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Acetaminophen Administration Report

PCR# _____ Date: _____

Agency: _____ Agency Code _____ Dispenser: _____

Level Of Training: EMT-CC ___ EMTP _____

Reason for administration (type of injury): _____

Dose: _____

Chronology

Scene arrival time: _____ Scene departure time: _____

Hospital arrival time: _____ Dispensing time: _____

Patient Disposition: Triage ___ Waiting Room ___ ED Bed ___ Other _____

Complications: (if " none " check here)

Comments: _____

Date / time PCR faxed (315.701.5709): _____