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

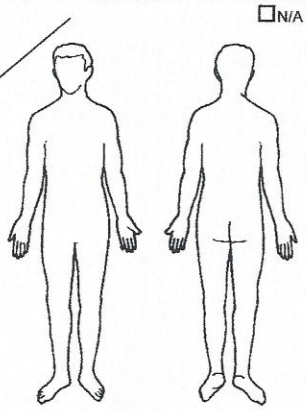
STATE OF WISCONSIN

Service Name and ID No.	Patient Last Name / First / M.I.	Patient Care Record / Alarm No.

PHYSICAL EXAMINATION

Physical Examination ☐N/A

Injury / Pain Location	Pain (No Trauma)	Blunt	Dis / FX	Gunshot	Laceration / Abrasion	Puncture / Stab	Soft Tissue Swelling	Burn
Head / Face								
Neck								
Chest / Axilla								
Abdomen								
Back / Flank								
Pelvis / Hip								
L Arm U L J								
R Arm U L J								
L Leg U L J								
R Leg U L J								



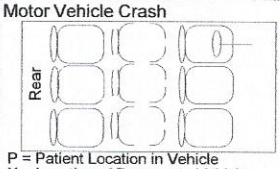
Glasgow Coma Scale

		Scene	Enroute
A.	Eye Opening		
	Spontaneous	4	4
	To voice	3	3
	To pain	2	2
	None	1	1
B.	Verbal Response		
	Oriented	5	5
	Confused	4	4
	Inappropriate words	3	3
	Incomprehensible Words	2	2
	None	1	1
C.	Motor Response		
	Obeys commands	6	6
	Purposeful movement	5	5
	Withdraws to pain	4	4
	Flexion to pain	3	3
	Extension to pain	2	2
	None	1	1
A. + B. + C. =		____	____

Time _____ ☐N/A

TRAUMATIC INJURY

Motor Vehicle Crash ☐N/A



P = Patient Location in Vehicle
X = Location of Damage to Vehicle

Type ☐N/A
☐ Car ☐ Motorcycle
☐ Truck ☐ ATV
☐ Van ☐ Snowmobile
☐ Semi ☐ Watercraft
☐ Bus ☐ Aircraft

Exterior Damage ☐N/A
☐ None
☐ Minor
☐ Moderate
☐ Major
☐ Rollover

Interior Damage ☐N/A
☐ None
☐ Spidered Window
☐ St. Wh. Bent
☐ Compart. Intrusion
☐ Patient Ejected

Restraints ☐N/A

	Obs	Rprt
Airbag	☐	☐
Lap Belt	☐	☐
Shoulder Belt	☐	☐
Child Seat	☐	☐

Safety Equipment ☐N/A
☐ None ☐ Float. Dev.
☐ Helmet ☐ Unknown
☐ Eye Prot.
☐ Prot. Clothing

Cause of Injury ☐N/A

☐ Aircraft Related
☐ Athletic Event
☐ Bicycle Crash
☐ Bite
☐ Chemical Exposure
☐ Child Battering Suspected
☐ Drowning
☐ Drug Ingestion
☐ Electrocution (Non-Light.)
☐ Excessive Cold
☐ Excessive Heat
☐ Fall
☐ Fire / Flames
☐ Firearm Self-Inflicted
☐ Firearm Accidental
☐ Firearm Assault
☐ Lightning
☐ Machinery Injury
☐ Mechanical Suffocation
☐ Motor Vehicle (Non-Traff.)
☐ Motor Vehicle (Traffic)
☐ Pedestrian Traffic
☐ Physical Assault
☐ Poison, Not Drugs
☐ Radiation Exposure
☐ Sexual Assault
☐ Smoke Inhalation
☐ Stabbing
☐ Stings (Plant / Animal)
☐ Water Transport Incident
☐ Unknown
☐ Other _____

COMMENT

Provider Impression If more than one impression is checked, Circle Primary One

☐ Abd. Pn. / Problems
☐ Airway Obstruction
☐ Allergic Reaction
☐ Altered L.O.C.
☐ Behavioral / Psych
☐ Cardiac Arrest
☐ Cardiac Rhythm. Disturb.
☐ Chest Pn. Discomfort
☐ Congestive Heart Failure
☐ Diabetic Symptoms
☐ Electrocution
☐ GI Bleed
☐ Headache
☐ Hypertension
☐ Hyperthermia / Fever
☐ Hypothermia
☐ Hypovolemia / Shock
☐ Intoxication Suspected / Alcohol Ingestion
☐ Obvious Death
☐ Poison / Drug Ingestion
☐ Pregnancy / Ob Delivery
☐ Respiratory Arrest
☐ Respiratory Distress
☐ Seizure
☐ Sexual Assault / Rape
☐ Toxic Inhalation
☐ Stings / Bites
☐ Stroke / CVA / TIA
☐ Syncope / Fainting
☐ Traumatic Injury
☐ Vaginal Hemorrhage
☐ Unknown
☐ Other _____

Chief Complaint / Mechanism of Injury: Time of Onset:

Comments:

Procedure or Treatment

	EMT	EMT
☐ Assisted Ventilation		
☐ Backboard		
☐ Bleeding Control		
☐ Burn Care		
☐ CPR		
☐ Cervical Immobilization		
☐ DNR Protocol		
☐ Glucose Administration		
☐ Nasopharyngeal Airway		
☐ Obstetric Care / Delivery		
☐ Oropharyngeal Airway		
☐ O2 By Mask _____ liters		
☐ O2 By Cannula _____ liters		
☐ Physical Exam		
☐ Radio / Phone Report		
☐ Splint of Extremity		
☐ Traction Splint		
☐ Vital Signs		
☐ OTHER: _____		
☐ None		

If an advanced skill is performed, complete form DPH 7300

MISCELLANEOUS

Incident Disposition
☐ Treated / Transported by EMS

Destination Type - AND - Destination Determination
☐ Home / Residence
☐ Police / Jail
☐ Medical Office / Clinic
☐ Skilled Nursing Facil.
☐ Hospital Direct Admit
☐ Hospital ED
☐ Morgue
☐ Other
☐ Closest Facility
☐ Diversion
☐ EMT Choice
☐ Law Enforce. Choice
☐ Managed Care
☐ On Line Med. Direction
☐ Patient / Family Choice
☐ Patient / Phys. Choice
☐ Protocol
☐ Specialty Center
☐ Other

☐ Treated / Transferred Care
☐ To Aero-Medical Unit
☐ To ALS Unit
☐ To BLS Unit
☐ To Law Enforcement

☐ Treated / No Transport
☐ Treat. / Trans. by Priv. Veh.
☐ Treat. / Trans. by Other Means
☐ Treated and Released
☐ Patient Refused Care

☐ No Treat. Needed
☐ Dead at Scene
☐ Cancelled
☐ Unknown
☐ No Patient Found

Lights And Siren During Transport: ☐N/A
☐ 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

Patient Transported
☐ Prone
☐ Supine
☐ Sitting
☐ Patient Restrained
☐ Head Elevated
☐ Feet Elevated
☐ In _____ Lateral Position
☐ Other _____

Other Services on Scene
☐ Law Enforcement _____
☐ Fire _____
☐ Other _____
☐ None
☐ Physician
☐ First Responder _____
☐ Nurse / Physician Assistant
☐N/A

Arrival Status ☐N/A
☐ Unchanged
☐ Better
☐ Worse
☐ DOA
☐ Unknown

PPE Used ☐N/A
☐ Gloves
☐ Gown
☐ Goggles
☐ Mask
☐ Other _____

Facility Notified By ☐N/A
☐ Radio
☐ Phone
☐ Unable*
☐ No Need*
☐ Direct
☐ EKG Telemetry
* Explain _____

Difficulties Encountered
☐ Dispatch ☐ Other _____
☐ Extrication
☐ Hazardous Material
☐ Language Barrier
☐ Road
☐ Unsafe Scene
☐ Vehicle Problems
☐ Weather ☐N/A

Time Report Received: By:

Report Given To: _____ ☐N/A

EMT Signature