GHAS

Paramedic Student Field Internship

PCR/Run Report

STUDENT DIRECTIONS: Complete this PCR/Run Report on EACH patient. Retain with your internship records

Instructions: ECG strip(s), obtained in the field (if applicable), are to be attached to this form and submitted to the Course Coordinator.

BLS_____ ALS_____ BLS Refusal_____ ALS refusal_____ Dead at scene_____

Chief Complaint	Provider Agency:
DR#: Age: Sex: M F	Date of Call:
Nature of Call:	ECG Rhythm (if applicable) - Attached

Chief Complaint	Current Medications
Past Medical History	Allergies

Time	B/P	P	R	O2 Sat	BS	Treatment	Dose	Route	Rhythm	Comments

STUDENT NAME_____ FTI (initial)_____

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Narrative Continued

STUDENT NAME_____ **FTI (initial)**_____