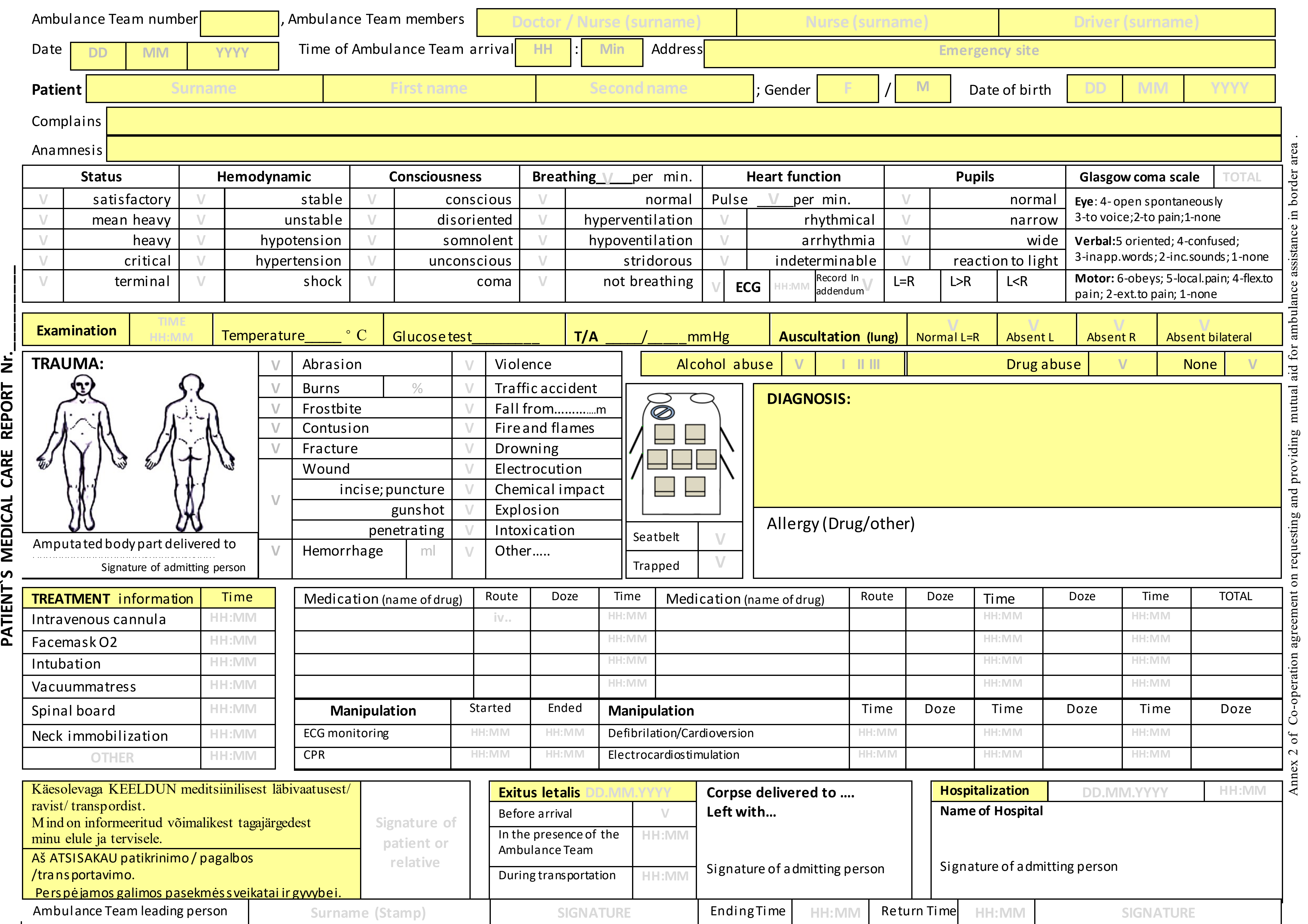

Ambulance Team number ______ , Ambulance Team members: Doctor / Nurse (surname) | Nurse (surname) | Driver (surname)

Date DD MM YYYY   Time of Ambulance Team arrival HH : Min   Address: Emergency site

Patient Surname | First name | Second name ; Gender F / M   Date of birth DD MM YYYY

Complains

Anamnesis

Status		**Hemodynamic**		**Consciousness**		**Breathing** V per min.		**Heart function**		**Pupils**		**Glasgow coma scale** TOTAL
V	satisfactory	V	stable	V	conscious	V	normal	Pulse V per min.		V	normal	**Eye**: 4-open spontaneously 3-to voice; 2-to pain; 1-none
V	mean heavy	V	unstable	V	disoriented	V	hyperventilation	V	rhythmical	V	narrow	
V	heavy	V	hypotension	V	somnolent	V	hypoventilation	V	arrhythmia	V	wide	**Verbal**: 5 oriented; 4-confused; 3-inapp.words; 2-inc.sounds; 1-none
V	critical	V	hypertension	V	unconscious	V	stridorous	V	indeterminable	V	reaction to light	
V	terminal	V	shock	V	coma	V	not breathing	V	**ECG** HH:MM Record In addendum V	L=R	L>R L<R	**Motor**: 6-obeys; 5-local.pain; 4-flex.to pain; 2-ext.to pain; 1-none

Examination	TIME HH:MM	Temperature ____ °C	Glucose test ________	**T/A** ____/____ mmHg	**Auscultation (lung)**	V Normal L=R	V Absent L	V Absent R	V Absent bilateral

TRAUMA:

V	Abrasion	V	Violence
V	Burns %	V	Traffic accident
V	Frostbite	V	Fall from..........m
V	Contusion	V	Fire and flames
V	Fracture	V	Drowning
V	Wound	V	Electrocution
	incise; puncture	V	Chemical impact
	gunshot	V	Explosion
	penetrating	V	Intoxication
V	Hemorrhage ml	V	Other.....

Amputated body part delivered to ....

Signature of admitting person

Alcohol abuse V I II III | Drug abuse V | None V

Seatbelt V

Trapped V

DIAGNOSIS:

Allergy (Drug/other)

TREATMENT information	Time
Intravenous cannula	HH:MM
Facemask O2	HH:MM
Intubation	HH:MM
Vacuummatress	HH:MM
Spinal board	HH:MM
Neck immobilization	HH:MM
OTHER	HH:MM

Medication (name of drug)	Route	Doze	Time	Medication (name of drug)	Route	Doze	Time	Doze	Time	TOTAL
	iv..		HH:MM				HH:MM		HH:MM	
			HH:MM				HH:MM		HH:MM	
			HH:MM				HH:MM		HH:MM	
			HH:MM				HH:MM		HH:MM	

Manipulation	Started	Ended	**Manipulation**	Time	Doze	Time	Doze	Time	Doze
ECG monitoring	HH:MM	HH:MM	Defibrilation/Cardioversion	HH:MM		HH:MM		HH:MM	
CPR	HH:MM	HH:MM	Electrocardiostimulation	HH:MM		HH:MM		HH:MM	

Käesolevaga KEELDUN meditsiinilisest läbivaatusest/ ravist/ transpordist.
Mind on informeeritud võimalikest tagajärgedest minu elule ja tervisele.

Aš ATSISAKAU patikrinimo / pagalbos /transportavimo.
Perspėjamos galimos pasekmės sveikatai ir gyvybei.

Signature of patient or relative

Exitus letalis DD.MM.YYYY

Before arrival	V
In the presence of the Ambulance Team	HH:MM
During transportation	HH:MM

Corpse delivered to ....
Left with...

Signature of admitting person

Hospitalization DD.MM.YYYY HH:MM
Name of Hospital

Signature of admitting person

Ambulance Team leading person | Surname (Stamp) | SIGNATURE | Ending Time HH:MM | Return Time HH:MM | SIGNATURE

PATIENT`S MEDICAL CARE REPORT Nr.__________

Annex 2 of Co-operation agreement on requesting and providing mutual aid for ambulance assistance in border area .