

PATIENT CARE REPORT

INCIDENT INFORMATION

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

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

DOA	RECOGNITION OF DEATH TRANSPORTED	RECOGNITION OF DEATH NOT TRANSPORTED
	<input type="checkbox"/>	<input type="checkbox"/>

CR	CEASE RESUSCITATION TRANSPORTED	CEASE RESUSCITATION NOT TRANSPORTED
	<input type="checkbox"/>	<input type="checkbox"/>

TR	TREAT & IMMEDIATE REFER	TREAT & RECOMMEND FOLLOW UP < 24 HRS
	<input type="checkbox"/>	<input type="checkbox"/>
	TREAT & REFER SELF CARE WITH ADVICE	
	<input type="checkbox"/>	

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

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	

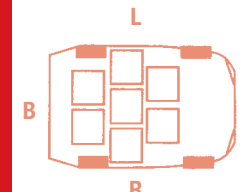
Nature of Assistance Prior to Arrival of Practitioner		
<input type="checkbox"/> NONE	<input type="checkbox"/> CPR*	REFER OHCA OVERLEAF*
<input type="checkbox"/> FIRST AID	<input type="checkbox"/> AED*	
<input type="checkbox"/> COMPRESSION ONLY CPR*	<input type="checkbox"/> ALS	

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		DOB	
<input type="checkbox"/> Mark if same as Above		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	DATE OF ONSET
		HH MM	DD MM YY
PRIMARY SURVEY			
A	<input type="checkbox"/> CLEAR	<input type="checkbox"/> PARTIALLY OBSTRUCTED	<input type="checkbox"/> OBSTRUCTED
C	<input type="checkbox"/> C Spine	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> NOT INDICATED
B	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	<input type="checkbox"/> FAST <input type="checkbox"/> SLOW <input type="checkbox"/> ABSENT
C	PULSE	<input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT	RATE HATE HAEMORRHAGE
	<input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR		<input type="checkbox"/> Yes <input type="checkbox"/> No
	SKIN	<input type="checkbox"/> NORMAL <input type="checkbox"/> PALE	<input type="checkbox"/> FLUSHED <input type="checkbox"/> CYANOSIED
	Cap-Refill	<input type="checkbox"/> < 2 SEC	<input type="checkbox"/> > 2 SEC
D	Loss Of Consciousness Before Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> % BURN <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL		

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
MEDICAL	<input type="checkbox"/> OTHER OBS/GYNAE	<input type="checkbox"/> SPINAL INJURY
<input type="checkbox"/> BACK PAIN	RESPIRATORY	<input type="checkbox"/> OTHER TRAUMA
<input type="checkbox"/> DIABETES MELLITUS	<input type="checkbox"/> ASTHMA	GENERAL
<input type="checkbox"/> FEVER	<input type="checkbox"/> COPD	<input type="checkbox"/> ABDOMINAL PAIN
<input type="checkbox"/> HEADACHE	<input type="checkbox"/> FBAO	<input type="checkbox"/> ACUTE INTOXICATION
<input type="checkbox"/> HYPOTHERMIA	<input type="checkbox"/> RESPIRATORY ARREST	<input type="checkbox"/> ALLERGIC REACTION
<input type="checkbox"/> OTHER MEDICAL	<input type="checkbox"/> SMOKE INHALATION	<input type="checkbox"/> BEHAVIOURAL DISORDER
NEUROLOGICAL	<input type="checkbox"/> OTHER RESPIRATORY	<input type="checkbox"/> ILLNESS UNKNOWN
<input type="checkbox"/> ALTERED LOC	TRAUMA	<input type="checkbox"/> NAUSEA / VOMITING
<input type="checkbox"/> SEIZURES	<input type="checkbox"/> BURNS	<input type="checkbox"/> POISONING
<input type="checkbox"/> STROKE	<input type="checkbox"/> DISLOCATION / SPRAIN	<input type="checkbox"/> SYNCOPES / COLLAPSE
<input type="checkbox"/> OTHER NEUROLOGICAL	<input type="checkbox"/> FRACTURE	<input type="checkbox"/> OTHER GENERAL
	<input type="checkbox"/> HAEMORRHAGE	

CLINICAL INFORMATION	
PATIENT'S MEDICAL OBSERVATIONS	
A	ALLERGIES <input type="checkbox"/> NKA <input type="checkbox"/> UNKNOWN
M	MEDICATIONS <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> AS SUPPLIED <input type="checkbox"/> PER DR'S LETTER
P	PAST MEDICAL HISTORY <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PER DR'S LETTER <input type="checkbox"/> RELATIVE
L	LAST INTAKE <input type="checkbox"/> 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 <input type="checkbox"/> INJURY TO CHILD <input type="checkbox"/> MACHINERY ACCIDENTS <input type="checkbox"/> MVA OFF ROAD	
CIRCUMSTANCES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> EVENT OF UNDETERMINED INTENT <input type="checkbox"/> INTENTIONAL SELF HARM	
	
↓ Impact <input type="checkbox"/> Seatbelt x Pos. in Vehicle <input type="checkbox"/> Trapped # Pos. after Acc. <input type="checkbox"/> Air Bag Deployed <input type="checkbox"/> Rollover <input type="checkbox"/> > 20 Min. Extrict. <input type="checkbox"/> Remove Helmet <input type="checkbox"/> Fatality in Vehicle	
Est. speed at impact kph	
CS	LIFE THREATENING <input type="checkbox"/> NON SERIOUS OR LIFE THREAT. <input type="checkbox"/>
	SERIOUS NOT LIFE THREAT. <input type="checkbox"/>

OUT OF HOSPITAL CARDIAC ARREST

HISTORY OF CORONARY DISEASE

☐ YES☐ NO☐ UNKNOWN

TIME CHEST PAIN

HH

MM

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

HH

MM

DURATION

HH

MM

MECHANICAL CPR

☐ YES☐ NO

INITIAL RHYTHM

☐ SHOCKABLE☐ UNSHOCKABLE

Specify:

TIME FIRST RYTHM ANALYSIS

HH

MM

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

HH

MM

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

HH

MM

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

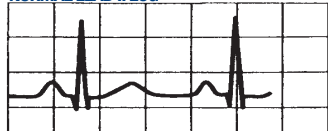
ADENOSINE	GLUCOSE GEL	NIFEDIPINE
AMIODARONE	GLYCERIL TRINITRATE	NITROUS OXIDE 50% & OXYGEN 50%
ASPIRIN	HALOPERIDOL	ONDANSETRON
ATROPINE	HARTMANN'S SOLUTION	OXYGEN
BENZYPENICILLIN	HEPARIN	PARACETAMOL
CLOPIDOGREL	HYDROCORTISONE	SALBUTAMOL
CYCLIZINE	IBUPROFEN	SODIUM BICARBONATE
DEXTROSE 10%	IPRATROPIUM 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

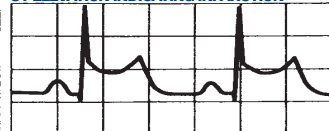
ORAL	PO	ENDOTRACHEAL TUBE	ETT	INTRASOSSEOUS	IO
INHALATION	INH	INTRAMUSCULAR	IM	PER RECTUM	PR
SUBLINGUAL	SL	SUBCUTANEOUS	SC		
BUCCAL	BU	INTRAVENOUS	IV		

12 LEAD ECG

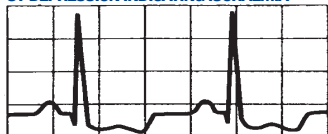
NORMAL LEAD II ECG



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)

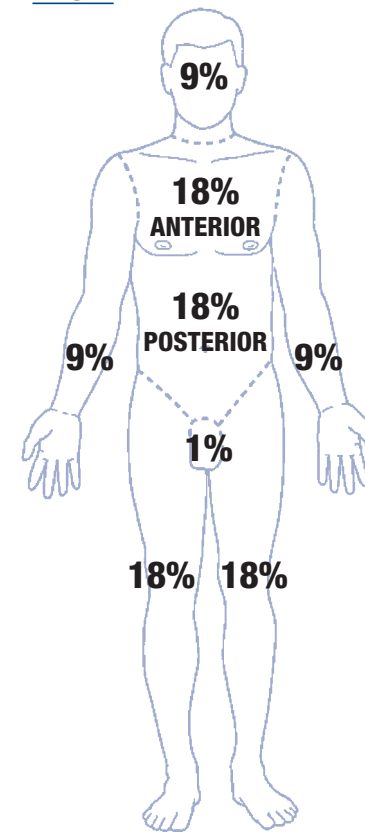
RESPIRATORY RATE (RR)	CODED VALUE	SCORE
10-29	4	
> 29	3	
6-9	2	
1-5	1	
0	0	
SYSTOLIC BLOOD PRESSURE (SBP)	CODED VALUE	SCORE
≥ 90 mmHg	4	
76-89 mmHg	3	
50-75 mmHg	2	
1-49 mmHg	1	
NO BP	0	
GLASGOW COMA SCALE (GCS)	CODED VALUE	SCORE
13-15	4	
9-12	3	
6-8	2	
4-5	1	
3	0	

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	
			CRYING	INTERACTS
		4	CONSOLABLE	INAPPROPRIATE
		3	INCONSISTENTLY CONSOLABLE	MOANING
		2	INCONSOLABLE	IRRITABLE
		1	NO RESPONSE	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

