Post-Transport Event Report Form

Organization

Incident Venue

Address **City** **State** **Zip**

Site Coordinator: **Game** **Practice**

Sport / Activity

Patient information

Patient Name: Gender: M F DOB:

Student / Patient ID:

Incident Details

EAP Personnel / First Responders	Roll Call	EAP Trained
HAT:	□ Press □ Abs □ NA	□ Yes □ No □ NA
ATC:	□ Press □ Abs □ NA	□ Yes □ No □ NA
ATC:	□ Press □ Abs □ NA	□ Yes □ No □ NA
ATC:	□ Press □ Abs □ NA	□ Yes □ No □ NA
Team MD:	□ Press □ Abs □ NA	□ Yes □ No □ NA
AMP:	□ Press □ Abs □ NA	□ Yes □ No □ NA
Neuro Consult:	□ Press □ Abs □ NA	□ Yes □ No □ NA
Medical Director:	□ Press □ Abs □ NA	□ Yes □ No □ NA
EMS Director:	□ Press □ Abs □ NA	□ Yes □ No □ NA
EMT:	□ Press □ Abs □ NA	□ Yes □ No □ NA
EMT:	□ Press □ Abs □ NA	□ Yes □ No □ NA
Paramedic:	□ Press □ Abs □ NA	□ Yes □ No □ NA
Admin Liason:	□ Press □ Abs □ NA	□ Yes □ No □ NA
Security:	□ Press □ Abs □ NA	□ Yes □ No □ NA
Other:	□ Press □ Abs □ NA	□ Yes □ No □ NA

Acute Management

Indicator(s) for need to transport athlete:	□ Unconsciousness	□ Mechanism of injury	□ Pulse O2
	□ Airway obstruction	□ Bleeding	□ Neuro
	□ Respiratory distress	□ LOC	□ Seizure
	□ Irregular pulse rate / pattern	□ Fx / Dx	□ Exposure
	□ Cardiac	□ Unresponsive	

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	□ Other:	
Vital Signs Status Prior to EMS		
	BP (mmHg):	Respirations (bpm):
	Heart rate (bpm):	Pulse O2:
	Temperature:	Neuro:
	LOC:	Other:
Was CPR performed prior to arrival of EMS?	Yes No	
Was an AED used prior to arrival of EMS?	□ Yes □ No	
If yes, has an AED incident report been filed?	□ Yes □ No	
What other emergency response equipment was required prior to arrival of EMS?		
Were care-givers exposed to blood or other infectious materials?	□ Yes □ No	
Were police notified?	□ Yes □ No □ NA	
Were police on scene?	□ Yes □ No □ NA	Police report#

Being as specific as possible, describe the incident:

Transport Information

Patient was transported to:	□ Nearest hospital	□ Level I trauma
	□ Other Trauma	□ Neuro Hospital
	□ Cardiac Hospital	□ Orthopedic Hospital
	Receiving Hospital:	
Receiving hospital was prepared to handle equipment-laden athlete	□ Yes □ No □ NA	
Approximate time of incident:		If BLS, was a second call for ALS required? □ Yes □ No Why?
Approximate time of EMS activation:		
Estimated EMS response time:		
Level of initial EMS Service Responding to Call:	□BLS □ ALS	
Patient transported via:	□ BLS Ambulance	□ ALS Ambulance
	□ Airlift	□ Private vehicle
Transport Agency:		

EMS Responders:	Any unanticipated events or injuries during management of this injury? Please describe.
1	
2	
3	
4	
5	
6	

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Has a Venue Specific Emergency Equipment Deployment and Readiness Report beencompleted post-event? Yes No NA

Sports Medicine Concepts, Inc., Audit Statement

At the time this report was issued, the organization was recognized as having completed this Post Transport Event Report in accordance with Sports Medicine Concepts, Inc., sports emergency care standards and best practices. This report is thus certified accurate.

Sports Medicine Concepts, Inc., Representative
Typed Name:
Title:
e-Signature:

The signed Sports Medicine Concepts, Inc., representative is authorized to sign this report.

Michael Cendoma, MS, ATC
Program Director, Sports Medicine Concepts, Inc

e-Signature:

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