

INCIDENT INFORMATION

DATE OF CALL DD MM YYYY			TIME OF CALL HH MM			PASSED HH MM		
DISPATCH CS 1 ECHO DELTA		DISPATCH CS 2 CHARLIE BRAVO		DISPATCH CS 3 ALPHA OMEGA		DISPATCH CS 4 E D C B A		
MOBILE HH MM		AT SCENE HH MM		AT PATIENT HH MM		DEPART SCENE HH MM		AT DESTINATION HH MM
AT HANDOVER HH MM		DESTINATION NAME OF FACILITY					CLEAR HH MM	

CC	CODE	INCIDENT NUMBER	VEHICLE CALL SIGN	PATIENT NO ENTER A,B OR C
PRACTITIONER ATTEND	PRACTITIONER SUPPORT	OTHER	STATION CODE	
PIN	PIN	PIN	CODE	

DOA	RECOGNITION OF DEATH TRANSPORTED <input type="checkbox"/>	RECOGNITION OF DEATH NOT TRANSPORTED <input type="checkbox"/>
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CR	CEASE RESUSCITATION TRANSPORTED <input type="checkbox"/>	CEASE RESUSCITATION NOT TRANSPORTED <input type="checkbox"/>
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TR	TREAT & IMMEDIATE REFER <input type="checkbox"/>	TREAT & RECOMMEND FOLLOW UP <24HRS <input type="checkbox"/>
	TREAT & REFER SELF CARE WITH ADVICE <input type="checkbox"/>	

NTT	TRANSPORT REFUSED <input type="checkbox"/>	TREATMENT REFUSED <input type="checkbox"/>	STOOD DOWN <input type="checkbox"/>
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Incident Location/Address

<input type="checkbox"/> HOME	<input type="checkbox"/> RECR. OR SPORT PLACE	<input type="checkbox"/> RESIDENTIAL INSTITUTION
<input type="checkbox"/> FARM	<input type="checkbox"/> STREET OR ROAD	<input type="checkbox"/> OTHER PLACES
<input type="checkbox"/> IND. PLACE OR PREMISES	<input type="checkbox"/> PUBLIC BUILDING	

Nature of Assistance Prior to Arrival of Practitioner

<input type="checkbox"/> NONE	<input type="checkbox"/> CPR*	REFER OHCA OVERLEAF*
<input type="checkbox"/> FIRST AID	<input type="checkbox"/> AED*	
<input type="checkbox"/> COMPRESSION ONLY CPR*	<input type="checkbox"/> ALS	

Identity of Assistance Prior to Arrival of Practitioner

<input type="checkbox"/> CIVILIAN	<input type="checkbox"/> FIRE	<input type="checkbox"/> AUXILIARY/VOLUNTARY	<input type="checkbox"/> OTHER
<input type="checkbox"/> RESPONDER	<input type="checkbox"/> GARDA	<input type="checkbox"/> PRACTITIONER	

CLINICAL LEVEL

<input type="checkbox"/> NO TRAINING	<input type="checkbox"/> OFA	<input type="checkbox"/> PARAMEDIC	<input type="checkbox"/> DOCTOR
<input type="checkbox"/> UNKNOWN TRAINING	<input type="checkbox"/> EFR	<input type="checkbox"/> ADV. PARAMEDIC	<input type="checkbox"/> OTHER
<input type="checkbox"/> BLS/CFR	<input type="checkbox"/> EMT	<input type="checkbox"/> NURSE	

PATIENT INFORMATION

SURNAME	NAME		
SURNAME	NAME		
PERMANENT ADDRESS <input type="checkbox"/> Mark if same as Above	DOB DD MM YYYY		
	AGE	PAED WT	GENDER
	AGE	Paed WT	M F
	GP		
NEXT OF KIN	NOK TELEPHONE		

CLINICAL INFORMATION

PATIENT'S CHIEF COMPLAINT	TIME OF ONSET HH MM	DATE OF ONSET DD MM YY
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PRIMARY SURVEY

A CLEAR PARTIALLY OBSTRUCTED OBSTRUCTED

C **C Spine** SUSPECT NOT INDICATED

B NORMAL ABNORMAL FAST SLOW ABSENT

C **PULSE** PRESENT ABSENT REGULAR IRREGULAR **RATE** HAEMORRHAGE Yes No

SKIN NORMAL PALE FLUSHED CYANOSID Cap-Refill < 2 SEC > 2 SEC

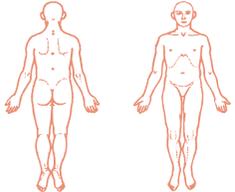
D Loss of Consciousness Before Arrival Yes No Unknown **AVPU**

E

<input type="checkbox"/> A Abrasion	<input type="checkbox"/> P Pain
<input type="checkbox"/> B Burn	<input type="checkbox"/> R Rash
<input type="checkbox"/> C Contusion	<input type="checkbox"/> S Swelling
<input type="checkbox"/> D Dislocation	<input type="checkbox"/> N Numbness
<input type="checkbox"/> # Fracture	<input type="checkbox"/> W Wound

% BURN

% BURN	RA	RL	LA	LL
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CLINICAL IMPRESSION

CARDIAC	OBS/GYNAE	<input type="checkbox"/> HEAD INJURY
<input type="checkbox"/> CARDIAC ARREST	<input type="checkbox"/> HAEMORRHAGE < 24 WKS	<input type="checkbox"/> MAXILLO-FACIAL INJURY
<input type="checkbox"/> CARDIAC ARRHYTHMIA	<input type="checkbox"/> HAEMORRHAGE > 24 WKS	<input type="checkbox"/> MULTIPLE TRAUMA
<input type="checkbox"/> CARDIAC CHEST PAIN	<input type="checkbox"/> LABOUR	<input type="checkbox"/> OPEN WOUND
<input type="checkbox"/> HEART FAILURE	<input type="checkbox"/> PPH	<input type="checkbox"/> SHOCK
<input type="checkbox"/> OTHER CARDIAC	<input type="checkbox"/> PRE-HOSPITAL DELIVERY	<input type="checkbox"/> SOFT TISSUE INJURY
<input type="checkbox"/> BACK PAIN	<input type="checkbox"/> OTHER OBS/GYNAE	<input type="checkbox"/> SPINAL INJURY
<input type="checkbox"/> DIABETES MELLITUS	RESPIRATORY	<input type="checkbox"/> OTHER TRAUMA
<input type="checkbox"/> FEVER	<input type="checkbox"/> ASTHMA	GENERAL
<input type="checkbox"/> HEADACHE	<input type="checkbox"/> COPD	<input type="checkbox"/> ABDOMINAL PAIN
<input type="checkbox"/> HYPOTHERMIA	<input type="checkbox"/> FBAO	<input type="checkbox"/> ACUTE INTOXICATION
<input type="checkbox"/> OTHER MEDICAL	<input type="checkbox"/> RESPIRATORY ARREST	<input type="checkbox"/> ALLERGIC REACTION
NEUROLOGICAL	<input type="checkbox"/> SMOKE INHALATION	<input type="checkbox"/> BEHAVIOURAL DISORDER
<input type="checkbox"/> ALTERED LOC	<input type="checkbox"/> OTHER RESPIRATORY	<input type="checkbox"/> ILLNESS UNKNOWN
<input type="checkbox"/> SEIZURES	TRAUMA	<input type="checkbox"/> NAUSEA / VOMITING
<input type="checkbox"/> STROKE	<input type="checkbox"/> BURNS	<input type="checkbox"/> POISONING
<input type="checkbox"/> OTHER NEUROLOGICAL	<input type="checkbox"/> DISLOCATION / SPRAIN	<input type="checkbox"/> SYNCOPES / COLLAPSE
	<input type="checkbox"/> FRACTURE	<input type="checkbox"/> OTHER GENERAL
	<input type="checkbox"/> HAEMORRHAGE	

CLINICAL INFORMATION

PATIENT'S MEDICAL OBSERVATIONS

A **ALLERGIES** NKA UNKNOWN

M **MEDICATIONS** NONE UNKNOWN AS SUPPLIED PER DR'S LETTER

P **PAST MEDICAL HISTORY** NONE UNKNOWN PER DR'S LETTER RELATIVE

L **LAST INTAKE** UNKNOWN **DESCRIBE** HH MM

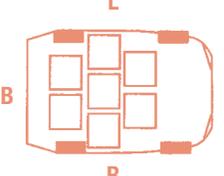
E **EVENT**

MECHANISM OF INJURY

<input type="checkbox"/> ASSAULT	<input type="checkbox"/> RTA BICYCLE
<input type="checkbox"/> ATTACK/BITE BY ANIMAL/INSECT	<input type="checkbox"/> RTA MOTORBIKE
<input type="checkbox"/> CHEMICAL POISONING	<input type="checkbox"/> RTA PEDESTRIAN
<input type="checkbox"/> SUBMERSION	<input type="checkbox"/> RTA VEHICLE
<input type="checkbox"/> ELECTROCUTION	<input type="checkbox"/> SMOKE, FIRE AND FLAMES
<input type="checkbox"/> EXCESSIVE COLD	<input type="checkbox"/> WATER TRANSPORT ACCIDENT
<input type="checkbox"/> EXCESSIVE HEAT	<input type="checkbox"/> OTHER
<input type="checkbox"/> FALL	
<input type="checkbox"/> FIREARM INJURY	

CIRCUMSTANCES

<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> EVENT OF UNDETERMINED INTENT
<input type="checkbox"/> INTENTIONAL SELF HARM	



Impact Seatbelt
 Pos. in Vehicle Trapped
 # Pos. after Acc. Air Bag Deployed
 Rollover > 20 Min. Extrict.
 Remove Helmet Fatality in Vehicle

Est. speed at impact kph

CS LIFE THREATENING NON SERIOUS OR LIFE THREAT.

SERIOUS NOT LIFE THREAT.

OUT OF HOSPITAL CARDIAC ARREST

HISTORY OF CORONARY DISEASE

YES NO UNKNOWN

TIME CHEST PAIN

COLLAPSE WITNESSED

YES NO

WITNESSED BY

CIVILIAN FIRE AUXILIARY/VOLUNTARY OTHER
 RESPONDER GARDA PRACTITIONER

CLINICAL LEVEL

NO TRAINING OFA PARAMEDIC DOCTOR
 UNKNOWN TRAINING EFR ADV. PARAMEDIC OTHER
 BLS/CFR EMT NURSE

CHEST COMPRESSIONS

YES NO

COMMENCED BY

CIVILIAN FIRE AUXILIARY/VOLUNTARY OTHER
 RESPONDER GARDA PRACTITIONER

CLINICAL LEVEL

NO TRAINING OFA PARAMEDIC DOCTOR
 UNKNOWN TRAINING EFR ADV. PARAMEDIC OTHER
 BLS/CFR EMT NURSE

TIME STARTED DURATION

MECHANICAL CPR

YES NO

INITIAL RHYTHM

SHOCKABLE UNSHOCKABLE

Specify:

TIME FIRST RHYTHM ANALYSIS

DEFIBRILATOR PADS

YES NO

FIRST APPLIED BY

CIVILIAN FIRE AUXILIARY/VOLUNTARY OTHER
 RESPONDER GARDA PRACTITIONER

CLINICAL LEVEL

NO TRAINING OFA PARAMEDIC DOCTOR
 UNKNOWN TRAINING EFR ADV. PARAMEDIC OTHER
 BLS/CFR EMT NURSE

MANUAL AED

YES NO

OUT OF HOSPITAL CARDIAC ARREST

SHOCK

Was shock advised YES NO

Was shock delivered YES NO SHOCK ADVISED DEFIBRILATOR MALFUNCTION

FIRST DELIVERED BY

CIVILIAN FIRE AUXILIARY/VOLUNTARY OTHER
 RESPONDER GARDA PRACTITIONER

CLINICAL LEVEL

NO TRAINING OFA PARAMEDIC DOCTOR
 UNKNOWN TRAINING EFR ADV. PARAMEDIC OTHER
 BLS/CFR EMT NURSE

TOTAL SHOCKS DELIVERED TIME FIRST SHOCK DELIVERED

RETURN OF SPONTANEOUS CIRCULATION (ROSC)

YES NO

WHO FIRST ACHIEVED ROSC

CIVILIAN FIRE AUXILIARY/VOLUNTARY OTHER
 RESPONDER GARDA PRACTITIONER

CLINICAL LEVEL

NO TRAINING OFA PARAMEDIC DOCTOR
 UNKNOWN TRAINING EFR ADV. PARAMEDIC OTHER
 BLS/CFR EMT NURSE

TIME OF ROSC SC ON ARRIVAL IN ED

CFR REPORT

YES NO

NOTES

REFUSAL OF TREATMENT AND OR TRANSPORT

PRACTITIONER AID TO DETERMINE PATIENT "DECISION MAKING CAPACITY"

1. Patient verbalises /communicates understanding of clinical situation? YES NO
2. Patient verbalises/communicates appreciation of applicable risk? YES NO
3. Patient verbalises/communicates ability to make alternative plan of care? YES NO

If **yes to all the above** and the patient has demonstrated decision making capacity, his decision must be respected

(a) Practitioner to complete Refusal of Treatment And Or Transport, as below, and advice alternative care plan option

(b) If practitioner is concerned about patient welfare contact patient GP /Relative/Garda

If no to any of the above the patient is deemed not to possess 'Decision Making Capacity' and await arrival of Doctor/ Garda /Relative

I/We witness that the patient has refused treatment/transport to the Emergency Department.

I/We have advised the patient to consult with his/her own doctor as soon as possible or should his/her condition deteriorate to call 999 for emergency medical assistance

PIN (1)

PIN (2)

and report Refusal of Treatment and or Transport to the Control Centre

MEDICATION TREATMENT

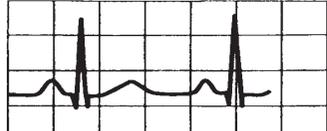
ADENOSINE	GLUCOSE GEL	NIFEDIPINE
AMIODARONE	GLYCERIL TRINITRATE	NITROUS OXIDE 50% & OXYGEN 50%
ASPIRIN	HALOPERIDOL	ONDANSETRON
ATROPINE	HARTMANN'S SOLUTION	OXYGEN
BENZYLPENICILLIN	HEPARIN	PARACETAMOL
CLOPIDOGREL	HYDROCORTISONE	SALBUTAMOL
CYCLIZINE	IBUPROFEN	SODIUM BICARBONATE
DEXTROSE 10%	IPRATROPIUM BROMIDE	SODIUM CHLORIDE 0.9%
DIAZEPAM	LIDOCAINE	SYNTOMETRINE
ENOXAPARIN	LORAZEPAM	TENECTEPLASE
EPINEPHRINE (1:1 000)	MAGNESIUM SULPHATE	TETRACAINE
EPINEPHRINE (1:10 000)	MIDAZOLAM	DRUG PRESCRIBED BY DOCTOR
FUROSEMIDE	MORPHINE	
GLUCAGON	NALOXONE	

ROUTE

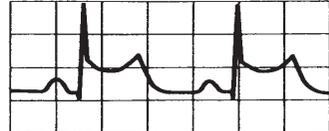
ORAL	PO	ENDOTRACHEAL TUBE	ETT	INTRASOSSEOUS	IO
INHALATION	INH	INTRAMUSCULAR	IM	PER RECTUM	PR
SUBLINGUAL	SL	SUBCUTANEOUS	SC		
BUCCAL	BU	INTRAVENOUS	IV		

12 LEAD ECG

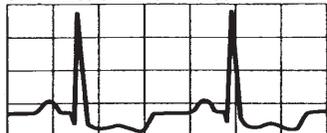
NORMAL LEAD II ECG



ST ELEVATION INDICATING INFARCTION



ST DEPRESSION INDICATING ISCHAEMIA



LEADS WITH ST ELEVATION

LEADS WITH ST ELEVATION	AREA OF MI
V1 - V4	ANTERIOR
I, AVL, V5 - V6	LATERAL
I, AVL, V1 - V6	ANTEROLATERAL
V1 - V3	ANTEROSEPTAL
II, III, AVF	INFERIOR
I, AVL, V5 - V6, II, III, AVF	INFEROLATERAL

CARDIAC RHYTHM ABBREVIATIONS

NORMAL SINUS RHYTHM	NSR	ATRIAL FLUTTER	AFL
SINUS BRADYCARDIA	SB	FIRST DEGREE HEART BLOCK	FHB
SINUS TACHYCARDIA	ST	SECOND DEGREE HEART BLOCK TYPE I	SHBT1
PREMATURE ATRIAL CONTRACTION	PAC	SECOND DEGREE HEART BLOCK TYPE II	SHBT2
PREMATURE VENTRICULAR CONTRACTION	PVC	THIRD DEGREE HEART BLOCK	THB
VENTRICULAR TACHYCARDIA	VT	ASYSTOLE	ASY
JUNCTIONAL RHYTHM	JR	IDIOVENTRICULAR	IDO
SUPERVENTRICULAR TACHYCARDIA	SVT	PULSELESS ELECTRICAL ACTIVITY	PEA
ATRIAL FIBRILLATIONS	AF	VENTRICULAR FIBRILLATION	VF

PUPIL SIZE CHART



EARLY WARNING SCORE

SCORE	3	2	1	0	1	2	3
RESP RATE	-	<9	-	SEP-14	15-20	21-29	>29
HEART RATE	-	<41	41-50	51-100	101-110	111-129	>129
SYS BP	<71	71-80	81-89	90-159	160-169	170-199	>199
TEMP	-	<35	-	35-38.4	-	>38.4	-
AVPU	-	-	-	ALERT	VOICE	PAIN	UNRESPONSIVE

A score of 5 or more is a marker for immediate transport

REVISED TRAUMA SCORE (RTS)

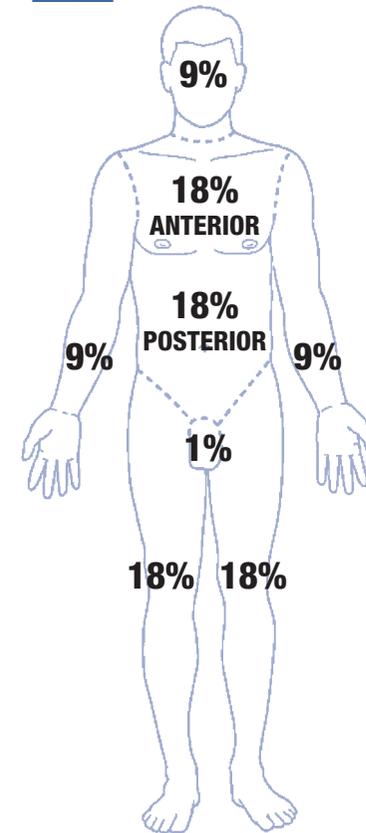
RESPIRATORY RATE (RR)	CODED VALUE	SCORE
10-29	4	
>29	3	
6-9	2	
1-5	1	
0	0	
SYSTOLIC BLOOD PRESSURE (SBP)	CODED VALUE	SCORE
≥ 90 mmHg	4	
76-89 mmHg	3	
50-75 mmHg	2	
1-49 mmHg	1	
NO BP	0	
GLASGOW COMA SCALE (GCS)	CODED VALUE	SCORE
13-15	4	
9-12	3	
6-8	2	
4-5	1	
3	0	

PAEDIATRIC GLASGOW COMA SCALE

G.C.S.		PAEDIATRICS 0-5 YEARS
EYES	OPEN	4 SPONTANEOUSLY
		3 REACTS TO SPEECH
		2 REACTS TO PAIN
		1 NO RESPONSE
BEST MOTOR RESPONSE	TO VERBAL COMMAND	6 SPONTANEOUS OR OBEYS VERBAL COMMAND
	TO PAINFUL STIMULUS	5 LOCALISES PAIN
		4 FLEXION-WITHDRAWAL
		3 FLEXION-ABNORMAL
		2 EXTENSION
		1 NO RESPONSE
BEST VERBAL RESPONSE		5 SMILES, ORIENTED TO SOUND FOLLOWS OBJECTS, INTERACTS
		4 CRYING
		3 INCONSISTENTLY CONSOLABLE
		2 INCONSOLABLE
		1 NO RESPONSE
		INTERACTS
		4 CONSOLABLE
		3 INCONSISTENTLY CONSOLABLE
		2 INCONSOLABLE
		1 NO RESPONSE

THE RULE OF NINES (BURNS)

ADULT



12 MONTHS PLUS

Subtract 1% from the Head for each year over 12 months



Divide by 2



Add the result to each leg

EXAMPLE 3 YEAR OLD

$$\frac{-2\% \text{ from Head}}{2} = 1\%$$



Add 1% to Each Leg



Head = 16% & Each Leg = 15%

0 TO 12 MONTHS

