
	Scarborough Fire Department	
	Scarborough, Maine	
	Standard Operating Procedures	

Book:	Organization
Chapter:	Forms, Records & Reports
Subject:	1580 - Carbon Monoxide Patient Monitoring Form
Revision Date:	08/15/2007
Approved by:	<i>B. Michael Thurlow</i>

Date:	Incident Number:	State EMS run #:
Patient's Name:	Age:	Sex:
Is patient pregnant?	Yes No	
Is patient a smoker?	Yes No	If yes, # of packs /day:
Is there a CO monitor present?	Yes No	If yes reading: ppm
Fire Dept. CO meter reading:	ppm	
Potential CO Source:		
Patient Location in Building:		
Was patient transported?	Yes No	
If yes, transported where?		

Symptoms List: (check all that applies)

- | | | |
|---|---|---|
| <input type="checkbox"/> Malaise, flu like symptoms, fatigue | <input type="checkbox"/> Dyspnea on exertion | <input type="checkbox"/> Chest pain, palpitations |
| <input type="checkbox"/> Lethargy | <input type="checkbox"/> Impulsiveness | <input type="checkbox"/> Distractibility |
| <input type="checkbox"/> Hallucination, confabulation | <input type="checkbox"/> Agitation | <input type="checkbox"/> Nausea, vomiting, diarrhea |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Headache, drowsiness | <input type="checkbox"/> Dizziness, weakness, confusion |
| <input type="checkbox"/> Visual disturbance, syncope, seizure | <input type="checkbox"/> Fecal and urinary incontinence | <input type="checkbox"/> Memory and gait disturbances |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Confusion | <input type="checkbox"/> Depression |

1 st reading	time:		SpCO %	SpO2%
2 nd reading (10 minutes after 1 st)	time:		SpCO %	SpO2%

Comments:
