DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-47300 (01/2001)

AMBULANCE RUN REPORT (Page 3) Skills / Extended Comments

Completion of this form meets the requirements of administrative rule DHS 110.04(3)(b).
Client information in this document is confidential under Wis. Stat. § 146.82(1).

STATE OF WISCONSIN
Wis. Admin. Code DHS 110.04(3)(b)

Date Incident Reported	Patient Last Name / First / MI	Service Name and ID No.	Responding Unit	Patient Care Record / Alarm No.
/ /				

ADVANCED SKILLS

Time	EMT	Blood Pressure	Pulse		Resp			Cardiac Rhythm		Procedure	No. of Attempts (Joules for Defib)	Success	Medications	Dose	Route
			Rate	Quality	Rate	Quality	SPO2	Interpretation	Blocks						

Airway complications ☐ Nasal ☐ None ☐ Dental ☐ Pharyngeal ☐ Other _____ ☐ Esophagus ☐ Trachea ☐ N/A

Airway Placement verified by EMT ☐ Auscultation ☐ Tube Check ☐ Visualization ☐ End Tidal CO_2 ☐ N/A

Airway Placement verified by MD ☐Yes ☐ No ☐N/A

Prehospital Outcome Arrived at Hospital w/ Pulse ☐ Yes ☐ No

ER Outcome ☐ Admitted to Hospital ☐ Discharged ☐ Transferred ☐ Discharged AMA ☐ Died ☐ Unknown

Hospital Outcome ☐ Transferred ☐ Discharged ☐ Died ☐ Unknown ☐ N/A

Equipment Failure ☐ Yes ☐ No Explain: ☐N/A

ALS Provider Arrival: ☐ N/A

Differential Diagnosis

Additional Comments

SIGNATURE -- Medical Control Physician

SIGNATURE AND NUMBER - EMT

SIGNATURE AND NUMBER -- EMT