

Cypress Creek EMS - Emergency Medical Technology

Internship Patient Assessment Documentation Form

Student Name: _____ Course TDH#: _____

Student Class Level (circle one): Basic / Intermediate / Paramedic Student's Classroom Instructor: _____

Internship Site: _____ Date: _____ Started Shift: _____ Ended Shift: _____

Sex: [] M [] F Age: _____ Years/Months/Days (circle one) Patient Type (resp, cardiac, etc...): _____

Scene Assessment

Scene Survey

- Scene Safe
- Hazardous Materials
- Traffic
- Violence
- Weather
- Electrical
- Other _____

Mechanism of Injury / Nature of Illness

- | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> MVA | <input type="checkbox"/> CV | <input type="checkbox"/> OB/Gyn |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Fall | <input type="checkbox"/> GI | <input type="checkbox"/> Anaphylaxis |
| <input type="checkbox"/> Blunt Trauma | <input type="checkbox"/> GU | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Penetration | <input type="checkbox"/> Poison / OD | <input type="checkbox"/> Behavioral |
| <input type="checkbox"/> Drowning | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Stroke / TIA |
| <input type="checkbox"/> Explosion | <input type="checkbox"/> Other _____ | |

Assistance Required

- Additional EMS
- Rescue / FD
- Law Enforcement
- Mutual Aid
- Physician / Nurse
- Bystander
- Other _____

Patient Condition

- Critical
- Unstable
- Potentially Unstable
- Stable
- Full Arrest
- DOS
- Other _____

Initial Patient Assessment

Level of Consciousness

- Alert
- Verbal
- Pain
- Unresponsive
- Oriented x 1, 2, 3
- Other _____

Airway/Breathing

- WNL
- Apneic
- Labored/Noisy
- Deep/Shallow
- Rapid/Slow
- Other _____

Circulation

- WNL
- Absent Carotid/Radial
- Irregular
- Bounding/Weak
- Rapid/Slow
- Other _____

Skin Condition

- WNL
- Hot/Cool/Cold
- Dry/Moist/Wet
- Pale/Cyanotic/Mottled
- Cap Refill > 2 secs.
- Other _____

Critical Interventions

- Maintain Airway
- Spinal Immobilization
- Ventilation
- Control Bleeding
- CPR/Defibrillation
- Other _____

Focused History/Physical Exam

Head

- WNL
- DCAP-BLS-TIC
- Fluid Nose/Ears/Mouth
- Pupils R/L Dil/Const
- Other _____

Neck

- WNL
- DCAP-BLS-TIC
- Trachea Deviation
- JVD
- Other _____

Chest

- WNL
- DCAP-BLS-TIC
- Breath Sounds R/L
- Diminished/Absent
- Other _____

Abdomen

- WNL
- DCAP-BLS
- Tender RU/LU/RL/LL
- Rigid
- Other _____

Interventions (cont.)

- Oral/Nasal Airway
- Oxygen _____
- Suctioning
- ET Intubation
- Extrication

Pelvis

- WNL
- DCAP-BLS-TIC
- Incontinence
- Unstable
- Other _____

Lower Extremities

- WNL R/L
- DCAP-BLS-TIC R
- DCAP-BLS-TIC L
- PMS Deficit R/L
- Other _____

Upper Extremities

- WNL R/L
- DCAP-BLS-TIC R
- DCAP-BLS-TIC L
- PMS Deficit R/L
- Other _____

Back

- WNL
- DCAP-BLS-TIC
- Spine
- Other _____

Interventions (cont.)

- IV#1 _____
- IV#2 _____
- Breathing Treatment
- Meds IV/IM/SC/ET/Neb
- Other _____

SAMPLE/OPQRST

Symptoms: _____

Allergies: _____

Medications: _____

Pertinent Medical History: _____

Last Oral Intake: _____

Events Preceding: _____

Onset _____

Provocation _____

Quality _____

Radiation _____

Severity _____

Time _____

Initial Vital Signs

Respirations	Pulse	Blood Pressure	Temperature	Time Taken
Rate:	Rate:	Auscultated		
Quality:	Quality:	Palpated:		

