



Albuquerque Fire Department Records Management

Cardiac Rhythm Strip/Code Summaries Documentation

Incident #: _____ Unit #: _____

Date of Incident: _____ MPDS Coding: _____

Location of Incident: _____

Rhythm Interpretation: _____

Paramedic Name: _____

Man#: _____

Please complete, attach rhythm strip/ code summaries, and forward via interoffice mail to the attention of RMS.