Pre-Hospital Emergency Care Council

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: 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: PIN | Practitioner Support: PIN | Other: PIN | Station Code: CODE

DOA
- ☐ Recognition Of Death
- ☐ Cease Resuscitation
- ☐ Transported

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

NTT
- ☐ Transport Declined
- ☐ Treatment Declined
- ☐ Stood Down

Incident Location/Address ☐ Mark if same as Permanent Address

☐ Home	☐ Recr. Or Sport Place	☐ Residential Institution
☐ Farm	☐ Street Or Road	☐ Other Places
☐ Ind. Place Or Premises	☐ Public Building	

Nature of Assistance Prior to Arrival of Practitioner

☐ None	☐ CPR*	REFER OHCA OVERLEAF*
☐ First Aid	☐ AED*	
☐ Compression Only CPR*	☐ ALS	

Identity of Assistance Prior to Arrival of Practitioner

☐ Citizen	☐ Fire	☐ Auxiliary/Voluntary	☐ Other
☐ Responder	☐ Garda	☐ Practitioner	

CLINICAL LEVEL

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

PATIENT INFORMATION

Surname: SURNAME | Name: NAME

Permanent Address

DOB: DD MM YYYY

Age: AGE | Paed WT: Paed WT | Gender: 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

Primary Survey

A ☐ Clear ☐ Partially Obstructed ☐ Obstructed

C C Spine ☐ Suspect ☐ Not Indicated

B ☐ Normal ☐ Abnormal ☐ Fast ☐ Slow ☐ Absent

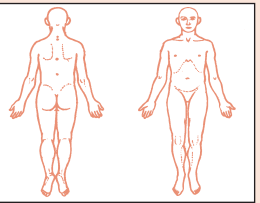
C
- PULSE: ☐ Present ☐ Absent ☐ Regular ☐ Irregular | Rate: RATE | Haemorrhage: ☐ Yes ☐ No
- SKIN: ☐ Normal ☐ Pale ☐ Flushed ☐ Cyanosed
- Cap-Refill: ☐ < 2 SEC ☐ > 2 SEC

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: % BURN | RA RL LA LL



CLINICAL IMPRESSION

Cardiac	Obs/Gynae	
☐ Cardiac Arrest	☐ Haemorrhage < 24 Wks	☐ Head Injury
☐ Cardiac Arrhythmia	☐ Haemorrhage > 24 Wks	☐ Maxillo-Facial Injury
☐ Cardiac Chest Pain	☐ Labour	☐ Multiple Trauma
☐ Heart Failure	☐ PPH	☐ Open Wound
☐ Other Cardiac	☐ Pre-Hospital Delivery	☐ Shock
Medical	☐ Other Obs/Gynae	☐ Soft Tissue Injury
☐ Back Pain	**Respiratory**	☐ Spinal Injury
☐ Diabetes Mellitus	☐ Asthma	☐ Other Trauma
☐ Fever	☐ COPD	**General**
☐ Headache	☐ FBAO	☐ Abdominal Pain
☐ Hypothermia	☐ Respiratory Arrest	☐ Allergic Reaction
☐ Other Medical	☐ Smoke Inhalation	☐ Behavioural Disorder
Neurological	☐ Other Respiratory	☐ Illness Unknown
☐ Altered LOC	**Trauma**	☐ Nausea / Vomiting
☐ Seizures	☐ Burns	☐ Poisoning
☐ Stroke	☐ Dislocation / Sprain	☐ Syncope / Collapse
☐ Other Neurological	☐ Fracture	☐ Other General
	☐ Haemorrhage	

CLINICAL INFORMATION

Patient's Medical Observations

A ALLERGIES ☐ NKA ☐ Unknown

M MEDICATIONS ☐ None ☐ Unknown ☐ As Supplied ☐ Per Dr's Letter

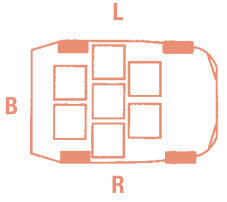
P PAST MEDICAL HISTORY ☐ None ☐ Unknown ☐ Per Dr's Letter ☐ Relative

L LAST INTAKE ☐ Unknown | DESCRIBE | HH MM

E EVENT

Mechanism Of Injury

☐ Assault	☐ RTA Bicycle
☐ Attack/Bite By Animal/Insect	☐ RTA Motorbike
☐ Chemical Poisoning	☐ RTA Pedestrian
☐ Submersion	☐ RTA Vehicle
☐ Electrocution	☐ Smoke, Fire And Flames
☐ Excessive Cold	☐ Water Transport Accident
☐ Excessive Heat	☐ Other
☐ Fall	
☐ Firearm Injury	**Circumstances**
☐ Injury To Child	☐ Accident
☐ Machinery Accidents	☐ Event Of Undetermined Intent
☐ MVA Off Road	☐ Intentional Self Harm



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

Est. speed at impact kph

CS

Life Threatening	☐	Non Serious Or Non Life Threat.	☐
Serious Not Life Threat.	☐		

VITAL OBSERVATION

Observation Times	TIME 1	TIME 2	TIME 3	TIME 4
Observation Times	HH MM	HH MM	HH MM	HH MM
Pulse Rate & Rhythm (R) Regular (I) Irregular	RATE	RATE	RATE	RATE
ECG Rate	RATE	RATE	RATE	RATE
ECG Rhythm	RHYTHM	RHYTHM	RHYTHM	RHYTHM
Respiratory Rate	RATE	RATE	RATE	RATE
Respiratory Quality ❶ Normal ❷ Laboured ❸ Shallow ❹ Wheeze ❺ Rales ❻ Retract ❼ Absent	LEFT RIGHT	LEFT RIGHT	LEFT RIGHT	LEFT RIGHT
Peak Expiratory Flow Rate	RATE	RATE	RATE	RATE
% SaO_2	% SaO_2	% SaO_2	% SaO_2	% SaO_2
% $ETCO_2$	% $ETCO_2$	% $ETCO_2$	% $ETCO_2$	% $ETCO_2$
CAP Refill	REFILL	REFILL	REFILL	REFILL
Blood Pressure Systolic	SYS	SYS	SYS	SYS
Blood Pressure Diastolic	DIA	DIA	DIA	DIA
Temperature °C	°C	°C	°C	°C
Pre Hospital Early Warning Score	SCORE	SCORE	SCORE	SCORE
PUPILS Size: See Chart Overleaf Reaction: (+) Reacts (-) No (c) Eyes Closed — L	SIZE REACTION	SIZE REACTION	SIZE REACTION	SIZE REACTION
R	SIZE REACTION	SIZE REACTION	SIZE REACTION	SIZE REACTION
Glasgow Coma Scale — Eye ❹ Spontaneous ❸ To voice ❷ To pain ❶ None	EYE	EYE	EYE	EYE
Verbal ❺ Orientated ❹ Confused ❸ Inapp. words ❷ Incomp.sounds ❶ None	VERBAL	VERBAL	VERBAL	VERBAL
Motor ❻ Obeys ❺ Local. pain ❹ Flex. to pain ❸ Abn.flex. ❷ Ext. to pain ❶ None	MOTOR	MOTOR	MOTOR	MOTOR
Total GCS	TOTAL	TOTAL	TOTAL	TOTAL
Revised Trauma Score (RTS)	SCORE	SCORE	SCORE	SCORE
Pain Score 0 to 10	PAIN	PAIN	PAIN	PAIN
Blood Glucose Level mmol/L	GLUCOSE	GLUCOSE	GLUCOSE	GLUCOSE

FAST ASSESSMENT

F	A	S	T
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	

MEDICATION TREATMENT

Time (24H)	Medication Treatment		
HH MM	MEDICATION		
	DOSE	ROUTE	PIN
HH MM	MEDICATION		
	DOSE	ROUTE	PIN
HH MM	MEDICATION		
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HH MM	MEDICATION		
	DOSE	ROUTE	PIN

CARE MANAGEMENT

Airway / Breathing		☐ Pressure Points	PIN
☐ Basic Airway Management	PIN	☐ Tourniquet Use	PIN
☐ BVM	PIN	**Immobilisation / Extrication**	
☐ CPAP Therapy	PIN	☐ Canvas Sheet	PIN
☐ Cricothyroidotomy	PIN	☐ Cervical Collar	PIN
☐ Fb Clearance Magill Forceps	PIN	☐ Extrication Device	PIN
☐ Intubation	PIN	☐ Log Roll	PIN
☐ Needle Thoracocentesis	PIN	☐ Long Board	PIN
☐ O2 Therapy	PIN	☐ Orthopaedic Stretcher	PIN
☐ Pocket Mask	PIN	☐ Rapid Extrication	PIN
☐ Supraglottic Airway	PIN	☐ Splint	PIN
Cardiac Support		☐ Spinal Injury Decision	PIN
☐ 12 Lead ECG	PIN	**Miscellaneous**	
☐ Active Cooling	PIN	☐ Active Rewarming	PIN
☐ Impedance Threshold Device	PIN	☐ Burns Dressing	PIN
☐ REFER OHCA OVERLEAF	PIN	☐ Minor Injury Treatment	PIN
Circulation Support		☐ Naso-Gastro Tube	PIN
☐ Intravenous Cannula	PIN	☐ Other Dressing	PIN
☐ Intraosseous Cannula	PIN	☐ Positioning	PIN
Haemorrhage Control		☐ Taser Gun Barb	PIN
☐ Direct Pressure	PIN	☐ Urinary Catheterisation	PIN

CONTINUITY OF CARE

Practitioner	PIN	HH MM	☐ Receiving Handover
Practitioner	PIN	HH MM	☐ Intervention

ADDITIONAL INFORMATION

CA

RECEIVING STAFF SIGNATURE

OUT OF HOSPITAL CARDIAC ARREST

HISTORY OF CORONARY DISEASE ☐ YES ☐ NO ☐ UNKNOWN

Time Of Chest Pain HH MM Time Of Collapse HH MM

COLLAPSE WITNESSED ☐ YES ☐ NO

Witnessed By

☐ Citizen	☐ 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

☐ Citizen	☐ 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 ARREST RHYTHM ☐ SHOCKABLE ☐ UNSHOCKABLE

Specify:

Time First Arrest Rhythm Analysis HH MM

DEFIBRILATOR PADS ☐ YES ☐ NO

First Applied By

☐ Citizen	☐ 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 ☐ Defibrilator Malfunction

First Delivered By

☐ Citizen	☐ 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

CPR IN PROGRESS ON TRANSFER TO HOSPITAL ☐ YES ☐ NO

DOCTOR IN ATTENDANCE ☐ YES ☐ NO

ROSC AT ANY STAGE ☐ YES ☐ NO

Who First Achieved ROSC

☐ Citizen	☐ 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

DECLINED 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

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 for emergency medical assistance

PIN (1) .....

PIN (2) .....

and report Decline of Treatment and or Transport to the Command Control & Communications Centre

ADDITIONAL INFORMATION

ROUTE

Oral	PO	Endotracheal Tube	ETT	Intraosseous	IO
Inhalation	INH	Intramuscular	IM	Per Rectum	PR
Sublingual	SL	Subcutaneous	SC		
Buccal	BU	Intravenous	IV		

CARDIAC RHYTHM ABBREVIATIONS

Normal Sinus Rhythm	NSR	Atrial Flutter	AFL
Sinus Bardycardia	SB	First Degree Heart Block	FHB
Sinus Tachycardia	ST	Second Degree Heart Block Type I	SHBT1
Premature Atrial Contraction	PAC	Second Degre 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

ADDITIONAL INFORMATION

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