

Incident Info

Call Date Call No Dispatch Time Accepted Time On Scene Time

16-10-2023 INC786 08:00AM 08:00AM 08:00AM

Leave Scene Hospital Time In Service Time Total Call time Call Category

08:00AM 08:00AM 08:00AM 08:00AM

Call Sub Category Call Type Governorate ID Willayat Incident Location

08:00AM 08:00AM 08:00AM 08:00AM 08:00AM

Station ID Factors Affecting EMS

08:00AM Adverse Weather, Refuse Receiving Patient

Patient Care Info

Civil ID Number Patient Name Gender Nationality Age

109825165 INC786 08:00AM Omani 33

Contact No Address Legal Guardian Name

95235815 08:00AM 08:00AM

Contact No Relationship

08:00AM Fater

Insurance Details - Medical

Insurance Status Policy Number Insurance Company

Yes 13578156552 Muscat Bank

Insurance Details - Vehicle

Vehicle Number - Vehicle Code Insurance Status Insurance Company

3685 - 33 Yes Muscat Bank



Patient Assessment

General Impression LOC Chief Complaint / MIO

16-10-2023 08:00AM 08:00AM

Airway Breathing Circulation

Not Clear PULSE(Peripheral), Skin

Resuscitation

Resuscitation Required Yes

Head

Head Burns Pupil Check

Burns 1 PUPILS, Equal, Reactive Left, Reactive Right

Neck

Neck Neck Burns

Punctures Penetrations, 1

Burns

Chest

Chest Left Chest Left Chest Burns

Left, Right Burns 1

Abdomen

Abdomen Left Up Abdomen Left Up Abdomen Burns

Left Up Quadrant, Burns 1

Right Up Quadrant

Pelvic / Genitalia

Pelvic / Genitalia Pelvic Burns

Burns

Back

Back Thoracic Burns

Thoracic, Burns 1

Lumbar



Upper EXT

Upper EXT Left Upper EXT Left PMS

Left, Right Pulse, Motor, Sensory

Upper EXT Right Upper EXT Right Burns Upper EXT Right PMS

Burns 1 Pulse, Motor, Sensory

Lw EXT

Lw EXT Left Lw EXT Left PMS

Left, Right Burns Pulse, Motor, Sensory

Lw EXT Right Burns Lw EXT Right PMS

Burns 1 Pulse, Motor, Sensory

Comments

Comments History of Present illness History of Present illness comments

comments Pain comments

Onset	Provocation	Quality	Radition	Severity	Time
Onset	1	1	1	1	11:30

Signs & Symptoms	Allergies	Medications	Past Medical History	Last Oral Intake	Event
Onset	1	1	1	1	11:30

	Time	AVPU	B.P	Pulse	R.R	O ² SAT	RBS	GCS	ECG	RHYTHM	APGAR	Total Burn Score %
-	00:40	Α	156/105	95	16	99	0	15	3L	Asystole	3	15
	00:50	А	143/93	95	18	99	0	15	12L	Atrial flutter	3	18
	01:00	А	140/90	95	18	99	0	15	3L	Normal Sinus Rhythm	3	18

Field Impression

Field Impression

Field Impression

1	Impacted Person	Seatbelt	Child Seatbelt	Airbag
1	Driver	Yes	Yes	Yes
1 1 1 1	Helmet	Severity of Accident	Pregnancy	
i	Vaa	0::6:	M=	

Yes Significant No

 Transport Category
 Transport
 Health Care Facility
 Government Hospital

 Transport
 Red
 Government Hospital
 Muscat Health Center

 Transport Type
 Location Type
 Education Facility

Air Transport Education Facility College



Management

AirWay OPA Size OPA Administered By NPA Size

OPA, NPA, Combi, ETT 1 EMS Provider 1 2

NPA Administered By Combi Administered By ETT Size ETT Administered By

EMS Provider 1 EMS Provider 1 3 EMS Provider 1

Oxygen / LPM

Oxygen / LPM Nasal Nasal Administered By SFM

Nasal, SFM, NRM, BVM Adult EMS Provider 1 Pediatric

SFM Administered By NRM NRM Administered By BVM

EMS Provider 1 Adult EMS Provider 1 Pediatric

Immobilization

Immobilization C.COLLAR C.COLLAR Administered By KED Administered By

C.COLLAR, KED, LBB, Scoop Adult EMS Provider 1 EMS Provider 1

LBB Administered By Scoop Administered By Stair Administered By

EMS Provider 1 EMS Provider 1 EMS Provider 1

Splinting

Splinting Rigid Administered By Traction Administered By

Rigid, Traction EMS Provider 1 EMS Provider 1

Electrical Intervention (Cardiac)

Electrical Intervention (Cardiac) AED AED Administered By Defibrillation

AED, Defibrillation, Cardioversion, TCP yes EMS Provider 1 Yes

Defibrillation Administered By Cardioversion Cardioversion Administered By TCP

EMS Provider 1 No EMS Provider 1 Yes

Others

Others Bandage Administered By Cold Pack Administered By Warming Administered By

Bandage, Cold Pack, Warming EMS Provider 1 EMS Provider 1 EMS Provider 1

Assist Delivery Administered By Cooling Administered By Bleeding Control Administered By

EMS Provider 1 EMS Provider 1 EMS Provider 1

	Time	Mediation	Dose	Route	Administered By	Narcotic Form	
1 1 1	00:40	Inj.Adenosine 3mg/1ml Injection	2	Oural	EMS Provider 1	Yes	
1 1	00:50	Inj.Adenosine 3mg/1ml Injection	1	Oural	EMS Provider 1	Yes	

Written By Received By MD Comments Narrative
Ahlam Hilal Khamis Alrasbi Ahlam Hilal Khamis Alrasbi Comments Comments

Patient outcome Belonging Handover

Stable Yes



Suspected Cause Of Arrest

Suspected Cause Of Arrest

Cardiac Arrest, Trauma

Pre EMS Arrival Information

Pre EMS Arrival Estimated Down Time CPR Progress Time Initiated

witness 12:00 Yes 14.15

AED Applied By Time selection

Yes By 18:12

Airway Indication & Procedures

Gag Reflex	Clear airway	Suctioned	Tube Type	Size	Number Of Attempts	Location Performed
Present	Yes	No	ET Tube	2.5	1	On Scene
Absent	No	Yes	LMA	1	3	In Ambulance

Airway Placement Confirmation - Modes

Direct cord visualization Bilateral Breath Sound UnEquall Pulse Oxymetry

Yes UnEquall RT, LF Yes

Waveform Capnography Et CO2 Detector

No Applied

Treatment

Time	В.Р	Pulse	R.R	Rhythm	Ventilation	Chest Compressions (C	PR) Defibrillation	on Medication	Response	Administered By
12:00 PM	120/80			N	0	ET Tube	2.5	1		EMS Provider 2
03:00 PM	120/80			Ye	es	LMA	1	3		EMS Provider 1

Written By Received By MD Comments Narrative
Ahlam Hilal Khamis Alrasbi Comments Comments

Patient outcome

Stable