Springdale Fire Department
Radio Report Form

Squad #_____ **Date:** _____
Time: _____

PT. NAME_____

ADDRESS_____**CITY**_____**ZIP**_____

PHONE# ( ) _____-_____ **DOB**_____/_____/_____ **SSN**_____-_____-_____

ENROUTE W/_____Y/O **M / F** PT. OF DOCTOR_____

CC: _____ **STABLE / UNSTABLE**

UOA: _____

HISTORY: _____

PE: LOC: **A V P U** POSTICTAL: **Y / N** SMC'S:_____ SKIN:_____

GCS: _____ PUPILS: _____ LUNGS: (R) _____ (L) _____

ECG: _____ RATE: _____ 12 LEAD: **Y / N** _____

PAIN SCALE: **0 1 2 3 4 5 6 7 8 9 10** SECOND: **0 1 2 3 4 5 6 7 8 9 10**

SECONDARY SURVEY_____

VITALS:

B/P:_____/_____ P: _____I/R R: _____ SA02:_____% ACCU: _____ TEMP: _____

B/P:_____/_____ P: _____I/R R: _____ SA02:_____% ACCU: _____ TEMP: _____

B/P:_____/_____ P: _____I/R R: _____ SA02:_____% ACCU: _____ TEMP: _____

TX: PRIMARY TX: _____

02 VIA_____ AT_____LPM EtCO2:_____ **NC / ET**

IV_____/_____ML 10gtt / 60gtt _____GA R / L_____ ATTEMPTS: _____ TKO / WO BOLUS_____ML

MEDS GIVEN_____DOSE_____ ROUTE_____ TIME_____

_____DOSE_____ ROUTE_____ TIME_____

_____DOSE_____ ROUTE_____ TIME_____

CHANGES W/ TX:_____ **MEDICAL CONTROL INTS:**

PT MEDS: _____ **ALLERGIES:** _____

_____ _____

_____ _____

Paramedic_____ **ER Staff**_____