

BRAZOS COUNTY FIRST RESPONDER PATIENT DATA FORM

SOUTH BRAZOS COUNTY FD, DISTRICT TWO VFD, PRECINCT THREE VFD, PRECINCT FOUR VFD

Print All Information

Check for Trauma

Patient: _____ of _____

Date: ____ / ____ / ____ Incident Location: _____ BCVFD Incident #: _____

City: _____ State: _____ Zip: _____ CSFD Incident #: _____

Type of Call: 1-Emergency 2-Non-emergency 3-No Treatment/No Transport 4-Treatment/No Transport 5-Cancelled BFD Incident #: _____

Use 24-Hour Time	Call Received	Dispatched	Responding	On Scene	In Service	Other Incident #: _____
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Patient's Name	Age	DOB	Sex 1-Male 2-Female	SSN	Race
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Address	City	State	Zip	Telephone #
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DL# & State	Refused Transport 1-Yes 2-No	Responsible Party	Relation	SSN
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Address	City	State	Zip	Telephone #
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Time:	B/P:	Pulse:	Resp:	Pulse Ox:	D-Stick:
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Time:	B/P:	Pulse:	Resp:	Pulse Ox:	D-Stick:
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DOS 1-Yes 2-No	Initial GCS	Initial RTS	Past Medical History	Medications
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Allergies	
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Suspected Illness	Probable Cause	Type of Injury	Injury Location					
1-Heart Complication	1-Vehicle	1-Burn						
2-Cardiac Arrest	2-Bicycle	2-Fracture/Dislocation						
3-Stroke/CVA	3-Overdose/Poison	3-Laceration/Penetration						
4-Infectious Disease	4-Recreational	4-Internal						
5-Convulsions/Seizures	5-Gunshot	5-Drowning/Suffocation/Choking						
6-Fainting	6-Stabbing	6-Drug Overdose						
7-Diabetic Complications	7-Assault	7-Acute Alcohol Intoxication (Possible)						
8-OB/GYN	8-Fall	8-Spine/Brain						
9-Respiratory Distress	9-Possible ETOH	9-Scrape/Bruise/Cut						
10-Emotional/Mental Distress	10-Animal	10-Sprain/Strain						
11-Gastro-intestinal	11-Illness							
12-Allergic Reaction	12-Other _____							
13-Other _____								
Severity 1-Possible 2-Non-Incapac. 3-Incapac.								
			Type	Sev.	Location	Type	Sev.	Location

Preventative Aid: 1-None 2-Safety Belt 3-Air Bag & Belt 4-Air Bag Only 5-Child Restraint 6-Protective Helmet 7-Protective Clothing 8-Other _____

Aid Prior to Arrival: 1-None 2-Yes, CPR Only 3-Yes, CPR/AED 4-Yes, AED Only 5-Yes, Other _____ Vehicle Extrication Required: 1-Yes 2-No

Basic Life Support	1-Bandaging	4-Minor Bleeding Control	7-Suction	10-Burn Management	13-Combi-tube/EGTA
	2-Splinting	5-Major Bleeding Control	8-Oxygen	11-Neck/Spine Immobilization	14-Assist Breathing
	3-Psych Assistance	6-Restraints	9-CPR	12-Emergency Childbirth	15-Shock Management

Medic # 1: _____	EMS Level: _____	Medic # 4: _____	EMS Level: _____
Medic # 2: _____	EMS Level: _____	Medic # 5: _____	EMS Level: _____
Medic # 3: _____	EMS Level: _____	Medic # 6: _____	EMS Level: _____

Patient Care Turned Over To	EMS Level	Department/EMS Service Name
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PATIENT REFUSAL OF TREATMENT AND TRANSPORTATION

Yo me negado ha aceptar transportacion en ambulancia hoy.

I have refused an offer of medical treatment and/or ambulance transportation on this date: ___/___/___

Signature: _____ Time: _____

Responsible Refused

Name (print): _____ Relationship: _____

SSN: _____ DL & State: _____

Signature: _____ Time: _____

Refused to Sign Refusal

Patient and/or Relationship refused to sign refusal statement. Date: ___/___/___ Time: _____

Signature of BCVFD member making offer: _____ Print Name: _____

Witness Signature: _____ Witness Name (Print): _____

Acknowledgment of Privacy Statement

I acknowledge that I have received a copy of the Brazos County Volunteer Fire Department privacy statement.

Signature: _____ Date: ___/___/___

Responsible Signature: _____ Date: ___/___/___

Unable to obtain signature

Reason: _____

NARRATIVE

Member Making Report

Signature: _____ Print: _____ Title: _____

GLASGOW COMA SCORE

Best Motor Response

- 6 – Obeys Commands
- 5 – Localizes Pain
- 4 – Withdrawal
- 3 – Flexion (Decorticate Rigidity)
- 2 – Extension (Decerebrate Rigidity)
- 1 – No Response

Best Verbal Response

- 5 – Oriented
- 4 – Confused
- 3 – Inappropriate Words
- 2 – Incomprehensible Words
- 1 – No Response

Eye Opening

- 4 – Spontaneous
- 3 – To Voice
- 2 – To Pain
- 1 – No Response

REVISED TRAUMA SCORE

Glasgow Coma Scale

Score Conversion

- 4 13 – 15
- 3 9 – 12
- 2 6 – 8
- 1 4 – 5
- 0 <4

Systolic BP

- 4 >89
- 3 70 – 89
- 2 50 – 69
- 1 1 – 49
- 0 0

Respiratory Rate

- 4 10 – 24
- 3 23 – 35
- 2 =>36
- 1 1 – 9
- 0 0