

## Lincoln County Volunteer Fire Rescue First Responder Report

Department \_\_\_\_\_

Date \_\_\_\_\_

Location of Incident \_\_\_\_\_

Personnel				Level of Training	Certification #
<b>Name</b>				<b>DOB</b> ___/___/___	<b>TOC</b> :
<b>Address</b>				<b>Age</b>	<b>Dispatched</b> :
					<b>Enroute</b> :
				<b>Phone:</b>	<b>On Scene</b> :
<b>Time</b>	<b>B/P</b>	<b>Pulse</b>	<b>Resp</b>	<b>EMS Crew:</b>	<b>Available</b> :
				<b>NOI/MOI:</b>	
				<b>Location:</b>	
				<b>Chief Complaint:</b>	
				<b>Physician:</b>	
<b>Signs and Symptoms:</b>					
<b>Allergies:</b>					
<b>Medications:</b>					
<b>PMH:</b>					
<b>Last Oral Intake:</b>					
<b>Events Leading to Episode:</b>					
<b>Breath Sounds:</b> <input type="radio"/> Clear- R. L. <input type="radio"/> Stridor – R. L. <input type="radio"/> Wheeze – R. L. <input type="radio"/> Rales – R. L. <input type="radio"/> None					
<b>Depth:</b> <input type="radio"/> Adequate <input type="radio"/> Shallow <input type="radio"/> Deep <input type="radio"/> See Narrative					
<b>Chest Movement:</b> <input type="radio"/> Symmetrical <input type="radio"/> Paradoxical <input type="radio"/> See Narrative					
<b>Level of Consciousness</b>		<b>L Pupils</b>		<b>R Oxygen Therapy</b>	
<input type="radio"/> Awake	<input type="radio"/> Disoriented	<input type="radio"/> Constricted	<input type="radio"/>	<input type="radio"/> Nasal Cannula	
<input type="radio"/> Alert	<input type="radio"/> Resp. to Verbal	<input type="radio"/> Dilated	<input type="radio"/>	<input type="radio"/> Nonrebreather Mask	
<input type="radio"/> Oriented	<input type="radio"/> Resp. to Physical	<input type="radio"/> No Response	<input type="radio"/>	<input type="radio"/> Bag Valve Mask	
<input type="radio"/> Lethargic	<input type="radio"/> Unconscious	<input type="radio"/> Sluggish	<input type="radio"/>	<input type="radio"/> Other _____	
<input type="radio"/> No Response		<input type="radio"/> Brisk	<input type="radio"/>	<input type="radio"/> _____ LPM	
<b>PMS-X</b> _____	<input type="radio"/> Before LSB	<input type="radio"/> After LSB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Narrative:</b>					
<b>Signature</b>				<b>License #</b>	