

**Newton-Conover Rescue Squad  
Response/Signature Sheet**

Grid #: \_\_\_\_\_

Date: \_\_\_\_\_ CAD #: \_\_\_\_\_ Report ID \_\_\_\_\_

Incident Location: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pt. Name \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

Pt. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_ Duration: \_\_\_\_\_ Dr: \_\_\_\_\_

Mechanism of Injury: \_\_\_\_\_ 1 -10 Scale: \_\_\_\_\_

**Vitals:** Orthostatic? Y / N

Time	BP	HR	Lungs	Gluc	RTS	GSC	Pupils	Skin	LOC
									Y / N
									Y / N
									Y / N

**Treatment:**

Oral Gluc.: \_\_\_\_\_ EPI 1:1000 \_\_\_\_\_ Spinal: \_\_\_\_\_ Albuterol: \_\_\_\_\_ Nitro: \_\_\_\_\_ Defib: \_\_\_\_\_  
Airway: OPA / NPA / COMBI Oxygen: NC / NRB / BVM Flow: \_\_\_\_\_ LPM

**MVC Information:**

Type: \_\_\_\_\_ Riding Position: \_\_\_\_\_ Extrication: Y / N Extrication Time: \_\_\_\_\_  
Ejection: Y / N Air Bag Deployment: Y / N Restraint: Y / N Type: \_\_\_\_\_ Dash Deform: Y / N  
DOA in Vehicle: Y / N Rollover: Y / N Steering Wheel Bent: Y / N Space Inv: Y / N Post Deform: Y / N

**HX:** \_\_\_\_\_  
\_\_\_\_\_

**Medications:** \_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_  
\_\_\_\_\_

**Treatment Info:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient/Belongings Received By: \_\_\_\_\_

Primary: \_\_\_\_\_ No. \_\_\_\_\_ Assist: \_\_\_\_\_ No. \_\_\_\_\_

Assist: \_\_\_\_\_ No. \_\_\_\_\_ Assist: \_\_\_\_\_ No. \_\_\_\_\_

Assist: \_\_\_\_\_ No. \_\_\_\_\_ Assist: \_\_\_\_\_ No. \_\_\_\_\_

Assist: \_\_\_\_\_ No. \_\_\_\_\_ Assist: \_\_\_\_\_ No. \_\_\_\_\_