| Name/DOB    |  |
|-------------|--|
| vallie/ DOB |  |

## Or patient sticker

|                 | EMS unit # /                                 |    |      |                  |                               |                |      |  |
|-----------------|--|----|------|------------------|-------------------------------|----------------|------|--|
| Chief Complai   | int  |    |      | EMS contact time |                               |                |      |  |
|                 |  |    |      |                  |                               |                |      |  |
| ВР              | HR   | RR | SPO2 | Temp             | EtCO2                         | GCS            | FSBS |  |
| Allergies       |  |    |      |                  |                               |                |      |  |
| Medications     |  |    |      |                  |                               |                | _    |  |
| History         |  |    |      |                  |                               |                |      |  |
| EMS interven    | tions  |    |      |                  |                               |                |      |  |
| Last known w    | known well (all strokes) Family contact info |    |      |                  |                               |                |      |  |
| EMS PATIENT A   | ARRIVAL SHEET                                |    |      |                  | Name/D                        | ОВ             |      |  |
|                 |  |    |      |                  | (                             | Or patient sti | cker |  |
| Chief Complaint |  |    |      |                  | EMS unit # / EMS contact time |                |      |  |
|                 |  |    |      |                  |                               |                |      |  |
| BP              | HR   | RR | SPO2 | Temp             | EtCO2                         | GCS            | FSBS |  |
| Allergies       |  |    |      |                  |                               |                |      |  |
| 7 111018103     |  |    |      |                  |                               |                |      |  |
| Medications     |  |    |      |                  |                               |                |      |  |
| History         |  |    |      |                  |                               |                |      |  |
| EMS interven    | tions  |    |      |                  |                               |                |      |  |
|                 |  |    |      |                  |                               |                |      |  |
| Last known w    | ell (all strokes)                            |    |      | Family co        | ntact info                    |                |      |  |

Approved: 4/19/23