الإسعاف National الوطني Ambulance

Patient Care Record

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

Patient Details	Emirates ID		Patient Phone #
Family Name		First Name	
DOB		Nationality	
Sex		Resident Type	
Street		City	
Emirate		P.O. Box	
NOK		Relationship	NOK Phone No.
Insurance Co.			
Insurance #			

	Date	Time
Call Origin		
Responding		
On Scene		
At Patient		
Transporting		
Pre Alert		
Arrive Receiving Hospital		
Clear Patient And/Or Depart Rec Hospital		
Arrive Back At Base / To Next Call		

Patient Medical History

Allergies	
PMHx	

Patient's Regular Medications
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 #							
Chief Complaint/ Presenting Complaint																
Injuries/information								Patient Type								
Exact time of Incident/ Onset / Injury	Date		Time					Emirate								

Subjective (History of Present Complaint):

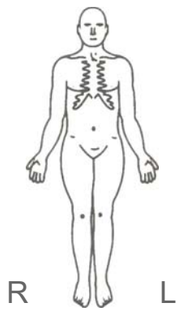
Objective (Findings):

Assessment (Observation & Examination):

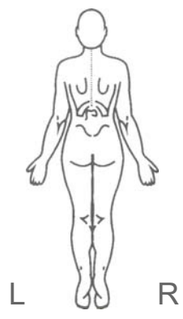
Management Plan:

Injuries / Examination

Onset Time



Burn Percentage (Posterior)		%



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 Size		ET length		SurCric						
Chest			BVM		ICC				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					
Escort Details / Other Relevant Information					

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الوطني Ambulance

The Early Warning Score		Injury Severity Score					
Shock Index		Modified Injury Severity Score					
Is Backup Unit		Assisting Crew		Backup for Incident		Multiple Patients / Units On Scene	
Accompanying NOK		Clinical ID					
Lone Incapacitated Patient And/Or No NOK	☐						

Consent	Yes نعم	No لا	
I have been made aware of the patient rights and responsibilities.			تـم اعلامـي بحقـوق المرضـى وواجبـاتهم
I agree to receiving routine treatment and care relating to my condition/injuries from National Ambulance clinician.			أوافـق علـى أن يتـم علاجـي مـن قبـل طـاقم الاسـعاف الوطـني
I agree to be transported to another healthcare facility.			أوافـق علـى نقلـي لمـزود رعايـه صـحيه آخـر

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.

فـي حـال رفضـي العـلاج و/ أو النقـل بالاسـعاف ، أقـر بأنـه تـم اعلامـي بخطـورة رفضـي وأتحمـل المسـؤوليه تجـاه ذلـك

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.

أقـر بـأنني أتفهـم بـأن المعلومـات الموجـوده بهـذه الوثيقـه قـد يتـم اسـتخدامها لأغـراض الأبحـاث و التحليـل والمطالبـات الماليـه مـن شـركات التـأمين ، و أخـول طـاقم الاسـعاف الوطـني اعطـاء جـزء أو كـل المعلومـات الـتي تخصـني لأي مـزود رعايـه صـحيه آخـر عنـد الحاجـه لـذلك

Patient / Guardian sign and print

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

Cardiac Arrest Outcomes Study (CAOS)

وثيقة سرية
Confidential Document

Case Number ☐☐☐☐☐☐☐☐☐☐ Patient brought in by: ☐ EMS ☐ Non EMS ☐ Private Ambulance ☐ Own Trans. ☐ Public Trans.

Date ☐☐☐☐☐☐☐☐ *dd/mm/yyyy*

Location _____ ☐ Unknown

Location Type ☐ Home Residence ☐ Healthcare Facility ☐ Public/Commercial building ☐ Nursing Home ☐ Street/Highway ☐ Industrial Place ☐ Transport Centre ☐ Place of Recreation ☐ In EMS/Private Ambulance ☐ Other, specify _____

Patient DOB ☐☐☐☐☐☐☐☐ *dd/mm/yyyy* Age ☐☐ Gender ☐ Male ☐ Female

Race ☐ Chinese ☐ Malay ☐ Indian ☐ Eurasian Other, Specify _____

Medical History ☐ No ☐ Diabetes ☐ Renal Disease ☐ Stroke ☐ Unknown ☐ Cancer ☐ Respitatory Disese ☐ HIV ☐ Heart Disease ☐ Hypertension ☐ Hyperlipidaemia ☐ Other

	(hh:mm:ss)
Time call received by Dispatch	
Time First Responder dispatched	
Time Ambulance dispatched	
Time First Responder arrived at scene	
Time Ambulance arrived at scene	
Time EMS arrived at patient side	
Time ambulance left scene	
Time ambulance arrived at ED	

(hh:mm:sec) ☐ No First Responder dispatched

Estimated time of arrest *(hh:mm:ss)* ☐☐☐☐☐☐

Bystander CPR ☐ Yes ☐ No
Bystander AED ☐ Yes ☐ No

Arrest witnessed by ☐ Not witnessed ☐ Bystander - Family ☐ EMS/Private Ambulance ☐ Bystander - Healthcare Provider ☐ Bystander - Lay Person

First CPR Initiated By ☐ No CPR ☐ Bystander - Family ☐ Bystander - Healthcare Provider ☐ First Responder ☐ Bystander - Layperson ☐ Ambulance Crew ☐ Unknown

Resuscitation attempted by EMS/Private Ambulance ☐ Yes ☐ No

First Arrest Rhythm ☐ VF ☐ Asystole ☐ Unknown ☐ VT ☐ Unknown shockable ☐ PEA ☐ Unknown unshockable

(hh:mm:ss)
Time CPR started by EMS/Private Ambulance ☐☐☐☐☐☐ ☐ Unknown
Time AED applied by EMS/Private Ambulance ☐☐☐☐☐☐ ☐ Unknown

Prehospital Defibrillation ☐ Yes ☐ No
Time first shock given ☐☐☐☐☐☐ ☐ Unknown
(hh:mm:ss)

Defibrillation performed by ☐ First Responder ☐ Bystander - Family ☐ Ambulance Crew ☐ Bystander - Healthcare Provider ☐ Bystander - Lay Person

Mechanical CPR device used by EMS/Private Ambulance ☐ Yes ☐ No
if Yes, specify: ☐ Load-Distributing Band ☐ Active Compression-Decompression ☐ Mechanical Piston/LUCAS ☐ Other

Prehospital advanced airway ☐ Yes ☐ No
if Yes, specify: ☐ Oral/Nasal ET ☐ Combitube ☐ LMA ☐ King Airway ☐ i-Gel Airway ☐ Other

Prehospital drug administration ☐ No ☐ Yes, specify
☐ Epinephrine ☐ Atropine ☐ Amiodarone ☐ Bicarbonate ☐ Lidocaine ☐ Dextrose ☐ Other

Return of Spontaneous Circulation at scene/enroute ☐ Yes ☐ No ☐ Unknown
Time of ROSC ☐☐☐☐☐☐ *(hh:mm:ss)*

CPR discontinnues at scene/enroute ☐ Yes
if Yes, specify: ☐ No ☐ Do Not Attempt Resuscitation (DNAR) ☐ Return of Spontanious Circulation (ROSC) ☐ Medical Control Order ☐ Obvious signs of death ☐ Protocol/polict requirements completed

Final status at scene ☐ Conveyed to ED ☐ Pronounced dead at scene
Cause of arrest ☐ Trauma ☐ Non-Trauma
If non-trauma, specify ☐ Presummed cardiac ☐ Respiratory ☐ Electrocution ☐ Drowning ☐ Other

Level of destination hospital ☐ Tertiary ☐ Community

Destination Hospital Specify _____

Patients Status at ED Arrival ☐ ROSC ☐ Ongoing Resuscitation ☐ Transported without Resuscitation

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Continuation of PCR serial #:

Date		ID No 1		ID No 2		No. Pats		Location	
Incident #						Rec Hos		☐ ICU ☐ ED ☐ CCU ☐ Other	
Category									

Patient Details

Emirates ID:			Patient Phone #:		
Family name			First name		
DOB		Sex M ☐ F ☐	Nationality		
Street				City	
Emirate				P/Code	
NOK		Relationship		Contact No.	

Date/Time		Sign	ID

OBSERVATIONS:

Time	24 hr													
HR	bpm													
RR	bpm													
BP	mmHg													
SpO2	%													
AVPU/GCS	#/15													
Temp	OC													
FLACC/ Pain Score	#													
BGL	mg/dl													
EtCO2	mmHg													
Shock Index	SI													
Early Warning Score	EWS													
Medications	Route												Unit	ID

pH		pCO2		pO2		HCO3		Na+		iCa		TNT		TNT	
Lactate		BE		SaO2		K+		Hct		Hb		AnGap		Time	

pH		pCO2		pO2		HCO3		Na+		iCa		TNT		TNT	
Lactate		BE		SaO2		K+		Hct		Hb		AnGap		Time	

pH		pCO2		pO2		HCO3		Na+		iCa		TNT		TNT	
Lactate		BE		SaO2		K+		Hct		Hb		AnGap		Time	

pH		pCO2		pO2		HCO3		Na+		iCa		TNT		TNT	
Lactate		BE		SaO2		K+		Hct		Hb		AnGap		Time	

pH		pCO2		pO2		HCO3		Na+		iCa		TNT		TNT	
Lactate		BE		SaO2		K+		Hct		Hb		AnGap		Time	

pH		pCO2		pO2		HCO3		Na+		iCa		TNT		TNT	
Lactate		BE		SaO2		K+		Hct		Hb		AnGap		Time	