

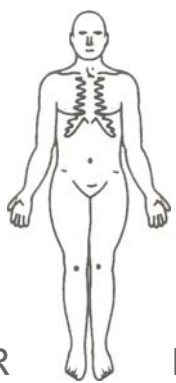
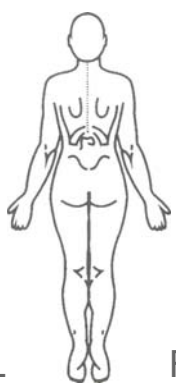
Date		ID No. 1		ID No. 2		ID No. 3		ID No. 4		No. Pats		Category	
Incident #				Rec Hos							Rec Hos Dept.		
Location													

Contract/ Event				Triage Tag No.				Patient Property Bag No.				
Base					Call Sign							

HEMS	Time Received		Tasking Urgency		Time of Lift			Date	Time	
Patient Details	Emirates ID				Patient Phone #			Call Origin		
Family Name				First Name				Responding		
DOB				Nationality				On Scene		
Sex				Resident Type				At Patient		
Street				City				Transporting		
Emirate				P.O. Box				Pre Alert		
NOK			Relationship			NOK Phone No.			Arrive Receiving Hospital	
Insurance Co.								Clear Patient And/Or Depart Rec Hospital		
Insurance #								Arrive Back At Base / To Next Call		

Patient Medical History

Allergies			Patient's Regular Medications
PMHx			1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
			9.
			10.
Last Oral Intake			Tetanus Status
			Actual / Estimated Weight (kg)

Mechanism of Injury/ History	MVA		Plate Type		Plate Source		Code		Plate #		Injuries / Examination	
Chief Complaint/ Presenting Complaint										BE F.A.S.T.		
Injuries/information										Burn Percentage (Anterior)		
Exact time of Incident/ Onset / Injury	Date		Time		Emirate		Onset Time					
<p>Subjective (History of Present Complaint):</p> <p>Objective (Findings):</p> <p>Assessment (Observation & Examination):</p> <p>Management Plan:</p>											 <p>R L</p> <p>Burn Percentage (Posterior)</p> <p>%</p>  <p>L R</p>	

Observations														
Time	24 hr													
HR	bpm													
RR	bpm													
BP	mmHg													
SpO2	%													
AVPU/GCS	#/15													
Temp	°C													
FLACC Pain Score	#													
BGL	mg/dl													
EtCO2	mmHg													
Shock Index	SI													
Early Warning Score	EWS													

Medications														
Medications	Route												Unit	ID

Management														
Airway	Manual		OP/NP		LMA iGel		ET Intbn		ET Size		ET length		SurCric	
Chest			BVM		ICC		L/R		Thoracostomy				Thoracotomy	
Circ	IV1		Site		Size		Attempts		IV Line Success		ECG		Others	
	IV2		Site		Size		Attempts		IV Flushed		Findings		Ultrasound	
Immob	C collar		Sp. board		Vacmal		UL splint		LL splint		Femur Spl		PelvSplint	
Transport					Securely Transported								NG/OGT	
pH		pCO2		pO2		HCO3		Na+		iCa		TNT		Time
Lactate		BE		SaO2		K+		Hct		Hb		AnGap		

Hospital Handover										
Hospital					Adverse Event					
Name			Signature & Time			Death				
Designation				Event Details						
Time of Handover				Prolonged Scene Time						
Patient Hospital Identifier			Working Diagnosis						QHSE	
Clinical Waste										
Complaint					Comment					
Escort Details / Other Relevant Information										

The Early Warning Score			Injury Severity Score		
Shock Index			Modified Injury Severity Score		
Is Backup Unit		Assisting Crew		Backup for Incident	
Accompanying NOK		Clinical ID		Multiple Patients / Units On Scene	

Lone Incapacitated Patient And/Or No NOK	<input type="checkbox"/>
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Consent	Yes نعم	No لا	
I have been made aware of the patient rights and responsibilities.			تم اعلامي بحقوق المرضى وواجباتهم
I agree to receiving routine treatment and care relating to my condition/injuries from National Ambulance clinician.			أوافق على أن يتم علاجي من قبل طاقم الاسعاف الوطني
I agree to be transported to another healthcare facility.			أوافق على نقلي لمزود رعايه صحيه آخر

In Case of refusal for care and/or transport, the risk of refusing care and/or transport have been explained to me and I have decided to accept responsibility for my own care.

في حال رفضي العلاج و/ أو النقل بالاسعاف ، أقر بأنه تم اعلامي بخطورة رفضي وأتحمل المسؤولية تجاه ذلك

I understand that the information contained in this document may be used for purpose of approved research activity, data analysis and for payment purposes to health insurance companies. I authorize the ambulance clinician to release all or part of my information to other healthcare providers as deemed necessary.

أقر بأنني أتفهم بأن المعلومات الموجوده بهذه الوثيقه قد يتم استخدامها لأغراض الأبحاث و التحليل والمطالبات الماليه من شركات التأمين ، و أخول طاقم الاسعاف الوطني اعطاء جزء أو كل المعلومات التي تخصني لأي مزود رعايه صحيه آخر عند الحاجة لذلك

Patient / Guardian sign and print	
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Does the Patient / Guardian have Capacity		Language Barriers?		Language
Is the Patient a High Fall Risk		Score		Cultural Issues
Does the Patient Require Transport				Patient Over 120kg
Was the Patient Transported				Prolonged Handover Time (Facility Issue)

Further advice (patient Refusal / Non Conveyance) Details	
Advice From:	Summarise Advice Given:
Clinician Signature	

Office Use	
Billing Completed / Referred	Clinical Review Required

If cardiac arrest please complete CAOS from

Patient's ECG

Cardiac Arrest
Outcomes Study (CAOS)

Case Number		Date	
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Location				Location Type	
Patient DOB		Age		Gender	
				Nationality	

Medical History					
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Estimated Time of Arrest					Time Call Received By Dispatch	
Bystander CPR					No First Responder Dispatched	<input type="checkbox"/>
Bystander AED					Time First Responder Dispatched	
Arrest Witnessed By					Time Ambulance Dispatched	
First CPR Initiated By					Time First Responder Arrived at Scene	
Resuscitation Attempted By EMS/Private Ambulance					Time Ambulance Arrived at Scene	
First Arrest Rhythm					Time EMS Arrived at Patient Side	
Time CPR Started by EMS/Private Ambulance					Time Ambulance Left Scene	
Time AED Applied by EMS/Private Ambulance					Time Ambulance Arrived at ED	

Prehospital Defibrillation					Time First Shock Given	
Defibrillation Performed By						

Mechanical CPR Device Used by EMS/Private Ambulance					
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Prehospital Advanced Airway					
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Prehospital Drug Administration					
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Return of Spontaneous Circulation at Scene/Enroute				Time of ROSC	
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CPR Discontinues at Scene/Enroute					
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Final Status at Scene					
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Cause of Arrest					
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Level of Destination Hospital		Destination Hospital			
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Patient Status at ED Arrival					
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