EMERGENCY RECORD

Time Event Recognized _____ **Location**_____ **Witnessed:** ☐ Yes ☐ No
Age _____**Weight**_____ **Height** _____ **911 called?** ☐ Yes ☐ No **Time**_____
Conscious at Onset? ☐ Yes ☐ No **Monitoring at Onset:** ☐ ECG ☐ BP ☐ Pulse Ox ☐ Capnography
Brief Medical History: _____
_____
Allergies: ☐ None ☐ _____
Pertinent Medications Given:

Patient Name: _____
DOB or ID# _____
Doctor(s) present: _____
_____
Staff present: _____
_____

Time In-Office Resuscitation Ended: _____ **am/pm**

Airway/ Ventilation

Breathing ☐Spontaneous ☐Apneic ☐Agonal ☐Assisted

Ventilation: ☐ Nasal Cannula ☐ Bag-Valve-Mask
☐ Endotracheal Tube ☐ Other: _____
Time of First Assisted Ventilation: _____
Intubation: Time: _____ Size: _____
By Whom: _____
Confirmation: ☐ Auscultation ☐ Exhaled CO_2
☐ Other _____

Circulation

Time Chest Compressions Started: _____
Compressions: ☐ None ☐ Manual ☐ Device: _____
1st Rhythm Requiring Compressions: _____
1st PULSELESS Rhythm: _____

AED Applied: ☐ Yes ☐ No **Time:** _____
Defibrillator Type(s): _____

Bolus **Dose / Route** **Infusion Dose/cc per hr**

Time	Breathing: Spontaneous	Breathing: Assisted (✓)	Pulse: Spontaneous	Pulse: Assisted (✓)	BP	Rhythm	Defibrillator Type AED / Manual	Joules	Epinephrine Dose / IV or IO	(Drug) Dose / IV or IO	(Drug) Dose / IV or IO	(Drug) Dose / IV or IO	(Drug) Dose / IV or IO			IV Fluid	Comments: i.e.: Response to Interventions

Recorder Printed Name _____ **Provider Printed Name** _____ **ID#**_____
Date: _____/_____/_____ **Provider Signature** _____

Original: _____ **Copy for EMS:** _____

Adapted from The American Heart Association's Get With The Guidelines-Resuscitation