

INCIDENT DETAILS
 Emerg Urgent Transfer Planned
 Date / /

Station Call Sign Call No

ID 1 Crew Dr ECP Para Tech ARV PTS ECA
 ID 2 Crew Dr ECP Para Tech ARV PTS ECA
 ID 3 Crew Dr ECP Para Tech ARV PTS ECA
 FR ID Time FR on scene :

Presenting Complaint

Location of Incident

Postcode

PATIENT DETAILS

Name Ethnic Background

Surname

Sex M F Address

Postcode

DOB / / Age

GP

JOURNEY DETAILS

At Patient

Call Time Left Scene

Mobile Destination

At Scene Available

Destination

PRIMARY SURVEY

Airway	Breathing	Circulation	Disability
Clear <input type="checkbox"/>	Normal <input type="checkbox"/>	Normal <input type="checkbox"/>	Alert <input type="checkbox"/>
Occluded <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Cold <input type="checkbox"/>	Voice <input type="checkbox"/>
Noisy <input type="checkbox"/>	Resp Rate	Hot <input type="checkbox"/>	Pain <input type="checkbox"/>
C-Spine <input type="checkbox"/>	10 - 29 <input type="checkbox"/>	Pale <input type="checkbox"/>	Unresponsive <input type="checkbox"/>
	>29 <input type="checkbox"/>	Flushed <input type="checkbox"/>	
	6 - 9 <input type="checkbox"/>	Cyanosed <input type="checkbox"/>	
	1 - 5 <input type="checkbox"/>	Sweating <input type="checkbox"/>	
	0 <input type="checkbox"/>		

AMPDS CODES

Code given by ECC

Code after patient assessment

PRESENTING MEDICAL CONDITION

Acute Abdo CVA Epilepsy
 Angina Diabetes GI Bleed
 Asthma Dysrhythmia Labour
 Chest Infec D&V LVF/CCF
 Chest Pain DVT? O/D
 COAD Ectopic Psychiatric
 Convulsion Pregnancy PV Bleed

Unspecified

Alcohol suspected Narcotics suspected

TRAUMA / MECHANISM

Assault Falling Object
 Blunt Trauma Head Injury
 Crush Injury Inhalation
 C/Spine Injury Penetrating
 Drowning Poisoning
 Fall <2m Self Inflicted
 Fall >2m Burns/Scalds
 Vomiting Alcohol Suspected
 RTC

Injury Site Key
 C# Closed Fracture
 O# Open Fracture
 B Burn (Shade area)
 F Foreign body
 L Laceration
 A Abrasion
 C Contusion
 P Pain

Burn Area %

SECONDARY SURVEY

Time

Resps

Pulse

BP Sys

BP Dia

SPO2

CO2

Blood Sugar

Temp

Peak Flow

PAIN SCORE

Pre-Analgesia Post Analgesia

Morphine Entonox

CVA/FAST

Facial weakness Yes No
 Left Right

Arm weakness Yes No
 Left Right

Speech impairment Yes No

SPINE IMMOBILISATION

Collar
 Long Board
 Vac Mat
 KED

Deliberate Self Harm SADS Assessment

Score

DRUGS

Time	Code	Drug Name	Route	Amount	Unit	Batch No	By ID
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CANNULATION

Line 1 Size By ID Attempts Achieved Y/N Flush Y/N

Line 2 Size By ID Attempts Achieved Y/N Flush Y/N

Ext Jug I.O.

AIRWAY/BREATHING

Final Achieved Airway Intervention

ET Achieved Y/N Attempts Size ID

LMA

NPA

OPA

N.C.D

N.Cric.

RESPIRATORY

Delivered % O2 %

Ventilation

Suction

Nebulised

Position checked by Auscultation ETCO2

CHEST PAIN & CARDIAC MONITORING

Time of onset of symptoms

Oxygen Aspirin GTN/Buccal Morphine

12lead time

ST Elevation

3/12 lead shows:
 NSR RBBB
 Anterior MI SVT
 Inferior MI 1^o Heartblock
 Lateral MI 2^o Heartblock
 Septal MI 3^o Heartblock
 LBBB AF

If other, please state

Thrombolysis eligible Time given

CARDIAC ARREST

Presenting Rhythm Asystole Pulseless VT
 VF PEA

Underlying causes considered Hypoxia Toxicity
 Hypovolaemia Cardiac tamponade
 Hypothermia Thromboembolic
 Hypo/Hyperkalaemia Tension Pneumothorax

CPR given on arrival

Given By: GP Basics
 Police First Responder
 Fire Bystander

Time Arrest identified

Time of first shock by any source

Time of first shock by crew

Arrest witnessed by GP Basics
 Police First Responder
 Fire Bystander

No of shocks at J at J

at J ROSC Time of ROSC

Rhythm at destination Asystole PEA
 VF NSR
 Pulseless VT Other

Drug Codes

ADM	Adrenaline 1:1000	GLX	Glucose 10%	NLX	Naloxone
ADX	Adrenaline 1:10000	GTN	Glycerol Trinitrate (GTN)	PAR	Paracetamol
AMO	Amiodarone	HEP	Heparin	PPL	Propofol
ASP	Aspirin	IRR	Ipratropium Bromide (Atrovent)	RCR	Rocuronium
ATR	Atropine	HVC	Hydrocortisone	SLB	Salbutamol
BPN	Benzyloxyphenol	GLG	Hypostop	SCP	Sodium Chloride
CPH	Chlorphenamine	KET	Ketamine	SUX	Suxamethonium
DZP	Diazepam	LID	Lidocaine	STP	Sodium Thiopentone
ETO	Etomidate	MTC	Metoclopramide	SYN	Syntometrine
FRM	Furosemide	MDZ	Midazolam	TNK	Tenecteplase
GLU	Glucagon	MOR	Morphine Sulphate	WFI	Water for Injections

History of Presenting Complaint

Past Medical History

Medication

Allergies

On examination

Treatment Plan

Patient Details passed to Time

RECORD OF NON-RESUSCITATION

Condition incompatible with life

State

DNAR or valid living will

Collapse >15 minutes ago

No evidence of CPR

No contradictions of protocol (Drowning, hypothermia, poisoning, pregnancy)

30 seconds of continuous asystole on ECG

Hours ID

Crew
 Dr
 Other State

CESSATION OF RESUSCITATION CONFIRMATION OF DEATH (Not by Technician or Community First Responder)

Patient becomes asystolic

20 minutes of full ALS following onset of asystole

Patient remains asystolic

30 second ECG trace obtained

Hours ID

Paramedic
 ECP
 Dr
 Other

To the best of my knowledge this is a true and accurate account of the incident.

Signature

Crew ID 1..... ID

Crew ID 2..... ID

Crew ID 3..... ID

