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.

<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>
<th>Temp</th>
<th>BP</th>
<th>HR</th>
<th>Resp</th>
<th>O₂%</th>
<th>CBG</th>
</tr>
</thead>
</table>

### 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  

### Notes:

<table>
<thead>
<tr>
<th>Treatment:</th>
<th>Notes:</th>
</tr>
</thead>
</table>
| [ ] 911 – Time: ______ | [ ] O₂ delivery  
- [ ] Suction  
- [ ] Oral airway  
- [ ] Nasopharyngeal  
| C-collar/Backboard  
- [ ] IV – Gauge: ______ Attempts: ______ Site: ______  
- [ ] Poison control  
| Other: ______ | Notes: ______ |

### Medications:

| TIME | Narcan  
|------|---------|  
| O₂ LPM  
| ASA  
| Nitro SL  
| Duo Neb  
| Epi Pen  
| Gluco gel  
| Glucagon  
| D50  
| Other  |

### CPR:

CPR started by:  
Time initiated:  
CPR:  
AED:  
CPR stopped per: ______ Time: ______  
Notes: