



EMS Report Sheet / Trauma Triage Data



Date: _____ Time of ER Arrival _____

EMS Agency: **Lake Tanglewood EMS**

Pt Name _____ Age: ____ DOB: _____ Sex: M F

Allergies _____

MOI / Chief Complaint

Injuries Sustained / Additional Complaints

Vital Signs

Time	Temp	Pulse	Resp	B/P	O2 Sat	GCS	RTS

Treatments & Pt Response

O₂ _____ D-Stick _____

IV #1-Site _____ Solution _____ IV#2-Site _____ Solution _____

Total amt infused prearrival _____

LSB _____ C-Collar _____ CID _____ Splint _____

Meds Administered

Other Information _____

Print name of Nurse taking report _____

Signature of Nurse receiving report _____

Run #	_____	Crew	
Assigned at	_____	Driver	_____
Enroute	_____	EMT-P	_____
On Scene	_____	EMT-P	_____
With Patient	_____	EMT-I	_____
Depart Scene	_____	EMT-B	_____
Hospital	_____	EMT-B	_____
In Service	_____	ECA	_____