

## Appendix I: Prehospital Radio/Phone Report

- This Is [EMS Department / Service Name]
- Unit # \_\_\_\_\_
- Skill level treating the patient
- Parish or Origin
- ETA
- Patient s Age
- History of present illness (CC) and duration of illness  
Relay major pertinent injuries
- Patient s LOC and GCS
- Vital Signs
  - Blood pressure
  - Pulse
  - Respiratory Rate, Quality & Breath Sounds
  - SpO<sub>2</sub> (Including O<sub>2</sub> device and rate)
- Pertinent medical history \_\_\_\_\_
- Treatment rendered and impact of treatment (response to treatment)