For all items you are asked to circle, please instead highlight the appropriate option in red

Location: _____ **Date:** _____

Event: _____ **Event Time:** _____

Name or Tag #: _____ **Pt Contact Time:** _____

Student ID #: _____ **Pt Transfer/Release Time:** _____

DOB: _____ **Age:** _____ **Gender:** M F

Disposition (circle appropriate field):

Refused Treatment Treated, Refused Transport Treated, Transported by: _____

Chief Complaint: _____

Medications: _____

_____

Past Medical History: _____

_____

Allergies: _____

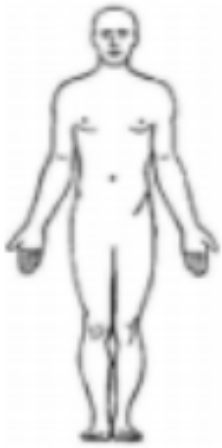
Time of Initial Assessment:		**GCS Total:**
Glasgow Coma Scale (circle pertinent fields)		**Motor Response**
Eye Opening	**Verbal Response**	Follows Commands 6
Spontaneous 4	Oriented 5	Purposeful 5
On Command 3	Confused 4	Withdraw 4
Painful Stimuli 2	Inappropriate 3	Extension 3
None 1	Incomprehensible 2	Flexion 2
	None 1	None 1

Vital Signs

Time	B/P	Pulse	Resps	SPO2	BSL/Pain

Mark Injuries on Pt **You do not need to do for this practice PCR**

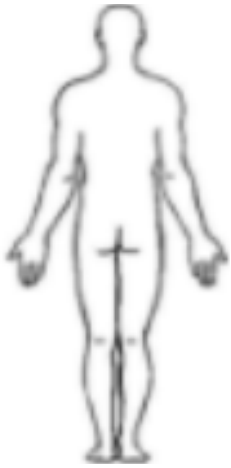
(Front)



L	Pupils	R
☐	Normal	☐
☐	Constricted	☐
☐	Dilated	☐
☐	Reactive	☐
☐	Non-React	☐
_____ mm	Size	_____ mm

L	Lungs	R
☐	Clear	☐
☐	Wheezes	☐
☐	Rales	☐
☐	Rhonchi	☐
☐	Diminished	☐
☐	Absent	☐

(back)



Activity Log

Time	Procedure	Attempts	Successful	Dose/Size	Details
			Y N		
			Y N		
			Y N		

PLEASE TYPE PCR NARRATIVE ON THE NEXT PAGE

- THE SCENARIO FOR THIS WILL BE SHOWN DURING THE TRAINING. SUPPLEMENTAL NOTES WILL BE PROVIDED IF NEEDED.

- PLEASE MAKE A COPY + RENAME THIS DOCUMENT "(INSERT LAST NAME HERE) Documentation Practice PCR/Narrative"

- WHEN DONE WITH BOTH THE PCR AND NARRATIVE, PLEASE SELECT THE SHARE BUTTON IN THE TOP RIGHT

- MAKE SURE THAT UNDER "GENERAL ACCESS," THE OPTION IS SET TO "ANYONE WITH THE LINK" IS A "COMMENTER"

ONCE COMPLETE:

PLEASE CLICK ME TO BE REDIRECTED TO THE DOCUMENTATION PRACTICE PCR SUBMISSION PAGE

OR

HEAD TO THE COMPETENCY SECTION OF THE UMEMS WEBSITE AND SELECT THE LINK FOR "SUBMIT THE COMPLETED PRACTICE PCR/NARRATIVE HERE" ALL THE WAY AT THE BOTTOM

Narrative: