**AMBULANCE RUN REPORT (Page 3) Skills / Extended Comments**

Department of Health Services
Division of Public Health
F-47300 (01/2001)

Client information in this document is confidential under Wis. Stat. § 146.82(1).

**Date Incident Reported**

**Patient Last Name / First / MI**

**Service Name and ID No.**

**Responding Unit**

**Patient Care Record / Alarm No.**

<table>
<thead>
<tr>
<th>Time</th>
<th>EMT Blood Pressure</th>
<th>Pulse Rate</th>
<th>Pulse Quality</th>
<th>Resp Rate</th>
<th>Resp Quality</th>
<th>SPO2</th>
<th>Cardiac Rhythm Interpretation</th>
<th>Blocks</th>
<th>Procedure</th>
<th>No. of Attempts (Joules for Defib)</th>
<th>Success</th>
<th>Medications</th>
<th>Dose</th>
<th>Route</th>
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**ADVANCED SKILLS**

Airway complications
- Nasal
- Esophageal
- None
- Other

Airway Placement verified by EMT
- Auscultation
- Tube Check
- Visualization
- End Tidal CO2
- N/A

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

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

ER Outcome
- Discharged
- Transferred
- Unknown

Hospital Outcome
- Discharged AMA
- Died
- Unknown

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