



Nokomis Fire Department

Pride
Commitment
Loyalty

EMS Response On-Scene Sheet

Age: _____ M / F / O. Approx. Weight _____ LBS.

Complaints: _____

Onset - _____ Last Meal - _____

Medications _____ Get Med List or Collect Patients Meds if possible.

➤ Does the Patient take: Blood Thinners, ASA, ED Meds

Allergies: PCN, Sulfa, Lido, MS, Dilaudid, Codeine, Iodine, IVP dye, ASA, Tape, Latex

Past Medical Hx:

Cardiac Problems - CAD, MI, CABG X____, Stents X____, Pacemaker, Defib, HTN, Valve Replacement? _____

Respiratory Problems - CHF, Emphysema, Asthma, Bronchitis, Pneumonia,

Stomach Problems - Ulcers, Gall Bladder, Kidney, Liver, Stomach reduction.

Medical Problems – DM (Diet / Oral / Insulin), Stroke / TIA, Seizures, Cancer? _____

Surgeries - Appy, Hyst, Gallbladder, Hip L/R, Neck/Back _____

Trauma / Injuries - _____

Other - Blood Transfusions, Hepatitis, _____

VS – Time _____ hrs
P- _____ reg/irr
b/p _____ / _____ L/R
R- _____ nor/dys/Labor
LS-CL / Wheez/Rales/Rhonchi/Dim
Skin-CL/Pale/Dia/Cyan/Mott/Cold/Hot

VS – Time _____ hrs
P- _____ reg/irr
b/p _____ / _____ L/R
R- _____ nor/dys/Labor
LS-CL / Wheez/Rales/Rhonchi/Dim
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Patient Information:

Name: _____ DOB: ____/____/____ SS# ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone # (____) _____ - _____ cell/home/work

Apparatus # _____	Crew #1 _____	Crew #2 _____	Crew #3 _____
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