

This Patient Care Form *Template* was designed for Firefighters and Paramedics but could be used by any caregiver looking for a quick way to keep track of the patient information gathered.

Call 9-1-1	(Good)	(Bad)	Call 9-1-1	(Good)	(Bad)
R (respirations)	<30	>30	R (respirations)	<30	>30
P (perfusion)	<2secs.		P (perfusion)	<2secs.	
	>2secs.			>2secs.	
M (mental status)	Alert	Disoriented	M (mental status)	Alert	Disoriented

Remember: **A**irway, **B**reathing, **C**irculation,
Severe bleeding (**ABC'S**).
Chief Complaint

Past Medical History

Medications & Allergies

General Appearance:

Skin	Abd.
Head	Pelvis
Neck	Extremities
Chest	Neuro
Pupils	Pulse Rate

Remember: **A**irway, **B**reathing, **C**irculation
Defibrillation and **S**evere bleeding (**ABCD'S**).
Chief Complaint

Past Medical History

Medications & Allergies

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Neck	Extremities
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