

# District of Columbia Fire and EMS Department

1st Responder Report - Form 902 EMS  
7/14/06

**Transport Unit Arrival (Est.):** \_\_\_\_\_ **Review Incident**  
O/S or Simultaneous    Less Than 10 Min. Wait    Greater Than 10 Min. Wait    **Call Upgraded**

**Unit:** \_\_\_\_\_ **Incident Number:** \_\_\_\_\_ **Disp. Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Age/Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

## PATIENT POSITION

Standing                      Seated                      Tripod                      Supine                      Other (Describe in Narr.)

## AIRWAY AND BREATHING (Check ONLY One)

<u>Position</u>	<u>Respiratory Rate</u>	<u>Lung Sounds</u>
Open	Less Than 10/min	L -----Clear----- R
Partially Open w/ Stridor	10-28 /min	---Wheezing---
Partially Open w/ Emesis	Greater Than 28/min	-----Rales-----
Closed	Absent	---Ronchi---
Other (Describe in Narr.)		-----Absent-----

## CIRCULATION (Check ONLY one)

<u>Pulse Present</u>	<u>Heart Rate</u>	<u>Bleeding</u>
Radial    Brachial	60-100    Above 100	None
Carotid    Absent	Below 60    Absent	Site: _____

## DISABILITY - NEUROLOGICAL

<u>L.O.C.</u>	<u>L Pupils R</u>	<u>Neuro Exam</u>
Awake / Alert	-----Normal-----	<b>NO Deficits Found</b>
Verbal	---Constricted---	Deficit Found (Check <b>Deficits</b> Below)
Painful	-----Dilated-----	L <u>Upper</u> R                      L <u>Lower</u> R
Unresponsive	---Non-React---	----Pulse-----                      ----Pulse-----
		----Motor-----                      ----Motor-----
		----Sensory-----                      ----Sensory-----

<u>VITALS</u>	<u>VITALS</u>	<u>PATIENT HISTORY</u>
<b>TIME:</b>	<b>TIME:</b>	<b>PMH:</b>
<b>HR:</b>	<b>HR:</b>	
<b>B/P:</b>	<b>B/P:</b>	<b>Allergies:</b>
<b>RR:</b>	<b>RR:</b>	<b>Meds:</b>
<b>SpO2:</b>	<b>SpO2:</b>	
<b>ECG:</b>	<b>ECG:</b>	

## NARRATIVE:

**AOSTF:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BGL:**  
\_\_\_\_\_

## DISPOSITION:

**Treatment:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Changes:**    No Improvement                      **NO TRANSPORT (Pt. Recv'd NOPP)**

**OIC:** \_\_\_\_\_ **LEAD PROVIDER:** \_\_\_\_\_ **TRANSFER:**  **UNIT#:** \_\_\_\_\_

**RELEASE WHEN PATIENT REFUSES SERVICE AGAINST MEDICAL ADVICE**

RELEASE: I hereby refuse any further services offered by the Washington DC Fire and EMS Department, and I hereby release any medical personnel and institutions involved in this EMS call from any liability which may result from failure to receive further treatment. I have been informed of the risks involved, and it has been explained that receiving further treatment or transport to a hospital would be in my best interests.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ WITNESS: \_\_\_\_\_

**RENUNCIA EN ESPANOL**

RENUNCIA: Yo rehuso todos los servicios ofrecidos por el Departamento de Bomberos y Servicios Medicos de Emergencia de Washington DC, y absuelvo todo personal medico y instituciones asociados en esta llamada de EMS de cualquier problemas o responsabilidad que puede resultar del fracaso de recibir mas tratamientos. Me han informado los riesgos envuelto, y se me ha explicado que recibiendo mas tratamientos o transportacion ha un hospital sera en me mejor interes.

FIRMADO: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ WITNESS: \_\_\_\_\_

**NARRATIVE (Continued from front):**

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**NOTICE AND AUTHORIZATION OF PRIVACY PRACTICES**

Patient Received HIPPA NOPP: YES NO N/A