



JOHN MCGINNESS
SHERIFF

SACRAMENTO REGIONAL MEDICAL RESERVE CORPS



EMERGENCY TREATMENT RECORD

Patient Name (Last, First, Middle)						Tag Number		Arrival Date/Time	
Street Address									
City/State					DOB		Sex	MRC Trige/Treatment Personnel	
Current Medication:			Chief Complaint:						
Allergies:			Cause of Injury:						
VITAL SIGNS									
TIME								Circle all that apply	
B/P								Alert	Oriented
PULSE								Cooperative	Lethargic
RESP								Uncooperative	
TEMP								Combative	Confused
Pulse OX (SpO ²)								SOB/↑ WOB	
Pain 0 1 2 3 4 5 6 7 8 9 10						<u>Pain Intervention (circle)</u>			
Breath Sounds						ICE SPLINT ELEVATION TEACHING			
						WARMING MEASURES COMFORT MEASURES			
Diagnosis/Treatment									
Disposition of patient <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Morgue			Time of Release			Treatment Staff Signature-Title/Printed Name			
Mode of Disposition <input type="checkbox"/> POV <input type="checkbox"/> Friend <input type="checkbox"/> Taxi <input type="checkbox"/> Other									
Notes:									