

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 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) _____
- Analgesia _____ (drug, dose, frequency) _____
- RSI _____ (drug, dose, frequency) _____
- Field Termination _____
- Other _____

Notes:

Special Dispositions (If applicable)

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 _____
- Dexamethasone _____
- Dextrose _____
- Diltiazem _____
- Diphenhydramine _____
- Epinephrine 1:1000 _____
- Epinephrine 1:10,000 _____
- Etomidate _____
- Fentanyl _____
- Glucagon _____
- Hydroxocobalamin _____
- Ipratropium _____
- Ketamine _____
- Ketorolac _____
- Lidocaine _____
- Magnesium _____
- Metoprolol _____
- Midazolam _____
- Morphine _____
- Naloxone _____
- Nitroglycerin _____
- Norepinephrine _____
- Ondansetron _____
- Procainamide _____
- Rocuronium _____
- Sodium Bicarbonate _____
- Succinylcholine _____

Physician completing form: _____

(Print)

(Sign)