Registration Sticker

Patient Name: _____

Date of Birth: _____

Monroe-Livingston Regional Medical Control Report

Date _____ Time _____ Unit (ALS or BLS) _____ Agency_____

Age _____ ☐ Male ☐ Female **Origin**: ☐ Residence ☐ Workplace ☐ School ☐ Assisted Living ☐ SNF

Reason for Notify: ☐ **Request Medical Orders** ☐ **Cardiac Arrest** ☐ **Hospital Notification**

ALERTS: ☐ **Sepsis** ☐ **Stroke** ☐ **STEMI** ☐ **Trauma**

Time of Onset _____ :

Last Seen Normal _____ :

Level of Consciousness

☐ **Alert** ☐ **Verbal** ☐ **Pain** ☐ **Unresponsive**

M – Mechanism or Medical Complaint _____

I – Injury or Illness Identified _____

S - Signs/Symptoms _____

HR _____ BP ___/___ SpO2 _____ RR _____ GCS ___/___/___

HR _____ BP ___/___ SpO2 _____ RR _____ GCS ___/___/___

LOWEST BP (Confirmed manually) ___/___

EtCO2 _____ CO _____ BG _____ Weight _____ lbs / kgs

T - Treatments

☐ IV / IO _____ Gauge ☐ NS Lock ☐ Infusion _____ ml

☐ ETT _____ Size ☐ King _____ Size

☐ Tourniquet Application ☐ Needle Decompression

EKG Rhythm: _____ ☐ Defibrillation / Cardioversion

Other treatments: _____

Orders Given

☐ None / Denied _____ (reason)

☐ Analgesics _____ (drug, dose, frequency)

☐ RSI _____ (drug, dose, frequency)

☐ Field Termination _____

☐ Other _____

Notes: _____

_____

_____

Special Dispositions (please circle one)

Cardiac Arrest **Sepsis Alert** **Stroke Alert** **STEMI Alert**

Trauma Alert – Level 1 **Trauma Alert – Level 2**

Medications Given	Dose(s)
☐ Adenosine	
☐ Albuterol	
☐ Amiodarone	
☐ Aspirin	
☐ Atropine	
☐ Calcium Chloride	
☐ Dextrose	
☐ Diltiazem	
☐ Diphenhydramine	
☐ Epinephrine 1:1000	
☐ Epinephrine 1:10,000	
☐ Etomidate	
☐ Fentanyl	
☐ Glucagon	
☐ Hydroxocobalamine	
☐ Ipratropium	
☐ Ketamine	
☐ Lidocaine	
☐ Magnesium	
☐ Methylprednisolone	
☐ Metoprolol	
☐ Midazolam	
☐ Morphine	
☐ Naloxone	
☐ Nitroglycerin	
☐ Norepinephrine	
☐ Ondansetron	
☐ Procainamide	
☐ Promethazine	
☐ Rocuronium	
☐ Sodium Bicarbonate	
☐ Succinylcholine	

Physician completing form: _____ (Print) _____ (Sign)