

**Oswego Town Fire/Rescue  
PCR Cheat Sheet**

Date \_\_\_\_\_ Call Location: \_\_\_\_\_ Incident # \_\_\_\_\_

Patient Name: \_\_\_\_\_ Call Rec'd: \_\_\_\_\_

Address: \_\_\_\_\_ Responding: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_ Arrived: \_\_\_\_\_

Age: \_\_\_\_ DOB: \_\_\_\_\_ Male Female Cancelled: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_ Call completed: \_\_\_\_\_

Allergies: \_\_\_\_\_ 62 21 12 71 11

Medical History: \_\_\_\_\_ Multiple Patients  
\_\_\_\_\_ of \_\_\_\_\_

High BP - Seizures - Stroke - Diabetic - Cardiac - Asthma

**Vitals**

Time: \_\_\_\_\_ B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ SPO2: \_\_\_\_\_ BG: \_\_\_\_\_

Time: \_\_\_\_\_ B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ SPO2: \_\_\_\_\_ BG: \_\_\_\_\_

Medicines \_\_\_\_\_ Doctor \_\_\_\_\_

Call dispatch as - Alpha Bravo Charlie Delta Echo

EMT: \_\_\_\_\_ Driver: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

Ambulance: \_\_\_\_\_ Ambulance on-scene time: \_\_\_\_\_

Patient Refusal

Transported to: Oswego Crouse Upstate Community St. Ioes VA