DEPARTMENT OF HEALTH & FAMILY SERVICES
Division of Public Health
DPH 7119 (Rev. 02/01)

AMBULANCE REPORT

Completion of this form meets the requirements of administrative rule HFS 110.04(3)(b)
Some client information on this document is confidential under Wis. Stat. 146.82(1).

STATE OF WISCONSIN
Adm. Code HFS 110.04(3)(b)

EMS CALL

Date Incident Reported | Service Name and ID No. | Responding Unit | Station | Patient Care Record / Alarm No.

Incident Address / Location | Incident Municipality | Incident County

Destination Address / Facility Name | Destination Municipality | Destination County

Mileage (Loaded) End Begin Total | Lights And Siren To Scene: ☐ Non-Emergent, No Lights or Siren ☐ Emergent, Lights and Siren ☐ Initial Emergent, Downgrade To No Lights and Siren ☐ Initial Non-emergent, Upgrade To Lights and Siren ☐ N/A | Crash Report No.

Pt. Det. Call Rec. En Route At Scene At Pt. Lv. Scene At Dest. In Service

Crew Member Name / License No.
1 2 3 4

Location Type: ☐ Clinic / Medical ☐ Educational Inst. ☐ Farm ☐ Highway / Street ☐ Home / Residence ☐ Hospital ☐ Industrial ☐ Mine / Quarry ☐ Nursing Home ☐ Public Building ☐ Public Outdoors ☐ Recreational / Sport ☐ Residential Inst. ☐ Restaurant / Bar ☐ Waterway ☐ Unspecified ☐ Other _____ ☐ Airport ☐ N/A

Response Type: ☐ Mutual Aid ☐ Intercept ☐ Response To Scene ☐ Scheduled Interfacility Transfer ☐ Standby ☐ Unscheduled Interfacility Transfer ☐ Unknown ☐ N/A

DEMOGRAPHICS

Patient (Last Name / First / MI) | Mailing Address | City | State | Zip Code | Phone ( )

Emergency Contact Name | Address | City | State | Zip Code | Phone ( )

Personal Physician ☐ N/A | Date of Birth | Age | Weight ☐ lbs ☐ kg | Gender ☐ Male ☐ Female

Social Security No. (Optional) | Race: ☐ White ☐ Hispanic ☐ Asian/Pacific Islander ☐ Black ☐ American Indian/Alaska Native ☐ Other _____ ☐ Unknown | Work Related Injury ☐ Yes ☐ No

Employer | Address | City | State | Zip Code | Phone ( )

Insurance 1 | Group No. | Insured No.

Insurance 2 If MVA, Agency | Address | Phone | Group No. | Insured No.

Medicare | HMO | Medicaid

HISTORY

Signs / Symptoms: ☐ Abdominal Pain ☐ Back Pain ☐ Bleeding ☐ Bloody Stool ☐ Breathing Difficulty ☐ Cardiac Arrest ☐ Chest Pain ☐ Choking ☐ Diarrhea ☐ Dizziness ☐ Ear Pain ☐ Eye Pain ☐ Fever/Hyperthermia ☐ Headache ☐ Hypertension ☐ Hypothermia ☐ Nausea ☐ Numbness ☐ Paralysis ☐ Palpitations ☐ Pregnancy / Childbirth ☐ Respiratory Arrest ☐ Seizures / Convulsions ☐ Syncope ☐ Trauma ☐ Unresp. / Unconscious ☐ Vaginal Bleeding ☐ Vomiting ☐ Weakness ☐ Unknown ☐ Other _____ ☐ None

Allergies ☐ None | Patient's Current Medications ☐ None | Dose | Dose | Dose | Dose | Dose | Dose | Last Oral Intake ☐ N/A

Pre-Existing Medical Condition -- **Medical**: ☐ Asthma ☐ Bleeding Disorders ☐ Cancer ☐ Chronic Renal Failure ☐ Chronic Resp. Failure ☐ CVA / TIA ☐ Diabetes ☐ Gastrointestinal ☐ Headaches ☐ Hepatitis ☐ Hypotension ☐ Seizures / Convulsions ☐ Tuberculosis

Cardiac: ☐ Angina ☐ Arrhythmia ☐ Congenital ☐ Congestive Heart Failure ☐ Hypertension ☐ Myocardial Infarction ☐ Cardiac Surgery

Other: ☐ Developmental Delay / MR ☐ Psychiatric ☐ Substance Abuse ☐ Tracheostomy ☐ Other _____ ☐ None

PATIENT ASSESSMENT

Vitals ☐ Vital Continued with Advanced Skills ☐ N/A

Time	BP	Pulse Rate	Pulse Qual.	Resp. / SPO2	Resp. Effort	Level of Consciousness
			☐ Reg ☐ Irr		1 Normal 2 Labored 3 Shallow 4 Absent 5 Assisted	A - Alert _____ V - Verbal P - Pain U - Unresp
			☐ Reg ☐ Irr			
			☐ Reg ☐ Irr			
			☐ Reg ☐ Irr			
			☐ Reg ☐ Irr			

Mental Status/Behavior: ☐ Normal ☐ Acute Confusion ☐ Usually Confused ☐ Incoherent ☐ Intermittent Consciousness ☐ Combative ☐ N/A

Eyes: ☐ PERRL
R Reactive L
R Nonreactive L
R Constricted L
R Dilated L
R Blind L
R Cataracts L
R Glaucoma L
☐ N/A

Breath Sounds: R Clear L; R Wet L; R Decreased L; R Wheeze L; R Absent L; ☐ Stridor ☐ N/A

Skin Temp: ☐ Normal ☐ Cool/Cold ☐ Warm/Hot
Moisture: ☐ Normal ☐ Dry ☐ Moist ☐ Diaph
Color: ☐ Normal ☐ Cyanotic ☐ Pale-Ashen ☐ Cherry ☐ Flushed ☐ Jaundice
Capillary Refill: ☐ Normal ☐ Delayed ☐ N/A

Pain Provoke: _____
Quality: ☐ Sharp ☐ Dull ☐ Cramp ☐ Crushing ☐ Constant
Radiate: ☐ No ☐ Yes _____
Severity: ☐ (1-10) _____
Time (Onset): ☐ 2-15 Min ☐ 15-60 Min ☐ 1-12 Hr ☐ 12-24 Hr ☐ Other _____ ☐ N/A

USE

CPR Provider: ☐ Bystander ☐ First Responder Unit ☐ EMS Unit ☐ Unkn. Defib Provider: ☐ PAD ☐ First Responder Unit _____ ☐ EMS Unit _____
CPR Start Time _____ Discontinue _____ Witnessed Arrest ☐ Yes ☐ No Time _____ ☐ N/A

Delavan Wisconsin Ambulance Report

Jiyuan Zhang

Delavan Wisconsin Ambulance Report:

Unveiling the Power of Verbal Art: An Mental Sojourn through **Delavan Wisconsin Ambulance Report**

In a global inundated with displays and the cacophony of immediate conversation, the profound energy and emotional resonance of verbal art often fade into obscurity, eclipsed by the continuous onslaught of noise and distractions. However, situated within the lyrical pages of **Delavan Wisconsin Ambulance Report**, a charming perform of literary brilliance that pulses with organic thoughts, lies an memorable trip waiting to be embarked upon. Written with a virtuoso wordsmith, this mesmerizing opus manuals readers on a mental odyssey, lightly exposing the latent potential and profound impact stuck within the delicate web of language. Within the heart-wrenching expanse of this evocative examination, we can embark upon an introspective exploration of the book is main subjects, dissect their captivating writing type, and immerse ourselves in the indelible effect it leaves upon the depths of readers souls.

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