

Wood River Fire Patient Document						
Name:				Status:	Emergent	Nonemergent
Sex:	M	F	Race:		Age:	
Dr:				DOB:		
LOC:	A	V	P	U	Orientation X	
Complaint:						
MOI/NOI:						
SAMPLE						
S/S						
Allergies						
Meds						
History						
Eat or Drink						
Events						
OPQRST						
When						
Better/Worse						
Type						
Location						
Severity						
History						
Vitals				Trauma Assessment		
Time:				Found	Where	
B/P				Deformities		
Pulse				Contusions		
Resp				Abrasions		
Lung Sounds				Penetrations		
Skin				Burns		
Eyes				Tenderness		
SpO2				Lacerations		
GCS				Swelling		
BGL			Temp	PMS Deficits		
Interventions						
O2 Device				Advanced Airway		
O2 Rate						
IV						
Meds						
<b>PRIVACY AWARENESS</b> WOOD RIVER RESCUE UNIT has a HIPAA Notice of Privacy Practices. My signature affirms that WOOD RIVER RESCUE UNIT has offered me a written copy of their privacy policy.				<input type="checkbox"/> REFUSED PRIVACY POLICY		
<b>RELEASE OF PAYMENT</b> I request that payment of authorized Medicare/State Medicaid/Blue Cross/Third Party/Automobile/Workers' Compensation/ Liability insurance and my Medigap benefits be made on my behalf to WOOD RIVER RESCUE UNIT for any services furnished me by that provider, now or in the future. I agree to immediately remit to WOOD RIVER RESCUE UNIT any payments that I receive directly from any source for the services provided to me and I assign all rights to such payments to WOOD RIVER RESCUE UNIT. I understand that I am financially responsible for the services provided to me by WOOD RIVER RESCUE UNIT, regardless of my insurance coverage and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I authorize WOOD RIVER RESCUE UNIT to appeal payment denials or other adverse decisions on my behalf without further authorization.						
<b>RELEASE OF MEDICAL / BILLING INFORMATION</b> I authorize and direct any holder of medical information or documentation about me to release such information to the WOOD RIVER RESCUE UNIT and its billing agents, and/or the Centers for Medicare and Medicaid Services and its MAC and agents, and/or any other payors or insurers as may be necessary to determine these or other benefits payable for any services provided to me by WOOD RIVER RESCUE UNIT, now or in the future. This is a lifetime authorization for any services provided to me by WOOD RIVER RESCUE UNIT. A copy of this form shall be the same force and effect as an original.						
Patient Signature					Date:	

	Times	Milage	TABLE 38-2 Glasgow Coma Scale																																																																																						
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Call Staffing	
Driver - Response	
Driver - Transport	
Caregivers at Scene	
Caregivers end route	
Other Responders	

### Pediatric Vital Sign Normal Ranges

Age Group	Respiratory Rate	Heart Rate	Systolic Blood Pressure	Weight in kilos	Weight in pounds
Newborn	30 - 50	120 - 160	50 - 70	2 - 3	4.5 - 7
Infant (1-12 months)	20 - 30	80 - 140	70 - 100	4 - 10	9 - 22
Toddler (1-3 yrs.)	20 - 30	80 - 130	80 - 110	10 - 14	22 - 31
Preschooler (3-5 yrs.)	20 - 30	80 - 120	80 - 110	14 - 18	31 - 40
School Age (6-12 yrs.)	20 - 30	70 - 110	80 - 120	20 - 42	41 - 92
Adolescent (13+ yrs.)	12 - 20	55 - 105	110 - 120	>50	>110

#### AutoPulse® Quick Reference Guide

#### For Adult (≥18 years) Non-Traumatic Cardiac Arrest Maximum Patient Weight 300 lbs.



- Remove ALL clothing from torso (both front and back) to ensure skin-to-platform contact
- Align armpits onto yellow line on Platform

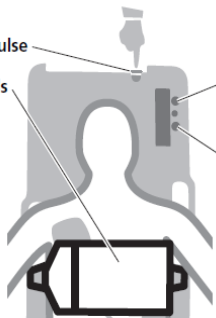


Do not twist the chest bands

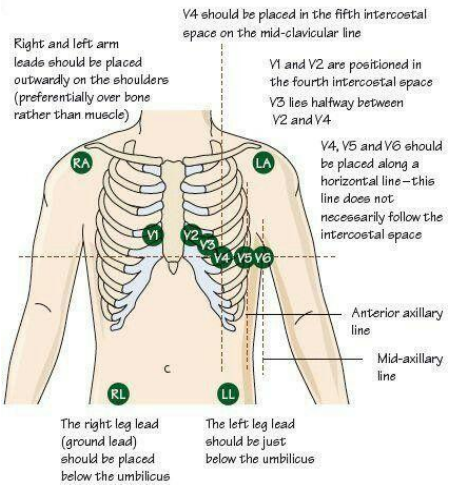


Maintain chest bands at 90 degrees to Platform and free of obstructions

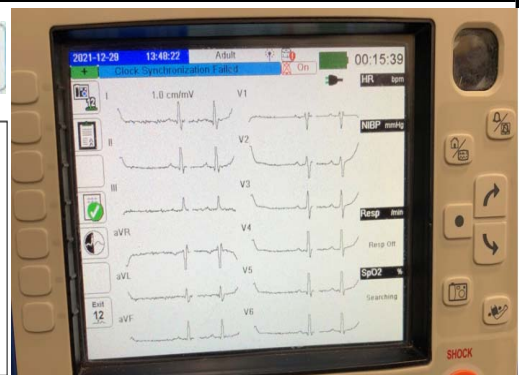
- Power up AutoPulse
  - Close chest bands
  - Press CONTINUE (green button)
  - Press START (green button) to begin compressions
- To pause or stop operation press STOP (orange button)



Follow all local protocols and procedures.  
Review User Guides and complete In-service training.



- Attach 12 lead cable to monitor cable
- Place EKG pads on chest and extremities as above
- Snap on leads using diagram
- Click on 12 lead button on left side of the screen
- Should see tracings like below
- Use second button to input age and sex
- Pull over if in ambulance click on acquire 12 lead-top button
- Keep pt still until 12 lead has been acquired
- Send 12 lead with envelope icon on left side of screen
- Choose location and send it...notify hospital



FOR EMERGENCY TRANSPORTS ONLY: \*Signing on behalf of the patient does not make me financially responsible for these services.

I was a crew member on this trip and this patient was transported to the above named facility on this date \_\_\_\_\_ and time \_\_\_\_\_.

Patient was unable to sign for the following reason \_\_\_\_\_ and no "AUTHORIZED SIGNER" was available at the time of transport.

\*EMT SIGNATURE \_\_\_\_\_

As a representative of the receiving facility, I certify the patient was received by our facility on the date and time above.

\*RECEIVING FACILITY SIGNATURE \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_