AMBULATORY

Pre-Hospital Emergency Care Council **CARE REPORT** FOR MINOR INJURIES COMPLETE SECTION 1 ONLY **SECTION 1 INCIDENT INFORMATION** Venue Post No Location of Incident WHERE IN VENUE Time at Patient Date Event Type MM MM ΥΥΥΥ Surname First Name DOB Age Gender MM YYYY YRS M/F **CLINICAL INFORMATION** Date of Onset **Chief Complaint** Time of Onset ММ MM ΥΥΥΥ **CARE MANAGEMENT** Observe and RICE Wound Other Supportive Care Management (details below) DETAILS **TREATED BY** PIN PIN Further Observation/Care Required No Yes * * IF YOU ENTERED YES RECORD PATIENT ADDRESS, NEXT OF KIN, TELEPHONE NO. AND PROGRESS TO COMPLETE SECTIONS 2 AND 3 **PATIENT ADDRESS** NEXT OF KIN (NOK) **TELEPHONE (NOK) PATIENT DISPOSITION** Discharged Transferred Referred Refused further to ED to GP care * * DECLINED TREATMENT TO MM Time ΗH BE COMPLETED IN SECTION 3 **ADDITIONAL INFORMATION**

	TION 2	CL	INICAL	INFOR		JN			
	ary Survey	Devi	Hally Ohe			two at a d			
Α	Clear	Pari		Obstructed Obstructed					
C	C Spine Suspect			Not Indicated					
B			st	Slow	Absent				
С	PULSE Regu	lar 🔲 I	Absent Irregular		ATE	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 RARLLALL								
				RESSIO	৩৩ N				
	CARDIAC			OBS/GY					
	MEDICAL			RESPIRA					
	NEUROLOGICAL		_	TRAUMA					
	General Abdominal Pain	В	yncope/Co ehavioural	<mark>ollapse</mark> Disorder	N P	lausea/Vomiting oisoning			
Detia	Abdominal Pain Allergic Reaction	B		<mark>ollapse</mark> Disorder	N P				
Patie	Abdominal Pain	B	ehavioural Iness Unk	<mark>ollapse</mark> Disorder	N P	oisoning			
	Abdominal Pain Allergic Reaction ant's Medical Obser	rvations	ehavioural Iness Unk	ollapse Disorder nown	N P	oisoning hther General			
A M	Abdominal Pain Allergic Reaction ent's Medical Obser ALLERGIES MEDICATIONS	None	ehavioural Iness Unk Unku	Dilapse Disorder nown nown	N P 0	oisoning hther General			
Α	Abdominal Pain Allergic Reaction ant's Medical Obser ALLERGIES MEDICATIONS PAST MEDICAL HISTORY	None	ehavioural Iness Unk Unk	Dilapse Disorder nown nown nown	N P O As sup	oisoning ther General			
A M	Abdominal Pain Allergic Reaction ent's Medical Obser ALLERGIES MEDICATIONS	None	ehavioural Iness Unk Unk	Dilapse Disorder nown nown nown	As sup	oisoning ther General			
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A M P L E	Abdominal Pain Allergic Reaction allergic Reaction ALLERGIES ALLERGIES MEDICATIONS PAST MEDICAL HISTORY LAST INTAKE DESCRIBE EVENT HANISM OF INJURY	B III	ehavioural Iness Unk Unk	Dilapse Disorder nown nown nown nown iids	As sup	oisoning ther General oplied wm MM Time			
A M P L E	Abdominal Pain Allergic Reaction ent's Medical Obser ALLERGIES MEDICATIONS PAST MEDICAL HISTORY LAST INTAKE DESCRIBE EVENT HANISM OF INJURY Assault	B B III	ehavioural Iness Unk Unk	Dilapse Disorder nown nown nown nown iids iids injury	As sup	oisoning ther General oplied wm MM Time			
A M P L E	Abdominal Pain Allergic Reaction ent's Medical Obser ALLERGIES MEDICATIONS PAST MEDICAL HISTORY LAST INTAKE DESCRIBE EVENT HANISM OF INJURY Assault Attack/animal/ins	B B III	ehavioural Iness Unk Unk	Dilapse Disorder nown nown nown iids	As sup	oisoning ther General oplied wm MM Time d ccidents			
A M P L E	Abdominal Pain Allergic Reaction ent's Medical Obser ALLERGIES MEDICATIONS PAST MEDICAL HISTORY [LAST INTAKE DESCRIBE EVENT HANISM OF INJURY Attack/animal/ins Chemical poisoni	B B III	ehavioural Iness Unk Unk	Dilapse Disorder nown nown nown iids	As sup	oisoning ther General pplied wm Time d ccidents nd flames			
A M P L E	Abdominal Pain Allergic Reaction ent's Medical Obser ALLERGIES MEDICATIONS PAST MEDICAL HISTORY LAST INTAKE DESCRIBE EVENT HANISM OF INJURY Attack/animal/ins Chemical poisonin Submersion	B B III	ehavioural Iness Unk Unk	Dilapse Disorder nown nown iids iids iids Mach Smol Wate Other	As sup	oisoning ther General pplied wm MM Time d ccidents nd flames ort accident			
A M P L E	Abdominal Pain Allergic Reaction ent's Medical Obser ALLERGIES MEDICATIONS PAST MEDICAL HISTORY LAST INTAKE DESCRIBE EVENT HANISM OF INJURY Attack/animal/ins Chemical poisonin Submersion Electrocution	B B III	ehavioural Iness Unk Unk	Dilapse Disorder nown nown iids iids iids Mach Smol Wate Other	As sup	oisoning ther General pplied wm MM Time d ccidents nd flames ort accident			
A M P L E	Abdominal Pain Allergic Reaction ent's Medical Obser ALLERGIES MEDICATIONS PAST MEDICAL HISTORY LAST INTAKE DESCRIBE EVENT HANISM OF INJURY Assault Submersion Electrocution Excessive cold	B B III	ehavioural Iness Unk Unk	Dilapse Disorder nown nown nown iids iids nown iids nown iids nown iids nown iids iids nown iid nown iid nown iid nown iid nown iid nown iid no no no no no no no no no no no no no	As sup	oisoning ther General pplied wm MM Time d ccidents nd flames ort accident			

SECTION 3	MEDICATION TREATMENT										
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D	OSE	Έ	PIN								
HH MM M	MEDICATION										
D	OSE	ROUT	Έ	PIN							
HH MM M	EDICATIO	DN N									
D	OSE	E	PIN								
	VITA	L OBSE	RVATI	ON							
Time 1 Time 2 Blood Pressure											
Observation Times	нн мм	нн мм		Systolic	SYS	SYS					
Pulse Rate & Rhythm (R) Regular (I) Irregular	RATE	RATE	Tempe	Dystolic rature °C	DIA °C	DIA °C					
ECG Rhythm	RHYTHM	RHYTHM	Pupils		SIZE REACTIO						
Respiratory Rate	RATE	RATE	Size: See Char Reaction: (+) React	t below ; ;s (-) No R	SIZE REACTIO						
Respiratory Quality 1. Normal 2. Laboured 3. Shallow 4. Wheeze 5. Rales 6. Retract 7. Absent	LEFT RIGHT	LEFT RIGHT	(c) Eyes (
Peak Expiratory Flow Rate	RATE	RATE	123 Eye	•	6	7 8					
%SpO ₂	%SpO₂	%SpO ₂	3. To 1. N		pain	EYE EYE					
CAP Refill	REFILL	REFILL	Glasgow Coma Scale 19:90 W Coma Scale 19:90 W Coma Scale	r bal rientated 4. acomp. word acomp sound one	. Confused s Is	ERBAL VERBA					
Blood Glucose Leve	GLUCOSE	GLUCOSE	00 Mc 6.0 4.Fl 3.A	6. Obeys 5. Local. Pain 4. Flex. to Pain 3. Abn. flex. 2. Ext. to pain 1. None							
Pain Score	PAIN	PAIN		al GCS		TOTAL TOTAL					
DECLINED TREATMENT											
AID TO "DECISION I											
 Patient verbal understanding Patient verbal appreciation of 3. Patient verbal 	g of clinical s ises/commu f applicable	situation? unicates e risk?	,		es	No No					
ability to make	e alternative	e plan of c	are?	Y	es	No					
/We witness that the patie			ه - ام مدر		o mooo!!-!-	abould bird					
/We have advised the pat ondition deteriorate to ca					s possible oi	r snould his/he					
PIN (1)/Name (1)	a JJJ IOI CIIICIS	PIN (2)/N									
ind report Decline of treat	ment and or trar	()/	(=)								
Patient reviewed by											
PIN/MCRN/Name											

Ambulatory Care Report (ACR) Completion Guide

SECTION 1

INCIDENT INFORMATION

Venue

Enter the name of the place where the event is happening. Post No

Enter the number assigned to the post in the venue. Location of Incident

Enter the location of the incident at the venue.

Event Type

Enter type of event. For example: Music, Horse Show, etc.

Time at Patient and Date

Enter the time and date you arrived at the patient or the time and date the patient arrived to you.

Surname / First name

Enter the patient surname and first name separately.

DOB (Date of Birth), Age, Gender

Enter the date of birth, age and gender of the patient.

CLINICAL INFORMATION

Chief Complaint

Enter the principal reason the patient is requesting care.

Time of Onset, Date of Onset

Enter the time of onset of the symptoms and the date of onset.

CARE MANAGEMENT

Observe and Supportive Care

Tick box if observation and/or any supportive care is administered. **RICE**

Tick box if rest, ice, compression and/or elevation is administered. Wound Management

Tick box if any type of wound management is administered.

Other

Tick this box if treatment, which is not listed, is deemed necessary and record in the DETAILS section below.

TREATED BY

Enter the PIN of the PHECC registered practitioner or organisation PIN of the responder engaged in the care of the patient.

Further Observation/Care Required Yes or No

If the patient requires further observation and/or care, do the following: Tick the Yes box

Record the patient's address, name and telephone number of the next of kin.

PATIENT DISPOSITION

Tick the appropriate box depending on patient pathway following his care: Discharge, Transferred to ED, or Referred to GP. If the patient refuses care, tick Refused further care, enter Time and complete Declined Treatment in Section 3.

ADDITIONAL INFORMATION

Complete if required for any patient information you feel is relevant.

SECTION 2

CLINICAL INFORMATION

Primary Survey

Tick the appropriate box in A, B, C, D and E following assessment of patient.

This should be completed as you are assessing the patient or as close as possible to the time you are carrying out the assessment.

When completing E also enter the following:

- Place appropriate letter on body image for example place W on body image for wound on arm.
- Following burns calculation using Wallace Rule of Nines:
- i) enter the % burn in the box provided

ii) tick box for appropriate limb - for example RA for right arm.

CLINICAL IMPRESSION

Enter an early clinical impression of the patient's presenting illness/injury based on the combination of information available to you following your assessment.

Tick box as appropriate :

Cardiac, Medical, Neurological, OBS/Gynae, Respiratory or Trauma. Or select a more specific clinical impression under General if more appropriate.

If there is additional clinical impression information which is relevant record it in the blank space provided.

PATIENT MEDICAL OBSERVATIONS

In AMPLE survey, tick box as appropriate. In E, record in free text the event or the activity the patient was engaged in prior to the incident or injury occurring.

Mechanism of Injury

Record the mechanism by which the injury occurred by ticking the appropriate box.

SECTION 3

MEDICATION TREATMENT

Enter the time, name, dose and route of medication administered. Enter the PIN of the practitioner administering the medication.

VITAL OBSERVATION

Record observations numerically as they are carried out on the patient.

Time 1 and Time 2 refers to the capture of the 1st and the 2nd set of vital observations.

If it is necessary to record additional observations another ACR should be commenced. Please complete the patient identifying details on the additional report and staple the two reports together.

DECLINED TREATMENT

In the event of the patient refusing treatment, this section must be completed by two practitioners or two responders. The practitioners or responders will assess the patient's decision making capacity by selecting Yes or No to all three questions and report to Control Centre/Other.

Patient reviewed by

Enter PHECC PIN, Board Altranais or Organisation PIN, Medical Council registration number or name of person with responsibility for reviewing the patient at the end of their episode of care.

HANDOVER OF ACR

In all circumstances of patient handover the following should apply:

The top copy of the ACR should accompany the patient.

The bottom copy of the ACR will remain the property of the service provider who administers care to the patient.

All patient reports recording the patient's care will be handed over to the ED/destination facility as part of the record of the continuum of care for the patient.

All entries in black ball point.

Date to be entered as dd/mm/yyyy.

Time to be entered as 24 hour clock: 00:00.

It is important that you record patient data that is complete, valid, accurate, reliable, relevant, legible and available in a timely manner so that healthcare decisions are made based on high quality information which will result in quality safe care being delivered to the patient.