MEDICAL EMERGENCIES

Dispatcher: This is the information you need to record upon notice of a medical emergency. If a true medical emergency exists clear the radio channel, and keep it clear, of all unnecessary communication until the emergency is resolved.

NOTIFY THE MEDICAL UNIT LEADER IMMEDIATELY

DATE:_____ TIME_____

Nature of the Problem_____(vehicle accident, bee sting, etc.)

Number of patients_____ EMT on Scene _____(Y/N)

Extent of injuries: _____

_____

_____

Level of consciousness _____(speaking, nonresponsive, knows time and place)

Pulse _____ Respiration's _____ Pupils _____(equal & do they react to light)

Time Injury/illness Occurred _____ Crew Name _____

Location of Patient _____

Can Patient be transported without further stabilization (Y/N) _____

Road Access _____ Travel time to ICP_____
(If no road access, how close is the nearest helispot)

Pertinent history_____
(Does the patient have a past history of medical problems like allergies (to bees), heart problems, fainting, etc.)

Name and position of person reporting emergency_____

Radio Log:_____

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