

# RC Health Services EMS Academy

## Hospital Patient Care Report

Grade: \_\_\_\_\_

<b>Student Name:</b>		<b>Date:</b>	<b>Preceptor Name/Certification:</b>		<b>Shift:</b>	<b>Total Hrs:</b>	<b>Report Ref #</b>	
							1 2 3 4 5 6 7 8 9 10	
<b>Hospital:</b>		<b>Dept:</b>	<b>DSHS#</b>	<b>Course Instructor:</b>				
<b>Patient Age:</b>	<b>Gender:</b>	<b>Weight:</b>	<b>Chief Complaint/Diagnosis:</b>					
Yr or Mo		kg						
<b>MOI/NOI:</b>					<b>Past Medical/Surgical History:</b>			
___ Abdominal Pain		___ Eye Injury		___ Alzheimer's		___ COPD/Asthma		
___ Allergic Reaction		___ Fall		___ AMI		___ CVA/TIA		
___ Animal Bite/Sting		___ Fracture/Dislocation		___ Arthritis		___ Dementia		
___ Assault/Sexual Assault		___ Infection/Sepsis		___ Behavioral/Psych		___ Denies		
___ Burns/Electical Injury		___ Neuro/Seizure/CVA/TIA		___ Cancer		___ Diabetes		
___ Cardiac Arrest		___ OD/Poisonings/Exposures		___ Cardiac		___ GERD		
___ Chest Pain/Cardiac Related		___ Pregnancy/OB-Gyn		___ CHF		___ GI		
___ Choking/Aspiration		___ Psychiatric		___ Cholestrol (High)		___ Seizures		
___ Diabetic/Endocrine		___ Stabbing/GSW/Trauma		Other: _____				
___ Drowning/Near Drowning		___ Other						
<b>Allergies:</b>				<b>Medications:</b>				
___ PCN    ___ Sulfa    ___ Latex    ___ Codiene								
___ Other:								
<b>Vital Signs:</b>								
<b>Time</b>	<b>BP/Location</b>	<b>HR</b>	<b>RR</b>	<b>SPO2</b>	<b>ETCO2</b>	<b>Pupils</b>	<b>BGL</b>	<b>Breath Sounds/Skin</b>
				%			mg/dL	
				%			mg/dL	
				%			mg/dL	
				%			mg/dL	
<b>Glasgow Coma Scale:</b>				<b>CPR</b>		<b>Airway</b>		<b>IV</b>
<b>Times</b>	<b>Eyes</b>	<b>Verbal</b>	<b>Motor</b>	Time Started: _____		Time: _____ CPAP: _____		Time: _____ Cath: _____
				Time Ended: _____		ET Size: _____ CO2: _____		Site: _____ Rate: _____
				# of Shocks: _____		ET Depth: _____		
				<b>Interventions</b>				
				<b>Time</b>	<b>Treatment/Procedure</b>	<b>Time</b>	<b>Treatment/Procedure</b>	
<b>Assessment Findings</b>								
<b>Neuro</b>								
<b>Head</b>								
<b>Face</b>								
<b>Neck</b>								
<b>Chest</b>								
<b>Abdomen</b>								
<b>Pelvis/OB</b>								
<b>Arms</b>								
<b>Legs</b>								
<b>Back</b>								
				Student Signature: _____				
				Preceptor Signature: _____				