

EMS Chart Narrative

Section 1. Patient Information	
Last name:	First name:
Date of birth (yyyy/mm/dd):	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	Emergency contact:
Section 2. Dispatch Details	
Dispatch time:	Incident location:
Dispatch or vehicle number:	Emergency service officer name:
Initial report:	
Section 3. Arrival	
Emergency medical dispatch performed: <input type="checkbox"/> No <input type="checkbox"/> Yes, pre-arrival by bystanders <input type="checkbox"/> Yes, on-arrival by emergency services	If yes , elaborate on medical dispatch details performed:
Chief complaint (reported by dispatch):	
Initial assessment:	
Signature:	Officer name: Date (yyyy/mm/dd):
Section 4. Patient Health Status (if patient is able to answer)	
Previous medical history:	

Previous medications:

Current medications:

Allergies (if known):

Patient chief complaint:

Additional notes/information:

Section 5. Vital Signs

Level of Consciousness (L.O.C)

- Alert
- Voice
- Pain
- Unresponsive

Speech

- Coherent
- Incoherent
- Slurred
- Silent

Skin

- Normal
- Damp
- Hot
- Cold

Color

- Normal
- Cyanotic
- Flushed
- Pale

Respiration

- Normal
- Rales
- Distressed
- Absent

Heart rate (bpm)

- Normal
- Rapid
- Slow
- Absent

Blood Pressure

- Normal
- High
- Low

Additional notes/checks:

Section 6. Physical Examination

Injury Present:

- Yes (go to section 6a.)
- No (skip to section 6b.)

Section 6a. Injury

Cause of injury:

Injury Type:

- Burn
- Blunt
- Penetration
- Other:
- Unknown

Additional notes:

Section 6b. Substance Use

Indicators:

- None
- Smell of alcohol on breath
- Slurring or intoxicated behaviors
- Alcohol or drugs found on scene or on patient
- Patient admits to alcohol use
- Patient admits to drug use

Additional notes (i.e., substance details):

Section 7. Summary

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Signature:

Officer name:

Date (yyyy/mm/dd):