様式第4号(第37条関係)

署区分

No.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 救急活動記録 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事故種別 | |  | | | | | | 活動種類 | | | | |  | | | | 救急隊別 | | | | | |  | | | |
| 覚知日時 | | 年　　月　　日　　曜日　時　　分　　天候 | | | | | | | | | | | | | | | | | | | 出場時刻　　時　分 | | | | | |
| 時間  経過 | | 現場到着　　時　　分 | | | | | | | 現場出発　　時　　分 | | | | | | | | | | | | 病院到着　　時　　分 | | | | | |
| 帰署時刻　　時　　分 | | | | | | | 現着所要時間　　　分 | | | | | | | | | | | | 病院収容時間　　　分 | | | | | |
| 通報者 | |  | | | | 受信者 | | | |  | | | | | | | | 覚知方法 | | | | | |  | | |
| 救急概要 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 発生場所 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| (要請場所) | | | | | | | | | | | | | | | | | | | | | | | | |
| 傷病者 | 住所 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | 年　　月　　日生 | | | | | | | | 歳 | | | | | 性別 | | |
| 傷病部位 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 診断名 | |  | | | | | 疾病分類 | | | | |  | | | | 傷病程度 | | | | | | 軽・中・重・死・他 | | | | |
| 搬送先 | |  | | | | | 医師 | | | | | 総合判定 | | | |  | | | | | | 病院判定 | | | |  |
| 活動状況 | | (現場状況) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| (活動状況) | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | |
| (聴取内容) | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 病歴：　　　　　　　　　　　　　　　投薬：　　　　　　アレルギー： | | | | | | | | | | | | | | | | | | | | | | | | |
| バイタル等 | | ①JCS―　　　R―　　　P―　　　BP―　　　SPO2―　　　．02　　　(その他所見)  ②JCS―　　　R―　　　P―　　　BP―　　　SPO2―　　　．02  ③JCS―　　　R―　　　P―　　　BP―　　　SPO2―　　　．02  ④JCS―　　　R―　　　P―　　　BP―　　　SPO2―　　　．02 | | | | | | | | | | | | | | | | | | | | | | | | |
| 応急処置 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 口頭指導 | |  | | | | | | | | | 応急手当 | | | |  | | | | | | | | | | | |
| 転送 | | 転送回数 | | 回 | 転送理由 | | | | |  | | | | 現場医師要請 | | | | | | 無 | | | | | | |
| 救急隊員 | | 隊長 | 印 | | | | | | | 隊員 | | |  | | | | | | | 機関員 | | | | |  | |