# EMERGENCY RESPONSE RECORD

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME NOTIFIED</th>
<th>TIME ARRIVED</th>
<th>FACILITY/LOCATION</th>
<th>ALLERGIES</th>
</tr>
</thead>
</table>

**Patient Response:**
- [ ] To verbal
- [ ] To pain
- [ ] Unresponsive
- [ ] Oriented
- [ ] Confused

**Airway:**
- [ ] Patent
- [ ] Compromised

**Lungs:**
- [ ] Clear
- [ ] Abnormal

**VITAL SIGNS**

<table>
<thead>
<tr>
<th>TIME</th>
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<tbody>
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<td>Temp</td>
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<td>BP</td>
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<td>HR</td>
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<td>Resp</td>
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<td>O₂%</td>
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<tr>
<td>CBG</td>
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**Condition/Emergency:**

- [ ] Abdominal pain
- [ ] Allergic reaction
- [ ] Altered
- [ ] Asthma
- [ ] Bleeding
- [ ] Burn
- [ ] Cardiac
- [ ] Dehydrated
- [ ] Diabetic
- [ ] Fracture
- [ ] Head injury
- [ ] Injury
- [ ] Laceration
- [ ] Overdose
- [ ] Pain
- [ ] Respiratory
- [ ] Seizure
- [ ] Suicide attempt
- [ ] Mental health
- [ ] Pregnancy
- [ ] Labor
- [ ] Other:

**Notes:**

**Treatment:**

- [ ] 911 – Time: ________
- [ ] O₂ delivery
- [ ] Suction
- [ ] Oral airway
- [ ] Nasopharyngeal
- [ ] C-collar/Backboard
- [ ] IV – Gauge: ________
- [ ] Attempts: ________
- [ ] Site: ________
- [ ] Poison control
- [ ] Other: ________

**Notes:**

**Medications:**

<table>
<thead>
<tr>
<th>TIME</th>
<th>Narcan</th>
<th>O₂ LPM</th>
<th>ASA</th>
<th>Nitro SL</th>
<th>Duo Neb</th>
<th>Epi Pen</th>
<th>Gluco gel</th>
<th>Glucagon</th>
<th>D50</th>
<th>Other</th>
</tr>
</thead>
</table>

**CPR:**

- CPR started by:
- Time initiated:
- CPR:
- AED:
- CPR stopped per: ________
- Time: _______
- Notes: ________

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.
**EMERGENCY RESPONSE RECORD**

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<th>PATIENT NAME:</th>
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**Notes/Comments:**

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**COMPLETED BY**

________________________________________________________________________

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