

**NREMT Oral Station Template v.5/18/00 @ 1600 hours**

<b>BACKGROUND INFORMATION</b>	
EMS System description (including urban/rural setting)	
Vehicle Type/response capabilities	
Proximity to and level/type of facilities	
<b>DISPATCH INFORMATION</b>	
Nature of the call	
Location	
Dispatch Time	
Weather	
Personnel on scene	
<b>SCENE SURVEY INFORMATION</b>	
Scene considerations	
Patient location	
Visual appearance	
Age, gender, weight	
Immediate surroundings (bystanders, family members present)	
<b>PATIENT ASSESSMENT</b>	
Chief Complaint	
History of present illness	
Patient responses, symptoms, and pertinent negatives	
<b>PAST MEDICAL HISTORY</b>	
Past Medical History	
Medications and allergies	
Social/family concerns	

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<b>EXAMINATION FINDINGS</b>	
Initial Vital Signs	BP P R ; SpO <sub>2</sub> %
Respiratory	
Cardiovascular	
Gastrointestinal	
Genitourinary	
Musculoskeletal	
Neurologic	
Integumentary	
Hematologic	
Immunologic	
Endocrine	
Psychiatric	
<b>PATIENT MANAGEMENT</b>	
Initial stabilization	
Treatments	
Monitoring	
Additional Resources	
Patient response to interventions	
<b>TRANSPORT DECISION</b>	
Lifting and moving patient	
Mode	
Facilities	
<b>CONCLUSION</b>	
Field Impression	
Rationale for Field Impression	
Related pathophysiology	
Verbal Report	“Please provide me with a verbal report on this patient.” Must include chief complaint, interventions, current patient condition, and ETA.
<b>MANDATORY ACTIONS</b>	
<b>POTENTIALLY HARMFUL/DANGEROUS ACTIONS ORDERED/PERFORMED</b>	