MEDICAL EMERGENCY RECORD

Medical Emergency Recognized - Time_____ Location_____ **Witnessed** ☐ Yes ☐ No
Age _____**Weight**_____ **Height** _____ **EMS called?** ☐ Yes ☐ No Time_____ **EMS arrival** _____
Status on Emergency onset - Conscious ☐ Yes ☐ No **Pulse** ☐ Yes (Rate ____) ☐ No **Cardiac Rhythm** _____
SpO2 _____ **Spontaneous respirations** ☐ Yes (Rate ____)☐ No **Airway type** _____
Brief Medical History: _____
_____
_____

Patient Name _____
DOB _____
Allergies: ☐ None ☐ _____
Procedure_____
_____

Doctor(s) present _____
_____

Staff present_____
_____
_____

Emergency resolution / EMS handoff_____
_____
_____

Emergency Response Airway / Ventilation

Ventilation ☐ NC ☐ Bag-Valve-Mask ☐ ETT
☐ Other _____
Oxygen _____
First Assisted Ventilation_____
Intubation - Time_____ Size_____
By _____
Confirmation ☐ Auscultation ☐ $ETCO_2$ ☐ _____

Emergency Response Circulation

Chest Compressions Started _____
Compressions ☐ None ☐ Manual ☐ Device_____
1st Rhythm Requiring Compressions_____
1st PULSELESS Rhythm_____
Defibrillator Type_____
AED Pads Applied: ☐ Yes ☐ No Time_____
Shock delivered ☐ Yes ☐ No Time(s)_____

Emergency Response IV Fluids **Bolus** ☐ Yes ☐ No Time(s)_____ **Dose / Route / Rate**_____
_____

Time	Breathing: Spontaneous	Breathing: Assisted	Pulse: Spontaneous	Pulse: Assisted	BP	Rhythm	Compressions	Shock - Joules	Epinephrine Dose / IV or IO	Drug/dose/route	Drug/dose/route	Drug/dose/route	Drug/dose/route			IV Fluid	Clinical Documentation

Recorder Printed Name _____ **Provider Printed Name** _____
Date_____/_____/_____ **Provider Signature** _____