



101 D - Skills and Medication Usage Form

Date ___/___/___ Provider Agency _____

Provider Name _____ Accreditation/Cert # _____

Patient Information: Age ___ Sex M F Chief Complaint _____

Field Assessment/Treatment Indicators: _____ PCR # _____

Procedure Performed: Prior to Contact Communication Failure Base Hospital Order

	Size	# of Attempts	Successful
Intubation Adult Nasal <input type="checkbox"/> Oral <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pediatric Oral <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
ETTI (AKA: Bougie) Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
King Airway			Yes <input type="checkbox"/> No <input type="checkbox"/>

12 Lead EKG Cardiac Rhythm _____ **Chest Pain** Yes No

Other S & SX? _____

St Elevation in two (2) contiguous leads? Yes No

Transthoracic Pacing Initial Cardiac Rhythm Prior to Pacing: _____

Capture Yes No (attach cardiac rhythm strip) Current Used for Capture _____

Intraosseous: Adult Pediatric

EZ I.O or B.I.G. # of Attempts ___ Successful: Yes No

Any complications: Yes No If yes, please explain _____

CPAP: Initial pulse ox ____, Post tx pulse ox ____ Pt improved: Yes No

Needle Thoracostomy # of Attempts ___ Successful: Yes No Pt improved: Yes No

Needle/Surgical Cric. # of Attempts ___ Successful: Yes No Pt improved: Yes No

Medication Usage: Pitocin Magnesium Verapamil

Any intravenous infusion initiated in the field medication _____

Dosage _____ Route _____ Pt. Response _____

Any medication given intranasally: medication: _____ dose: _____ Pt.response: _____

Pre-existing Vascular Access: Type of Device _____

Reason for accessing device _____ # of Attempts: _____

Any Complications: Yes No If yes please explain _____

Pt improved: Yes No

Patient Outcome Data: Admitted , AMA , Discharged

Death Determined in the Field (attach cardiac rhythm strip), Pronounced in ER

Other: _____

Attach a copy of the PCR and send to Nor-Cal EMS within seven (7) calendar days:
Attn: Kara Davis, RN, 457 Knollcrest Drive, Suite #120, Redding, CA 96002
Fax: (530) 229-3984 or email to kdavis@norcalems.org