Prehospital Care Report Page_							_ of _	CONTINUATION FORM								
DATE	USE BA		POINT PEN ONLY AGENCY NAME						PRESS DOWN FIRMLY: PRINT NEATLY							
м	D Y	AGENC						Top (		CR ID# er of PCR						
PATIENTS NA	AME		RECEIVIN HOSPITA				RECEI HOSP				MEDICAL CONTROL ID				Approx ght in	(
TIME	RESP	BREATH S		PULS	E EK	(G	B.P.	G.C			EDICATIO			DOS	E F	ROUTI
	RATE:	DECREAS  ABSEN  RALES  RONCH	SED	RATE:	DEFIB	@ J			V Tot	☐ Adenosine ☐ Albuterol ☐ Atropine ☐ Dextrose	☐ Diazepam ☐ Epinephrin ☐ Furosemid ☐ Other	e □Mo				
	RATE:	R NORMA DECREAS	SED	RATE:	An —				V	☐ Adenosine ☐ Albuterol ☐ Atropine	☐ Diazepam ☐ Epinephrin ☐ Furosemid	e □Mo				
	SHALLOW LABORED	RALES RONCH WHEEZI R NORMA DECREAS ABSEN	ES  AL L  SED	REGULAR IRREGULA	AR DEFIB	@J		EO	V	☐ Dextrose ☐ Adenosine ☐ Albuterol	☐ Other ☐ Diazepam ☐ Epinephrin		docaine orphine			
	REGULAR SHALLOW LABORED	RALES RONCH WHEEZI	- □	REGULAR	AR DEFIB	@J		М	Tot	☐ Atropine ☐ Dextrose	□ Furosemid	e 🗆 Nit	troglyc.			
IARRATI	IVE:															
	MEDICAL CONTI	ROL FACILITY	ON-LINE	MED CTRL P	HYSICIAN:	PRINT NA	ME			MD ID#			SIG	NATURE	(OPT	IONAL)
CONTROL RECORD Controlled D	DRUG	QTY	DATE	ו ומח	G DESTROYED	) WITNESS:	pı	RINT NAM	F		SIGNATUI	RE.		LICENS	F#	
Substance Destroyed	лю	QII	DATE	DNOC	A DEGINOTED	, ANTINESS.	r!	THE INTERIOR	_		GIGINATU			LICENS	<b>-</b> #	
INDIVIDUAL	ADMINISTERIN	G MEDICATION :	and/or IN C	HARGE - PLE	ASE PRINT -	SIGNATUR	RE				EMT/AEMT CERT NUMBER					

AGENCY COPY / WHITE