

EMS Radio Report

Northeast Michigan Medical Control Authority

Page 1 of 1

Agency: _____ Unit: _____ Priority 1 2 3

Age: _____ Gender: _____ ETA: _____

Chief Complaint: _____

Treatments/Interventions: _____

B/P: _____ Pulse: _____ Resp: _____ SP02: _____ Lungs: _____ FSBS: _____

Trauma Code I Trauma Code II Trauma Code III

Auto Accident Auto VS _____ Speed: _____

Driver Passenger Seatbelt: Yes No Airbag Deployment

Motorcycle/Bicycle Accident ATV/ORV Helmet: Yes No

Fall: Distance _____ Anticoagulant Altered Mental Status LOC

Code 1 Stroke Code 2 Stroke Code 3 Stroke

LKW: _____ Weight: _____ Anticoagulants

STEMI ACTIVATION

Where is ST Elevation? _____

Symptoms _____

Symptom Onset _____ Symptom Duration _____

RBBB LBBB EKG Transmitted from Ambulance Recent Cardiac Procedure/GI Bleed

Patient Name: _____ Date of Birth: _____

Only request the patients name and date of birth with Trauma 1 activations, STEMI, Stroke or Cardiac Arrest.

If the run requires medical control review, please place in MCA coordinator mailbox.