

## Documentation – Clinical Narrative

1. **Presentation of Patient – How you found the patient, (sitting, supine, in bed...) initial impression.**
2. **Patient complaint**
3. History of current illness—when the symptoms began, severity...
4. **Medical History**
5. **Medications and allergies.**
6. **Social findings – Environment, smoker, alcohol & drug use, paraphernalia...**
6. **Physical Assessment – head to toe, vital signs**
7. **Clinical impression – Provider Impression. What are you treating the patient for?**
8. *Treatments*
9. Method of moving patient. How the patient was moved from the position you found them. 2-4 person lift, scoop stretcher, backboard, stand pivot... Mode of Transport
10. Changes in patient condition
11. Transfer of care

**Example: 911 dispatch to female with chest pain.** Arrived on scene of 68-year-old female. Pt is seated on couch complaining of chest pain and difficulty breathing. Pain rated at 6/10. Pt is pale and diaphoretic with obvious labored breathing. Pt states the pain started 30 minutes prior. Pt is complaining of nausea and has vomited. The patient says her chest pain is in the middle of her chest and says it feels like a big weight on her chest. Pt denies radiation of pain, but says she is also short of breath and is nauseated. Pt self-administered one large aspirin and 2 nitro tabs with some relief. Pt states she had a heart attack about 2 years ago, and had a couple stents placed. Pt also has HTN. Pt is otherwise healthy. Pt takes benazepril and ASA daily, Pt denies any allergies. Pt denies drug or alcohol use, pt denies smoking.

**ABC- airway clear, breathing labored at 24, lungs clear. Strong radial pulse at 102. Skin pale, slightly diaphoretic. No pedal edema. EKG is sinus tachycardia, no ST segment elevation. SpO2-89% on room air. Pt denies other complaints. Provider impression is chest pain.**

*Apply oxygen at 2 lpm via nasal cannula, 12 lead EKG, admin 1 nitro .04mg SL, IV of NS while enroute.*

*Pt was assisted to stand pivot to the cot, placed in sitting position. Monitor and O2 continued. Cot to ambulance. Care continued enroute with the additional nitro, Code 1 transport to hosp.*

Pt feels more relief with 3<sup>rd</sup> nitro and oxygen. Skin color improves and pain subsides 2/10.

Pt care to hosp. RN.