

*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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Dosage/Route:

Indications:

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