Patient Report Form

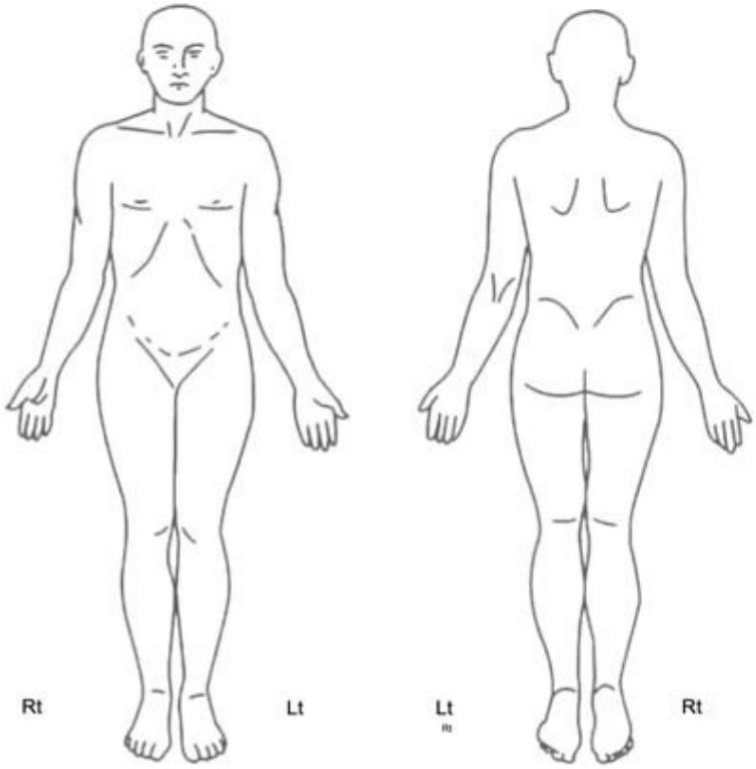
Date:	Casualty Age: ☐<18 ☐>18	Casualty Sex: ☐ M ☐ F	URN:
Time On Scene:	Time Off Scene:	Time EMS Arrived:	Firearms Deployment: ☐

Transport:	☐ Land Ambulance	☐ Air Ambulance	☐ Police Vehicle	☐ Other
Hospital:	☐ Example 1	☐ Example 2	☐ Example 3	☐ Example 4
Mechanism of Injury:	☐ **Blunt trauma**	☐ **Penetrating injury**	☐ **Medical**	☐ **Mental health**

☐ Stabbing	☐ Alcohol/ drugs	☐ Vehicle RTC	☐ Self-harm
☐ Shooting	☐ Punched/ kicked	☐ Pedestrian hit by vehicle	☐ Suicide / parasuicide
☐ Burn	☐ Hanging	☐ Cyclist	☐ Fall < 6ft ☐ Fall > 6ft
☐ Other (*please specify):*			

Injuries

Notes:



(Please use numbers to code and mark location of injuries on body map)

1. Amputation ☐	6. Fracture closed ☐
2. GSW entry ☐	7. Burns ☐
3. GSW exit ☐	8. Head injury ☐
4. Stab ☐	9. Laceration ☐
5. Fracture open ☐	10. Other ☐ *(please sepecify):*

On arrival	☐ Cat Haem	Airway: ☐ Clear ☐ Obstructed	☐ Breathing ☐ Not Breathing	1. ☐A ☐V ☐P ☐U

Observations carried out by EMS ☐

Airway

Clear ☐

Obstructed Snoring ☐
☐ Patient position
☐ Chin lift
☐ Jaw thrust
☐ NP; size ☐ 6 ☐ 7
☐ OP; size ☐ 3 ☐ 4 ☐ 5
☐ SGA; size ☐ 3 ☐ 4 ☐ 5

Obstructed Gurgling ☐
☐ Patient turned
☐ Suction

Complete Obstruction ☐
☐ Back blows
☐ Abdominal / chest thrusts

Soft tissue facial injury ☐

Bony facial injury ☐

C-Spine
☐ Normal
☐ Suspected injury
☐ Manual control

Breathing

Rate
1. ☐ <10 ☐ 10-30 ☐ >30
2. ☐ <10 ☐ 10-30 ☐ >30

Volume/ Effort
☐ Normal
☐ Abnormal

Oxygen ☐
☐ High flow mask
☐ BVM

% O_2 Saturations
1☐<95☐>95
2☐<95☐>95

FLASH ☐

Holes
Front: ☐ L ☐ R Chest seal ☐ Vented ☐ Non vented
Back: ☐ L ☐ R Chest seal ☐ Vented ☐ Non vented

Bruising / abrasion ☐

Rib Fractures / Flail Chest
☐ Splinted
☐ Patient self-splinted

Circulation

Tourniquet ☐
☐ Rt arm ☐ Lt arm ☐ Rt leg ☐ Lt leg

External Bleeding ☐

Bleeding Wound
☐ Direct pressure

Dressing
☐ Field ☐ Blast
☐ Windlass ☐ Haemostatic

Internal Bleeding suspected
☐ Chest ☐ Abdomen
☐ Pelvis ☐ Long Bones

Pelvis / Femur Fracture
☐ Splint

Radial Pulse
1. ☐ ☐<60 ☐ 60-120 ☐ >120
2. ☐ ☐<60 ☐ 60-120 ☐ >120

No Pulse ☐

☐ CPR ☐ AED ☐ ROSC ☐ Dead

Disability

2. ☐ A ☐ V ☐ P ☐ U
3. ☐ A ☐ V ☐ P ☐ U

Exposure for Examination

☐ Fully undressed ☐ ? Spinal injury
☐ Logroll ☐ Patient cold
☐ Back & sides check ☐ Patient covered

Burns
☐ < 10 mins irrigation ☐ Clingfilm
☐ 10 - 20 mins irrigation ☐ Diphoterine

Pain

Initial Pain Score

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Patient complaining of pain? ☐
Penthrox used: Y ☐ N ☐
Number of vials used: 1☐ **2**☐

After Dose 1

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Time:
Batch Number:
Expiry date:

Signature:

After Dose 2

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Time:
Batch Number:
Expiry date:

Signature:

Breathing
☐ Rate > 10
☐ Normal breathing

Confirmed: ☐
No contraindications
Past medical history / Medication
No use of Penthrox in last 3 months
Alert card given & discussed
Consent obtained

Adverse Reaction to Penthrox:
Y☐ N☐
If yes, please specify:

Radial pulse
☐ Present

Handover to EMS ☐

ADRs reported to CG lead ☐
Name:
Date:

Age
☐ > 18 years

Name of staff receiving patient / EMS call sign:

☐ **Currently Alert & able to obey commands**

Notes on Penthrox use:

Overall Patient Outcome:

Signature: **Date:**

Internal review by: **External Review by:**

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COLLEGE OF
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