

**Thomas Jefferson EMS Council  
EMT-J Drug Program  
Data Sheet**

**Date:** \_\_\_\_\_ **Patient's Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Providers Name:** \_\_\_\_\_

**Patient's Chief Complaint:** Circle all that apply:

Altered LOC   Asthma   Anaphylaxis/Allergic Reaction   Chest Pain   Diabetic

Coma of Unknown Origin   Drug Overdose   Respiratory Distress

Other: \_\_\_\_\_

**Initial Vital Signs:** Heart Rate: \_\_\_\_\_ BP: \_\_\_\_\_ Respirations: \_\_\_\_\_

Skin/Color/Temp: \_\_\_\_\_ Breath Sounds: \_\_\_\_\_

**Medication(s) given and route of administration:**

Nitro Tabs: \_\_\_\_\_ Nitropaste: \_\_\_\_\_ Aspirin: \_\_\_\_\_

Benadryl: \_\_\_\_\_ Epinephrine: \_\_\_\_\_ Narcan: \_\_\_\_\_

Glucagon: \_\_\_\_\_ Albuterol: \_\_\_\_\_ Atrovent: \_\_\_\_\_

Did you document patient allergies on your PPCR? Yes No

Did you ask if the patient had already taken any of their medications? Yes No

Did the patient complain of any side effects from the medication? Yes No if yes, explain \_\_\_\_\_

Did the patient improve with the treatment rendered? Yes No

Did you provide care on standing orders? Yes No

Did you need to consult with Medical Direction? Yes No if yes, explain \_\_\_\_\_

Did you document all information required on the PPCR? Yes No

ATTACH THIS TO A COPY OF PPCR AND PLACE IN LINDA JOHNSONS' BOX