

Peoria Area EMS System
EMT PARAMEDIC Training Program
PATIENT CARE REPORT
PEDIATRICS

Student Instructions: Must be completely filled out on one patient per PEDS shift. After completion, return the form to the Course Coordinator on the next class day.

Student Name:	Date of clinical shift:
Patient initials: Date admitted:	Hospital:
DOB: Pt Age:	Pt Sex: Pt Weight:

Preceptor (PRINT NAME)

Preceptor Signature

1. PRESUMPTIVE DIAGNOSIS:

(Please take as much information as possible from patient's chart.)

2. Chief complaint(s) on admission:

3. (O, P, Q, R, S, T) of symptoms:

O

P

Q

R

S

T

3. Associated symptoms: i.e., SOB, cough, dehydration, nausea, vomiting, etc.

4. Pertinent past medical history:

Allergies:

Medications:

Family History:

Significant past illnesses or injuries:

5. Vital signs on admission to the unit:

BP

P

R

T

Are these normal or abnormal for this child?

Explain:

7. Detailed assessment:

A. HEENT: (including fontanelles if an infant)

B. Neck veins:

C. Cardiopulmonary: (Breath sounds, heart sounds, ECG, respiratory effort etc.)

D. G.I.: (N/V/diarrhea; abdominal contour, response to palpation)

E. Genitourinary (if applicable):

F. Back and extremities: (SMV)

G. Skin: (Color, temperature, moisture, turgor)

H. Neuro exam (including LOC and mental status):

8. Initial diagnostic tests ordered for patient. Ask about their purpose and abnormal results - i.e., blood tests, glucose, ECG, x-ray, U/A, etc:

Drug Worksheet

Drug: _____ Generic/Other Name(s): _____

Dosage/Route:

Indications:

Contraindications:

Side Effects:

Actions:

Drug: _____ Generic/Other Name(s): _____

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Contraindications:

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