

PATIENT CONTACT FORM

Student Name: _____ Date: _____ Preceptor _____
 Facility: _____ Location: _____ Shift _____
 Patient Classification: Adult Pediatric Medical Trauma

CHIEF COMPLAINT: (R) KNEE PAIN AGE: 23 SEX: M

NARRATIVE:

[S] MALE DRIVER - "HIGH SPEED" COLLISION 2 MEDIAN WALL
[O] PT 40 (R) KNEE PAIN POSSIBLY CONTACT 2 DASH. INJURIES
ANY OTHER TRAUMA. BLOOD NOTED ON PT. NO VISIBLE
WOUNDS. CANNOT REMEMBER IF SEATBELT WORN.
[A] POSSIBLE COLLISION (R) KNEE
[P] KEYWORDS FOR TRAUMA 2 TO COLLISION; KEPT (R) KNEE
TRANSPORT

Pt. Destination: _____ Treatment: _____

Treatment Provided by Student I.C.E TO (R) KNEE

Physical Signs:	1	2	3	Patient History:
Time:	<u>0017</u>			Allergies: <u>PEANUTS</u>
Blood Pressure	<u>110/73</u>			Medications: <u>Ø</u>
Pulse	<u>88</u>			PM Hx: <u>Ø</u>
Respirations	<u>18</u>			Last Oral Intake: <u>Ø</u>
Temperature	<u>—</u>			Events Leading to Episode: <u>—</u>
O ₂ Saturation	<u>—</u>			
G.C.S.	<u>15</u>			
Skin Color	<u>PINK</u>			
Skin Temp	<u>WARM</u>			
Skin Moisture	<u>DRY</u>			
EKG Rhythm				

PATIENT CONTACT FORM

Student Name: _____ Date: _____ Preceptor _____
 Facility: _____ Location: _____ Shift _____
 Patient Classification: Adult Pediatric Medical Trauma

CHIEF COMPLAINT: HEADACHE AGE: UNK SEX: M

NARRATIVE:

RESPONDED TO A REPORTED "MAN DOWN" ON THE STREET. PD STATES HE IS HOMELESS, A "REGULAR @ THE JAIL" + KNOWN ALCOHOLIC.

PT C/O HEADACHE/DIZZINESS, RESPONSIVE TO VOICE, SUDEN EMESIS. NO OTHER TRAUMA NOTED.

POSSIBLE STROKE / A/P

O₂ VIA NRB; TRANSPORT CODE 1

Pt. Destination: _____ Treatment: _____

Treatment Provided by Student _____

Physical Signs:	1	2	3	Patient History:
Time:	2110			Allergies: <u>UNK</u>
Blood Pressure	218/122			Medications: _____
Pulse	88			PM Hx: _____
Respirations	22			Last Oral Intake: _____
Temperature	—			Events Leading to Episode: _____
O ₂ Saturation	—			
G.C.S.	—			
Skin Color	Red			
Skin Temp	cool			
Skin Moisture	dry			
EKG Rhythm				