

Chart Method EMS

C - Chief Complaint

Main reason for seeking medical attention:

Description of symptoms/injuries:

H - History

Medical History:

Medications:

Allergies:

Last Oral Intake:

Events Leading Up to the Incident:

A - Assessment

Vital Signs:

- Blood Pressure: _____ Pulse: _____
- Respiratory Rate: _____ Temperature: _____
- Oxygen Saturation: _____

Physical Examination Findings:

Mental Status:

Other Relevant Assessments:

R - Rx/Treatment

Interventions:

Medications Administered:

Patient's Response:

T - Transport

Mode of Transport:

Destination:

Condition During Transport:

Handover Information:

EMS Provider's Name: _____ **Date/Time:** _____