



Date: _____

Incident #: _____

Agency: _____

Provider Certification #: _____

Patient Info: Age: _____ Sex: Male Female Race: _____ Weight: _____ lbs kg

Indication for Use (check):

- Neurological deficits
- Hypertension
- < 3 hours (180 minutes) last seen normal
- Other: _____

Measures Used Prior/After Labetalol (check):

- 12 Lead Prior: Rhythm/Rate: _____
- 12 Lead After Rhythm/Rate: _____
- Glucose Measurement: _____
- Other: _____

Medications:

Labetalol Dose: _____ mg Route: IV IO

Blood Pressure Pre: _____ mmHg During: _____ mmHg Post: _____ mmHg

Heart Rate: Pre: _____ BPM During: _____ BPM Post: _____ BPM

Complications (check):

- Hypotension Other: _____