

LCHART Example

Incident Description: 52-year-old male experiencing chest pain.

Location:

Dispatched to 450 Elm St, patient found seated in a recliner in the living room. Scene was clear of hazards, and bystanders included the patient's spouse.

Chief Complaint:

Patient states, "I feel a heavy pressure in my chest and shortness of breath." Pain began approximately 45 minutes ago and has progressively worsened.

History:

Patient reports the onset of symptoms while mowing the lawn. Denies prior episodes of chest pain or shortness of breath. No known allergies. Medical history includes hypertension and hyperlipidemia. Currently taking Lisinopril and Atorvastatin. No recent illnesses or surgeries.

Assessment:

Initial assessment reveals a middle-aged male, alert and oriented x3, presenting with labored breathing. Skin pale and diaphoretic. Vital signs: BP 170/98, HR 110, RR 22, SpO2 88% on room air. Chest pain rated 8/10, radiating to the left arm. ECG shows ST-elevation in inferior leads. Lung sounds clear bilaterally.

Rx (Treatment):

Administered 324mg ASA PO. Oxygen therapy initiated at 15L NRB, SpO2 improved to 94%. Nitro 0.4mg SL x2 with reported pain reduction to 5/10. IV access established in the left antecubital vein, and 250mL NS bolus started.

Transport:

Patient transported emergently to General Hospital ED with lights and sirens. Monitored en route, with no significant changes in condition. Handoff provided to ED RN Smith, including ECG findings and treatment summary.

DRAATT Example

Incident Description: 52-year-old male experiencing chest pain.

Dispatch:

Dispatched at 13:10 for a 52-year-old male reporting chest pain. Caller (spouse) stated that the patient was pale and short of breath.

Response:

Responding unit en route at 13:12, arrived on scene at 13:18. Scene was a residential address, clear of hazards. Patient seated in the living room, appearing pale and diaphoretic.

Assessment:

Primary survey: Airway patent, breathing labored, circulation adequate with weak radial pulses. Secondary survey: Skin pale and diaphoretic. Chest pain 8/10, radiating to left arm. BP 170/98, HR 110, RR 22, SpO2 88%. ECG reveals ST-elevation in inferior leads.

Actions:

- Administered 324mg ASA PO.\n- Oxygen therapy started at 15L NRB, improving SpO2 to 94%.\n- Nitro 0.4mg SL x2 with reported pain reduction to 5/10.\n- IV access obtained in left AC with 250mL NS bolus initiated.

Transport:

Transported emergently to General Hospital ED with lights and sirens. Patient remained stable en route. SpO2 maintained at 94%.

Transfer:

Care transferred to ED RN Smith at 13:45. Verbal and written report provided, including ECG and treatment summary.