ Specialty Care
☐ BLS ☐ Helicopter _____

Date: _____ Time: _____ am/pm Age: _____ Sex: ☐ M ☐ F Wt: _____ Kg/Lbs

Chief Complaint/Mechanism of Injury:
_____
_____

MOLST/DNR: ☐ A_1 ☐ A_2 ☐ B

TRAUMA CATEGORY:
☐ Alpha ☐ Bravo
☐ Charlie ☐ Delta ☐ N/A

P.M.H./Routine Medications: _____ Allergies: _____

Pertinent Findings: ☐ GCS _____ ☐ Cinn. Scale _____ ☐ LAMS Score _____

Initial Vitals:	Repeat Vitals:
Time _____	Time _____
Temperature _____	Temperature _____
B/P _____ / _____	BP _____ / _____
Pulse _____	Pulse _____
RR _____	RR _____
Pain _____	Pain _____

Last Known Well Time: _____

Glucometer: _____
$ETCO_2$ _____
O_2 Sat. _____ %

12-Lead EKG

Y	N	N/A	
☐	☐	☐	Sent
☐	☐	☐	Received
☐	☐		STEMI Alert

Respiratory
☐ Clear
☐ Rales
☐ Labored
☐ Stridor
☐ Rhonchi
☐ Wheezes
☐ Decreased
☐ L ☐ R

Pulse
☐ Regular
☐ Irregular
☐ Thready

Circulation
☐ JVD
☐ Edema
Cap. Refill: _____ sec.

Skin
☐ Warm
☐ Hot
☐ Cool
☐ Dry
☐ Clammy
☐ Diaphoretic
☐ Cyanotic

Neurology
LOC:
☐ Alert
☐ Verbal
☐ Pain
☐ Unresp.
Pupils:
☐ PERRL
☐ Unequal
☐ Fixed & Dilated
Motor:
☐ Follows Commands
☐ Localizes
☐ Withdraws
☐ Postures
☐ Flaccid

Monitor
☐ Nor Sinus
☐ SinusTach
☐ Sinus Brad
☐ A-Fib
☐ A-Flutter
☐ SVT
☐ Block
Degree (1) (2) (3)
☐ Asystole
☐ PEA
☐ PVC's
☐ Vent Fib
☐ Vent Tach
☐ Paced
☐ Other

Oxygen
☐ NR Mask
☐ Nasal Cannula
_____ L/min.
☐ BVM
☐ ET ☐ NT
☐ Other Adv. Airway
☐ CPAP
☐ CPR in Progress
☐ Ventilator
☐ NGT

Equipment
☐ Spine Imm
☐ Splint
☐ Pelvic Binder
☐ Defib
☐ Cardiovert
☐ Paced

☐ IV1
Time Started _____
☐ IV2
☐ IO ☐ EJ
Rate: _____
Gauge: _____
Site: _____
Amount Infused: _____
☐ Bloods Drawn

Medication	Dose	Route
Acetaminophen		
Activated Charcoal		
Adenosine		
Albuterol Sulfate		
Amiodarone		
Aspirin		
Atropine Sulfate		
Calcium Chloride		
Dexamethasone		
Dextrose		
Diazepam		
Diltiazem		

Medication	Dose	Route
Diphenhydramine		
Dopamine		
Droperidol		
Epinephrine		
Etomidate		
Fentanyl		
Glucagon		
Haloperidol		
Ipratropium/Atrovent		
Ketamine		
Lidocaine		
Magnesium Sulfate		

Medication	Dose	Route
Midazolam		
Morphine Sulfate		
Naloxone		
Nitroglycerin Tab/Paste		
Ondansetron		
Oral Glucose		
Oxygen		
Sodium Bicarbonate		
Succinylcholine		
Terbutaline		
Tranexamic Acid (TXA)		
Vecuronium		

Interventions: ☐ None _____

Physician Signature: _____ Date: _____ Time: _____ RN Signature: _____ Date: _____ Time: _____

☐ Medical direction given **OR** ☐ Notification only

☐ Present for consult **OR** ☐ Not present for consult/notification

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