

STREMS, Inc. First Response PCR Worksheet (Use for PCR completion)

Agency				ID		Date	
Pt Name							
Age		_____		M	M	D	D
				Y	Y	Sex	M F
Chief Complaint							
Subjective Assessment							
Mechanism of Injury							
Past Medical History				Physician:			
<input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Cardiac				<input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Allergy to _____ <input type="checkbox"/> Medication (list) _____ _____			
Time	Resp	Pulse	B/P	LOC	Skin		GCS
				Alert	Cool	Pale	
				Verbal	Warm	Cyanotic	
				Pain	Moist	Flushed	
				Unresp	Dry	Jaundiced	
				Alert	Cool	Pale	
				Verbal	Warm	Cyanotic	
				Pain	Moist	Flushed	
				Unresp	Dry	Jaundiced	
Comments/Treatment							

crew
 CFR _____ CFR _____ CFR _____
 EMT _____ EMT _____ EMT _____