

PCR Number

# Emergency Medical Services (EMS) Patient Disposition Information

Patient's Name		Date of Birth	Date
Patient's Address		Phone	EMS Professionals Name No.

<b>PATIENT REFUSAL</b>	<input type="checkbox"/> <i>This section only applies if this box is marked</i>							
	<p><b>The EMT / Paramedic has recommended:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Assessing the patient's vital signs</td> <td><input type="checkbox"/> Giving the patient oxygen</td> </tr> <tr> <td><input type="checkbox"/> A complete physical exam of the patient</td> <td><input type="checkbox"/> Starting an IV for the patient</td> </tr> <tr> <td><input type="checkbox"/> Ambulance transportation for the patient</td> <td><input type="checkbox"/> Giving the patient medicine _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>I refuse the care that the EMT / Paramedic has recommended. I understand that my refusal may result in serious injury or death to the patient. I accept full responsibility for this decision. I assume all risks and consequences resulting from my refusal of care. I will not hold the EMS service or its officers, agents, or employees responsible for any bad things that may happen to the patient because of my refusal.</p> <p>My signature below attests that I understand what has been recommended, what the consequences may be if that is not done, and I still refuse to have the recommended care provided by the EMS service.</p>	<input type="checkbox"/> Assessing the patient's vital signs	<input type="checkbox"/> Giving the patient oxygen	<input type="checkbox"/> A complete physical exam of the patient	<input type="checkbox"/> Starting an IV for the patient	<input type="checkbox"/> Ambulance transportation for the patient	<input type="checkbox"/> Giving the patient medicine _____	
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	<input type="checkbox"/> Other _____							

<b>PATIENT INSTRUCTIONS</b>	<input type="checkbox"/> <i>This section only applies if this box is marked</i>															
	<p><b>You have not been evaluated by a doctor.</b></p> <p><b>You should contact or see your doctor immediately. At anytime should you change your mind, call 911.</b></p> <p><b>The patient is being released to:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Family member</td> <td><input type="checkbox"/> Law Enforcement Officer</td> </tr> <tr> <td><input type="checkbox"/> Self / Guardian</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b>Follow the instructions (printed on the back of this form) indicated:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Abdominal Pain</td> <td><input type="checkbox"/> Back Pain</td> <td><input checked="" type="checkbox"/> Universal</td> </tr> <tr> <td><input type="checkbox"/> Head Injury</td> <td><input type="checkbox"/> Insect Bite/Sting</td> <td><input type="checkbox"/> Fever</td> </tr> <tr> <td><input type="checkbox"/> Extremity Injury</td> <td><input type="checkbox"/> Vomiting / Diarrhea</td> <td><input type="checkbox"/> Respiratory Distress</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Wound Care</td> </tr> </table> <p><b>Other instructions:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Family member	<input type="checkbox"/> Law Enforcement Officer	<input type="checkbox"/> Self / Guardian	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Back Pain	<input checked="" type="checkbox"/> Universal	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Insect Bite/Sting	<input type="checkbox"/> Fever	<input type="checkbox"/> Extremity Injury	<input type="checkbox"/> Vomiting / Diarrhea	<input type="checkbox"/> Respiratory Distress		
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Patient / Guardian's Name (Printed)		<input type="checkbox"/> Patient	Patient / Guardian Signature	
Guardian's address		<input type="checkbox"/> Guardian	Date of Signatures	EMS Personnel's Signature
<input type="checkbox"/> Same as Patient		<input type="checkbox"/> Refused to Sign		
Witness Signature	Witness Signature	Patient's Physician Name / Phone Number		

# Discharge Instructions

## UNIVERSAL INSTRUCTIONS:

- YOU HAVE NOT RECEIVED A COMPLETE MEDICAL EVALUATION. SEE A PHYSICIAN AS SOON AS POSSIBLE.
- IF AT ANY TIME AFTER YOU HAVE TAKEN ANY MEDICATION, YOU HAVE TROUBLE BREATHING, START WHEEZING, GET HIVES OR A RASH, OR HAVE ANY UNEXPECTED REACTION, CALL 911 IMMEDIATELY.
- IF YOUR SYMPTOMS WORSEN AT ANY TIME, YOU SHOULD SEE YOUR DOCTOR, GO TO THE EMERGENCY DEPARTMENT, OR CALL 911.

## ABDOMINAL PAIN:

- Abdominal pain is also called belly pain. Many illnesses can cause abdominal pain and it is very difficult for EMS to identify the cause.
- Take your temperature every 4 hours.

### Call or see a physician, go to the emergency department, or call 911 immediately if:

- Your pain gets worse or is now only in 1 area
- You vomit (throw up) blood or find blood in your bowel movement
- You become dizzy or faint
- Your abdomen becomes distended or swollen
- You have a temperature over 101° F
- You have trouble passing urine
- You have trouble breathing

## BACK PAIN:

- Apply heat to the painful area to help relieve pain. You may use a warm heating pad, whirlpool bath, or warm, moist towels for 10 to 20 minutes every hour.
- Try not to stay in bed.
- Continue to move as much as pain allows.
- When picking things up, bend at the hips and knees. Never bend from the waist only.

### Call or see a physician, go to the emergency department, or call 911 immediately if:

- You have shooting pains into your buttocks, groin, legs, or arms or the pain increases.
- You have trouble urinating or lose control of your stools or urine.
- You have numbness or weakness in your legs, feet, arms, or hands.

## FEVER:

- Tylenol (acetaminophen) and Motrin (ibuprofen) may be alternated. You should take Tylenol, then three hours later take Motrin, then three hours later Tylenol, etc. until you feel better.
- If you are taking antibiotics, take them until they are gone, not until you are feeling better.
- Drink extra liquids (1 glass of water, pedialyte, or gatorade per hour of fever for an adult)
- Temperature should be taken every 4 hours.

### Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F for 24 hours
- A child becomes less active or alert.

## HEAD INJURY:

- Immediately after a blow to the head, nausea and vomiting may occur.
- Individuals who have sustained a head injury should not be left alone for the first 24 hours and should be checked regularly for signs of increased confusion.
- Ice may be placed on the injured area.
- Only drink clear liquids such as juices, or water the first 12 hours after injury.
- Acetaminophen (Tylenol) may be used for pain.

### Call or see a physician, go to the emergency department, or call 911 immediately if:

- The injured person has persistent vomiting, is not able to be awakened, has trouble walking or using an arm or leg, has a seizure, develops unequal pupils, has a clear or bloody fluid coming from the ears or nose, or has strange behavior.

## INSECT BITE/STING:

- A bite or sting typically is a red lump which may have a hole in the center. You may have pain, swelling and a rash. Severe stings may cause a headache and an upset stomach (vomiting).
- Some individuals will have an allergic reaction to a bite or sting. Difficulty breathing or chest pain is an emergency requiring medical care.
- Elevation of the injured area and ice (applied to the area 10 to 20 minutes each hour) will decrease pain and swelling.
- Diphenhydramine (Benadryl) may be used as directed to control itching and hives.

### Call or see a physician, go to the emergency department, or call 911 immediately if:

- You develop any chest pain or difficulty breathing.
- The area becomes red, warm, tender, and swollen beyond the area of the bite or sting.
- You develop a temperature above 101° F.

## RESPIRATORY DISTRESS:

- Respiratory Distress is also known as shortness of breath or difficulty breathing.
- Causes of Respiratory Distress include reactions to pollen, dust, animals, molds, foods, drugs, infections, smoke, and respiratory conditions such as Asthma and COPD. If possible avoid any causes which produce respiratory distress.
- If you have seen a physician for this problem, take all medication's as directed.

### Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F.
- The cough, wheezing, or breathing difficulty becomes worse or does not improve even when taking medications.
- You have Chest Pain.
- Sputum (spit) changes from clear to yellow, green, grey, or becomes bloody.
- You are not able to perform normal activities.

## EXTREMITY INJURY:

- Extremity Injuries may consist of cuts, scrapes, bruises, sprains, or broken bones (fractures).
- Apply ice on the injury for 15 to 20 minutes each hour for the first 1 to 2 days.
- Elevate the extremity above the heart as possible for the first 48 hours to decrease pain and swelling.
- Use the extremity as pain allows.

### Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F.
- The bruising, swelling, or pain gets worse despite the treatment listed above.
- Any problems listed on the **Wound Care instructions** are noted.
- You are unable to move the extremity or if numbness or tingling is noted.
- You are not improved in 24 to 48 hours or you are not normal in 7 to 10 days.

## VOMITING/DIARRHEA:

- Vomiting (throwing up) can be caused by many things. It is common in children, but should be watched closely.
- Diarrhea is most often caused by either a food reaction or infection.
- Dehydration is the most serious problem associated with vomiting or diarrhea.
- Drink clear liquids such as water, apple juice, gatorade, or pedialyte for the first 12 hours or until things improve. Adults should drink 8 to 12 glasses of fluids per day with diarrhea. Children should drink 1 cup of fluid for each loose bowel movement.

### Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F.
- Vomiting or Diarrhea lasts longer than 24 hours, gets worse, or blood is noted.
- You cannot keep fluids down or no urination is noted in 8 hours.

## WOUND CARE:

- Wounds include cuts, scrapes, bites, abrasions, or puncture wounds.
- If the wound begins to bleed, apply pressure over the wound with a clean bandage and elevate the wound above the heart for 5 to 10 minutes.
- Unless instructed otherwise, clean the wound twice daily with soapy water, and keep the wound dry. It is safe to take a shower but do not place the wound in bath or dish water.
- See a physician for a tetanus shot if it has been 10 years or more since your last one.

### Call or see a physician, go to the emergency department, or call 911 immediately if:

- See the **Extremity Injury instructions**.
- Temperature is greater than 101° F.
- Bruising, swelling, or pain gets worse or bleeding is not controlled as directed above.
- Any signs of infection, such as redness, drainage of yellow fluid or pus, red streaks extending from the wound, or a bad smell is noted.