

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT RUN REPORT REVIEW

Lead Medic:		Reviewed by:		Date:	
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Incident #		Date of Inc:	
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Patient #		Pres Problem		Final Field	
Agency		Pain		Lead Sig	
Personnel		Hx Pres		Dest Code	
Times		Onset		Hospital	
First ALS		Hx Source		AMB Crew	
Unit ID		Hx		Trans ID	
Other ID		Meds		Type Trans	
Disposition		Pt. Phy		FD Ride	
Inc Loc		Allergy		Disp	
Grid		Injury Cause		Invol Trans	
Patient Name		Veh Def		Trans Position	
Patient Addr.		Protection		Dest Select	
Agency		TCTC		Add Forms	
Sex		TTP Except.		Ind Refusal	
Race		Adult Red		Low Risk	
DOB		Adult Blue		High risk	
Severity		Ped Red		Med Con Deter	
Weight		Ped Blue		Release Date	
Airway		Trauma Alert		Pt Name: Release	
Temp		Phy Exam		Pat/Guard Sig	
Color		Ped Tape		Wit Sig	
Moist		Med Control		PM Sig	
Pupils		Time: MCO		Cogn Eval	
Glasgow		Flow Chart		ECG Strip	
Behavior		Narrative		Other: see below	

Comments: _____

Lead Medic Sig: _____ Supervisor's Sig: _____
 Date: _____ Date: _____

Medic Comments _____

I = Incomplete E = Error A = Additional Info M = MOM Check