

Patient Care Report

Incident Information

Date Of Call: DD MM YYYY Time Of Call: HH MM Passed: HH MM
Dispatch Classification Reference:

Priority Response: ECHO DELTA CHARLIE BRAVO ALPHA OMEGA

Inter Facility Patient Transfer: YES NO Clinical Escort: YES NO Non-Clinical Escort: YES NO
Vehicle Crew Clinical Level: AP P EMT FAR Clinical Level: MP/RN/M Non-Clinical Escort Identity: Healthcare assistant, Family member, Other, Free Text

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/EIRCODE Clear: HH MM

CC CODE INCIDENT NUMBER VEHICLE CALL SIGN PATIENT NO ENTER A B OR C

Practitioner Attend: PIN/HSPI Practitioner Support: PIN/HSPI Other: PIN/HSPI Station Code: CODE

DOA Recognition of Death: Cease Resuscitation: Transported:

VOD Verification of Death: Time of Death Verified: HH MM Expected Death: Sudden/Unexpected Death: Obvious Dead Body: Verification of Death Record Completed: Control Contacted:

PC PC Services At Home: Known advanced progressive and life limiting illness: Medication Directive in place: Specialist PC Team/GP Contacted: Completed PCR Copy left on scene: DNR Order in place:

TR Treat & Immediate Refer: Treat & Recommend Follow Up < 24 Hrs: Treat & Refer Self Care With Advice:

NTT Transport Declined: Treatment Declined: Stood Down:

Incident Location/Address Mark if same as Permanent Address

Home Rec. Or Sports Place Residential Institution
 Farm Street Or Road Healthcare Facility
 Ind. Place Or Premises Public Building Other Places

Nature of Assistance Prior to Arrival of Practitioner

None CPR* AED* First Aid Response (FAR) ALS Compression Only CPR* REFER OHCA OVERLEAF*

Identity of Assistance Prior to Arrival of Practitioner

Citizen Fire Auxiliary/Voluntary Other
 Responder Garda Practitioner

Clinical level

No Training FAR/OFA Paramedic Doctor
 Unknown training EFR Adv. Paramedic Other
 BLS/CFR EMT Nurse

Patient Information

Title: Individual Health Identifier: Mr Mrs Ms Other
Surname: FORENAME
Permanent Address: DOB: DD MM YYYY
Age: Paed WT: Gender: AGE Paed WT M F
GP: E I R C O D E NAME/MCRN
Next Of Kin: NOK Telephone: NAME TELEPHONE

Clinical Information

Patient's Chief Complaint: Time Of Onset: Date Of Onset: HH MM DD MM YY

Primary Survey

A Clear Partially Obstructed Obstructed
C C Spine Suspect Not Indicated
B Normal Abnormal Fast Slow Absent
C PULSE Present Absent Irregular Regular Rate: RATE Haemorrhage: Yes No
SKIN Normal Pale Flushed Cyanosed
Cap-Refill: < 2 SEC > 2 SEC
D Loss Of Consciousness Before Arrival: Yes No Unknown AVPU
E A Abrasion P Pain B Burn R Rash C Contusion S Swelling D Dislocation N Numbness # Fracture W Wound

%BURN: RA RL LA LL CSM

Clinical Impression

Cardiac Cardiac Arrest Stroke Cardiac Arrhythmia Other Neurological Cardiac Chest Pain Haemorrhage < 24 Wks Heart Failure Haemorrhage > 24 Wks STEMI Other Cardiac Labour Medical Back Pain Pre-hospital Delivery Diabetes Mellitus Other Obs/Gynae Fever Headache Hypothermia Other Medical Neurological Altered LOC

Seizures Stroke Other Neurological Sepsis Severe/Septic Shock Trauma Burns Dislocation / Sprain Fracture Haemorrhage Head Injury Maxillo-facial injury COPD Multiple Trauma FBAO Open Wound Respiratory Arrest Shock Respiratory Distress Soft Tissue Injury

Spinal Injury Other Trauma General Abdominal Pain Acute Intoxication Allergic Reaction Behavioural Disorder Illness Unknown Nausea / Vomiting Poisoning Syncope / Collapse Other General

CS Life Threatening: Serious Not Life Threatening:

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 Per Relative

L LAST INTAKE Unknown DESCRIBE: HH MM

E EVENT

Mechanism Of Injury

Assault RTA Motorbike
 Attack/Bite By Animal/Insect RTA Pedestrian
 Chemical Poisoning RTA Vehicle
 Electrocutation Smoke, Fire And Flames
 Excessive Cold Submersion
 Excessive Heat Stabbing
 Fall Water Transport Accident
 Firearm Injury Other
 Injury To Child Circumstances
 Machinery Accidents Accident
 MVA Off Road Event Of Undetermined Intent
 RTA Bicycle 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: Serious Not Life Threatening:

CA RECEIVING STAFF SIGNATURE/HSPI

OTHER

CLINICAL

Additional Information

Practitioner: PIN/HSPI Intervention:
Practitioner: PIN/HSPI Receiving Handover:
Pre-alert to destination facility: PIN/MCRN
Medical support received: PIN/MCRN
Relinquishing clinical lead: PIN/MCRN
Assuming clinical lead: PIN/MCRN

Continuity Of Care

Tourniquet Use Pressure Points Direct Pressure Haemorrhage Control Intravenous Cannula Introsseous Cannula Other Taser Gun Bar Positioning Accepted Declined VES Cardiolgist: Other Dressing: Burns Dressing: Pci Centre Contacted: Active Rewarming: Miscellaneous: REFER OHCA OVERLEAF* Sepsis Bundle: 12 Lead ECG: Spinal Injury Decision: Spinal: Rapid Extraction: Split Stretcher: Long Board: Vacuum Mattress: Cervical Collar: Canvas Sheet: Motion Restriction: Other: Wound Closure: Haemostatic Dressing: Airway / Breathing:

Medication Treatment

Time (24h)	Medication	DOSE	ROUTE	HSPI	MM	HH

Vital Observation

Observation Times: TIME 1 TIME 2 TIME 3 TIME 4

FAST Assessment

F: Yes No A: Yes No S: Yes No T: Yes No

Blood Glucose Level: mmol/L
Pain Score: 0 to 10
Revised Trauma Score (RTS)
Total GCS: None, Not Testable NT, Oriented, Abnormal flexion, Normal flexion, Localising, Obeys commands
Motor Response: None, Not Testable NT, Oriented, Words, Sounds, Confused
Verbal Response: None, Not Testable NT, Spontaneous, To sound, To pressure, None
Eye Opening: None, Not Testable NT, Spontaneous, To sound, To pressure, None
Pupils: Size: See Chart Overleaf, Reaction: (+) Reacts (+) No (-) Eyes Closed

Glasgow Coma Scale (GCS)

Temperature °C: Diastolic Pressure: Systolic Pressure: Blood Pressure: CAP Refill: % ETCO2: % SpO2: Flow Rate: Peak Expiratory: Respiratory Quality: Respiratory Rate: ECG Rhythm: ECG Rate: Pulse Rate & Rhythm: Observation Times

Out-of-Hospital Cardiac Arrest

Chest Pain
 Yes No Unknown Time of Chest Pain

Collapse
 Yes No Time of Collapse

Category of person who witnessed collapse

<input type="checkbox"/> Citizen	Not dispatched by ambulance control
<input type="checkbox"/> Responder on duty	Dispatched by ambulance control
<input type="checkbox"/> Responder other	Not dispatched by ambulance control
<input type="checkbox"/> Responder auxiliary/voluntary service	On duty at or near the scene
<input type="checkbox"/> Practitioner	Dispatched by ambulance control
<input type="checkbox"/> Doctor or off-duty practitioner	Not dispatched by ambulance control
<input type="checkbox"/> Doctor or off-duty practitioner	Dispatched by ambulance control
<input type="checkbox"/> Nurse	
<input type="checkbox"/> Fire	
<input type="checkbox"/> Garda	

Chest Compressions
 Yes No IF NO ADD REASON NOT COMMENCED

Time chest compressions commenced Dispatcher aided Yes No

Total duration of chest compressions

Mechanical cardiopulmonary device was used Yes No PIN/HSPI

Category of person who commenced chest compressions

<input type="checkbox"/> Citizen	Not dispatched by ambulance control
<input type="checkbox"/> Responder on duty	Dispatched by ambulance control
<input type="checkbox"/> Responder other	Not dispatched by ambulance control
<input type="checkbox"/> Responder auxiliary/voluntary service	On duty at or near the scene
<input type="checkbox"/> Practitioner	Dispatched by ambulance control
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<input type="checkbox"/> Nurse	
<input type="checkbox"/> Fire	
<input type="checkbox"/> Garda	

Defibrillator Yes No PIN/HSPI

Category of person who first applied defibrillator pads

<input type="checkbox"/> Citizen	Not dispatched by ambulance control
<input type="checkbox"/> Responder on duty	Dispatched by ambulance control
<input type="checkbox"/> Responder other	Not dispatched by ambulance control
<input type="checkbox"/> Responder auxiliary/voluntary service	On duty at or near the scene
<input type="checkbox"/> Practitioner	Dispatched by ambulance control
<input type="checkbox"/> Doctor or off-duty practitioner	Not dispatched by ambulance control
<input type="checkbox"/> Doctor or off-duty practitioner	Dispatched by ambulance control
<input type="checkbox"/> Nurse	
<input type="checkbox"/> Fire	
<input type="checkbox"/> Garda	

Initial Arrest Rhythm Shockable Unshockable
 Specify: (if known)

Specify rhythm What was first cardiac rhythm recorded prior to defibrillation

<input type="checkbox"/> Ventricular fibrillation	<input type="checkbox"/> Ventricular tachycardia
<input type="checkbox"/> Unknown rhythm - shock advised	<input type="checkbox"/> Asystole
<input type="checkbox"/> Unknown rhythm - no shock advised	<input type="checkbox"/> Pulseless electrical activity

Time First Arrest Rhythm Analysis

Shock

Was shock advised Yes No N/A PIN/HSPI

Was shock delivered Yes No Defibrillator malfunction

Total shocks delivered Time of first shock delivered

Category of person who delivered first shock

<input type="checkbox"/> Citizen	Not dispatched by ambulance control
<input type="checkbox"/> Responder on duty	Dispatched by ambulance control
<input type="checkbox"/> Responder other	Not dispatched by ambulance control
<input type="checkbox"/> Responder auxiliary/voluntary service	On duty at or near the scene
<input type="checkbox"/> Practitioner	Dispatched by ambulance control
<input type="checkbox"/> Doctor or off-duty practitioner	Not dispatched by ambulance control
<input type="checkbox"/> Doctor or off-duty practitioner	Dispatched by ambulance control
<input type="checkbox"/> Nurse	
<input type="checkbox"/> Fire	
<input type="checkbox"/> Garda	

Return of spontaneous circulation (ROSC) at any stage Yes No

Did rearrest occur Yes No no. of times

Category of person who first achieved return of spontaneous circulation (ROSC)

<input type="checkbox"/> Citizen	Not dispatched by ambulance control
<input type="checkbox"/> Responder on duty	Dispatched by ambulance control
<input type="checkbox"/> Responder other	Not dispatched by ambulance control
<input type="checkbox"/> Responder auxiliary/voluntary service	On duty at or near the scene
<input type="checkbox"/> Practitioner	Dispatched by ambulance control
<input type="checkbox"/> Doctor or off-duty practitioner	Not dispatched by ambulance control
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<input type="checkbox"/> Nurse	
<input type="checkbox"/> Fire	
<input type="checkbox"/> Garda	

CPR in progress when transporting Yes No

Spontaneous circulation on arrival to hospital Yes No

Doctor in attendance Yes No

Cardiac First Response (CFR) Report handover Yes No

SIGNATURE/PIN/HSPI

NOTES

Declined Treatment and/or Transport

Practitioner aid to determine patient "decision making capacity"

A person lacks of capacity to make a decision if he or she is unable to:

- Understand the information relevant to the decision YES NO
- Retain the information long enough to make a voluntary choice YES NO
- Use or weigh that information as part of the process of making the decision, or YES NO
- Communicate decision by any means (including sign language/assistive technology) or if the implementation of the decision requires the act of a third party YES NO

I/We witness that the patient has declined 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 999/112 for emergency medical assistance.

PIN/HSPI (1)

PIN/HSPI (2)

Report to the EMS Control Centre YES NO

Additional Information

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Pupil Size Chart

NTT: Not transported/	
TR: Treat & refer	
VOD: Verification of death	
PC: Palliative care	
DOA: Dead on arrival	

Incident Information Abbreviations

AF	Atrial Fibrillations
SVT	Supraventricular Tachycardia
JR	Junctional Rhythm
VT	Ventricular Tachycardia
ASV	Asystole
PVC	Premature Ventricular Contraction
PAC	Premature Atrial Contraction
SBT1	Second Degree Heart Block Type I
SBT2	Second Degree Heart Block Type II
ST	Sinus Tachycardia
SB	Sinus Bradycardia
NSR	Normal Sinus Rhythm
AFL	Atrial Flutter

Cardiac Rhythm Abbreviations

PO	Oral
IM	Intramuscular
SC	Subcutaneous
IV	Intravenous
PR	Per Rectum
IN	Intranasal
BU	Buccal
ETI	Endotracheal Tube
ETI	Intraosseous

Route Abbreviations