FAUQUIER CO. DEPT OF FIRE, RESCUE, & EMERGENCY SERVICES

TRAINING AND LOGISTICS DIVISION
210 HOSPITAL DRIVE, SUITE 100
WARRENTON, VA 20186
(540) 347-6930

PATIENT HISTORY & PHYSICAL EXAMINATION FORM

STUDENT'S NAME _____ PRECEPTOR'S NAME _____ DATE _____

TEAM LEADER **Y** **N** TYPE OF CALL: _____

PATIENT INFORMATION:

AGE: _____ SEX: _____ RACE: _____ WEIGHT: _____

S: _____

A: _____

M: _____

P: _____

L: _____

E:

VITAL SIGNS ASSESSMENT:

TIME:	AVPU:	GCS:	RESP.	PULSE:	B/P:	SKIN:	PUPILS:	SaO2	GLUCOSE:	EKG (ATTACH STRIP TO SHEET)

TREATMENT:

IV ATTEMPT	TIME:	OBS/PERF	SUCCESSFUL?	LOCATION:	SIZE:	BLOOD DRAWN?:	FLUID TYPE:	RATE:

OXYGEN THERAPY:	TIME:	OBS/PERF:	TYPE OF DEVICE:	FLOW RATE:	EFFECTS ON PATIENT:

AIRWAY ADJUNCTS:	TIME:	OBS/PERF:	DEVICE/PROCEDURE:	LEVEL OF DIFFICULTY:	EFFECTS ON PATIENT:

INTUBATION ATTEMPTS:	TIME:	OBS/PERF:	ROUTE:	METHOD:	SIZE:	SUCCESSFUL?:	METHOD OF CONFIRMATION:

TREATMENT:

CRICOTHYRODOTOMY	TIME:	OBS/ PERF	SURGICAL/NEEDLE	TUBE SIZE:	SUCCESSFUL?	COMMENTS:

CHEST DECOMPRESSION	TIME:	OBS/PERF:	LOCATION:	NEEDLE SIZE:	SUCCESSFUL?	COMMENTS:

MEDICATION ADMINISTRATION:	TIME:	OBS/PERF:	MEDICATION:	DOSE:	ROUTE:	EFFECT:

DEFIBRILLATION CARDIOVERSION PACING	TIME:	OBS/PERF:	RHYTHM TREATED:	ENERGY:	RATE: (PACING)	RESULTING RHYTHM:

OTHER INTERVENTIONS:	TIME:	OBS/PERF:	ADDITIONAL INFORMATION:	RESULT OF INTERVENTION:	COMMENTS:

NARRATIVE:

STUDENT SIGNATURE: _____

FTO SIGNATURE: _____