

Inver Hills Community College  
Emergency Health Services Department  
**EMS Run Report Grading/Feedback**

**Student** \_\_\_\_\_

%	<b>Documentation (25%)</b>	
<input type="checkbox"/> 5	Complete (no empty boxes or spaces); Crews last names listed;	
<input type="checkbox"/> 5	Times, VS Times and Mileage	
<input type="checkbox"/> 5	Legible, Initial Cross-outs	
<input type="checkbox"/> 5	Signature includes level of training	
<input type="checkbox"/> 5	Age, DOB, Weight in Kg. Receiving RN Signature	
<b>Chief Complaint (Presenting Problem) – Assessment (10%)</b>		
<input type="checkbox"/> 5	- “Quoted” complaint in Pt.’s own words	
<input type="checkbox"/> 5	- List Rule Out (R/O:) or Possible Dx (Example: ?CVA, ?TIA)	
<b>History of Present Illness/Injury (Hx) – Subjective (25%)</b>		
<input type="checkbox"/> 5	- Explanation of what has occurred	
<input type="checkbox"/> 5	- Pertinent negatives: Chest Pain (CP), Neck/Back/Head Pain, Loss of Consciousness (LOC);	
<input type="checkbox"/> 5	- Documentation of pain, severity on scale from 1-10 and location	
<input type="checkbox"/> 4	Past Medical History (on one line)	
<input type="checkbox"/> 4	Medications (on one line)	
<input type="checkbox"/> 2	Allergies (on one line)	
<b>Physical Exam – Objective (30%)</b>		
<input type="checkbox"/> 2.5	- First Line: Age gender, ethnicity, weight, found (position) and level of consciousness	
	- Second Line PE:	
<input type="checkbox"/> 5	<b>HEENT:</b> (on one line) Documentation of fluids, skin color/temp/moistness; pupils, JVD, trachea, if appropriate facial droop, speech, odor of ETOH beverage etc...	
<input type="checkbox"/> 5	<b>CHEST:</b> (on one line) Lung Sounds, Symmetry, resp. effort (e.g: labored/non-labored); EKG: Rhythm, lead, rate;	
<input type="checkbox"/> 5	<b>ABD:</b> Masses? Tender to touch? Rigid? Guarded?	
<input type="checkbox"/> 5	<b>EXTREM.:</b> (on one line) CMS, If appropriate: Pedal Edema, Handgrips, Radial Pulse symmetry, pulse; BGL if measured.	
<input type="checkbox"/>	<b>BACK:</b> (only included if necessary)	
<input type="checkbox"/> 2.5	Statement: Rest of PE Unremarkable (on one line)	
5	Complete Vital Signs, including SPO2 if applicable (with times)	
<b>Treatment – Plan (10%)</b>		
<input type="checkbox"/> 5	Statement: ABC’s, Hx, Vs. and PE; listing of all procedures and treatments	
<input type="checkbox"/> 5	Statement: Pt. Transp. Code ____ (Position) to ____ hospital ER; Enroute ____ (Note any changes);	
<input type="checkbox"/>	If medications are given note times/dosages and any results or changes.	

Total % points \_\_\_\_\_; Letter Grade \_\_\_\_\_;  Excellent ☺;  Good ☺;

**Critical Criteria**

- More than 3 Grammatical Errors
- More than 5 Spelling Mistakes
- PE Not in the right format or Illegible
- Run report not in pen in black/blue ink
  
- Please visit the writing center for tutoring on the problem areas above.  
Writing Center Signature: \_\_\_\_\_

Instructor/TA Signature: \_\_\_\_\_ Date \_\_\_\_\_