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| D | Dispatch | The dispatch information given to the crew at the time of the call. EMD Codes Specific/Specialized Instructions |
| S | Subjective | Why the patient/ healthcare provider called 911? What the patient/family member/caregiver told you was the current problem. Sometime this requires that you make a judgment call as to the primary reason the patient is seeking medical care. History of the present illness (HPI – This would include mnemonics such as OPQRST, SAMPLE, MOI, AEIOUTIPS) Past Medical History (If not obtained in the patient medical history section of the PCR) Any statement regarding the present event or pertinent past events |
| O | Objective | Your primary assessment and possible reassessment findings, this also includes reassessments and changes in response to procedures and medications. Pertinent observations from the scene such as how you found the patient and living conditions. |
| A | Assessment | This section should contain your suspected problem, of the current event, as well as possible differential problem list. |
| P | Plan | This section outlines the overview of your course of treatment “your plan” for the patient during this call. Who at the receiving facility you gave verbal report to and accepted the patient. |
| I | Interventions | Interventions (measures) you’ve taken to achieve a desired outcome (This can be a general overview if the specific information was captured elsewhere in the PCR) |
| E | Evaluation | Analysis of the effectiveness of your interventions Record the patient’s response to the medication or treatment Any changes in the patient condition during transport. |
| R | Revisions | How the original plan was modified or changed and why. |

If the field is highlighted with green, it is an addition to SOAP formatting and is optional