PATIENT REPORT FORM

REGION/DISTRICT		BASE	
PROVINCE		RESCUE UNIT	
AMBULANCE		RV	
DATE OF CASE		DOD NUMBER	

PRIMARY ☐ IHT ☐ TRAUMA ☐ MEDICAL ☐ BLS ☐ ILS ☐ ALS ☐

PATIENT DETAILS

PATIENT'S NAME | AGE | M | F

PATIENT'S SURNAME | PASSPORT

NEXT OF KIN INFORMATION

NAME | RELATION TO PATIENT

EMAIL ADDRESS

PHYSICAL ADDRESS

PHONE NO | ALTERNATE NO

OTHER | PHONE NO

MEDICAL AID NAME | MEDICAL AID NO

PRINCIPAL MEMBER | AUTH NO

EMPLOYER | WORK PHONE NO

WORK ADDRESS

TRANSPORTATION

TRANSPORTED FROM	SUBURB / TOWN
TRANSPORTED BY	
TRANSPORTED TO	

CREW DETAILS

INITIAL & SURNAME	HPCSA NO

SIGNATURE

INCIDENT INFORMATION

SCENE ADDRESS:

DISPATCH INFO:

ON ARRIVAL:

CHIEF COMPLAINT:

PAST HISTORY

ALLERGIES:

MEDICATION:

PRIMARY SURVEY

A CLEAR ☐ MAINTAINED ☐ LATERAL ☐ INTUBATED ☐ SURGICAL ☐ BLOOD ☐ VOMIT ☐ SALIVA ☐ FBAO ☐

B **TRACHEA**: MIDLINE ☐ DEVIATED ☐ **A/E:** CLEAR =/= ☐ DIMINISHED ☐ ABSENT ☐ L: R:

EXTRA SOUNDS: NONE ☐ SOFT ☐ LOUD ☐ WHEEZES ☐ CRACKLES ☐ STRIDOR ☐ FRICTION / RUB ☐

MECHANICS: ACCESSORY MUSCLE USE ☐ APNEA ☐ ASYMMETRICAL ☐ FATIGUE ☐ GUARDING ☐ NORMAL ☐

HYPOVENTILATION ☐ VENTILATED ☐ **NECK VEINS:** NORMAL ☐ DISTENDED ☐

C **HAEMORRHAGE**: NONE☐ ARTERIAL☐ VENOUS☐ CAPILLARY☐ MILD☐ MODERATE☐ SEVERE☐ ?INTERNAL ☐

ASSESSMENT OF PULSES: PALPABLE CENTRAL ☐ PALPABLE PERIPHERALS ☐ WEAK ☐ ABSENT ☐ STRONG ☐

PERFUSION: GOOD ☐ POOR ☐ NONE ☐ **MUCOSA**: PINK ☐ PALE ☐ CYANOSED ☐ **CRT** <2sec ☐ >2sec ☐

D **INITIAL GCS:** **/15 M** /6 **V** /5 **E** /4 or A V P U COMBATIVE ☐

SPINAL: **MOTOR FUNCTION:** NORMAL ☐ GUARDING ☐ LOSS ☐

SENSATION: INTACT ☐ PINS & NEEDLES ☐ NUMBNESS ☐ **NONE:** ☐ FROM NECK ☐ NIPPLE LINE ☐ ABD ☐

MEDICAL HX:

CVA ☐ EPILEPSY ☐ CARDIAC ☐ BYPASS ☐

↑CHOLESTEROL ☐ DM I / II ☐ HPT ☐

ASTHMA ☐ COPD ☐ **LAST MEAL:**

PATIENT'S VALUABLES

CASH ☐ R LAPTOP ☐ WALLET ☐

ID ☐ PHONE ☐ BAG ☐ NONE ☐

CLOTHING ☐ TOILETRIES ☐ MEDS ☐

HANDED TO:

SIGNATURE

SECONDARY SURVEY

		ADDITIONAL FINDINGS ON SECONDARY
SCALP	Abrasion☐ Avulsion☐ Bruising☐ Burns☐ Deep Wound☐ GSW☐ Oedema☐ Laceration ☐ Large Wound ☐ Normal☐	
CRANIUM	? BOS #☐ Crepitus☐ Deformity ☐ ?Fracture ☐ GSW ☐ Frontal ☐ Occipital ☐ Parietal ☐ Temporal ☐ Normal☐	
FACE	Abrasion ☐ Anxious ☐ Blood in Airway ☐ Bitten Tongue ☐ Bruising ☐ Blind ☐ Burns ☐ Crepitus ☐ Crying ☐	
	Deformity ☐ Deep Wound☐ Epistaxis ☐ Guarding ☐ GSW☐ Laceration ☐ Large Wound ☐ Orbital Injury ☐ Oedema ☐ Normal ☐	
NECK	Bruising ☐ Burns ☐ Crepitus ☐ Deformity ☐ Guarding ☐ Laceration ☐ Oedema ☐ Penetrating Wound ☐ Normal ☐	
SPINE	Bruising ☐ Crepitus ☐ Deformity ☐ Guarding ☐ GSW ☐ Oedema☐ Penetrating Wound☐ Sciatic Pain ☐ Normal ☐	
CHEST	Abrasion ☐ Asymmetrical Rise & Fall ☐ Bruising ☐ Burns ☐ Crepitus☐ Deformity ☐ Dyspnoea ☐ Flail Segment ☐	
	Guarding Palpation ☐ Guarding Depth of Breathing ☐ GSW☐ Laceration☐ Oedema☐ Stab Wound☐ Sucking Wound ☐ Normal☐	
ABDOMEN	Abrasion☐ Bruising/Ecchymosis☐ Burns ☐ Distended ☐ Evisceration ☐ GSW ☐ Guarding ☐ Hernia ☐ Laceration ☐	
	Rebound Tenderness☐ Ruptured Membranes☐ Severe Pain☐ Stab Wound ☐ Uterine Contractions ☐ Normal/Soft on Palpation☐	
PELVIS	Crepitus ☐ Deformity ☐ Guarding ☐ GSW☐ Incontinence ☐ Open Wound☐ "Open book" ☐ Severe Pain ☐ Stable☐	
L ARM	Abrasion ☐ Amputation ☐ Crepitus ☐ Bruising☐ Deformity☐ GSW ☐ Guarding☐ Laceration ☐ Oedema ☐ Pulse☐	
R ARM	Abrasion ☐ Amputation ☐ Crepitus ☐ Bruising☐ Deformity☐ GSW ☐ Guarding☐ Laceration ☐ Oedema ☐ Pulse☐	
L LEG	Abrasion ☐ Amputation ☐ Crepitus ☐ Bruising☐ Deformity☐ GSW ☐ Guarding☐ Laceration ☐ Oedema ☐ Pulse☐	
R LEG	Abrasion ☐ Amputation ☐ Crepitus ☐ Bruising☐ Deformity☐ GSW ☐ Guarding☐ Laceration ☐ Oedema ☐ Pulse☐	

DIAGNOSIS **PRIORITY** 1 ☐ 2 ☐ 3 ☐ 4 ☐

TREATMENT

PATIENT HANDED OVER TO

INITIAL SURNAME QUALIFICATION

SIGNATURE

YELLOW COPY OF PRF RECEIVED ☐

MECHANISM OF INJURY MVA ☐ MBA ☐ PVA ☐ Bus ☐ Cyclist ☐ Taxi ☐ Train ☐ Truck ☐ Frontal Impact ☐ Rear ☐ Rollover ☐ T - Boned ☐ Vehicle Spun ☐

<60km/h ☐ 60-100km/h ☐ >120km/h☐ Driver ☐ Passenger ☐ Unknown ☐ Airbags ☐ Restrained ☐ ?↓LOC ☐ Multiple Patients ☐ P1 ☐ or P4 ☐ on Scene

Ejected ☐ Removed by Bystander ☐ Extricated by EMS ☐ Self-Extricated ☐ **Helmet Removal;** EMS ☐ Self ☐ Bystander ☐ No Helmet ☐ Assault ☐ Stabbing ☐

Rape ☐ Strangulation ☐ Armed Robbery ☐ Industrial Accident ☐ Sports Injury ☐ Limited Patient Access ☐ ?Self-Inflicted Wounds ☐ Suicidal Tendencies ☐

Falls ☐ Bed ☐ Same Level ☐ >3m ☐ >10m ☐ **GSW** ☐ AR ☐ Handgun ☐ Rifle ☐ **Entrapment** ☐ <30 Mins ☐ 30mins-1hr ☐ 1-2hr ☐ >2hr ☐ Unknown ☐

Crush Injury ☐ **Drowning / Submersion** ☐ < 5min ☐ 5 - 10min ☐ > 10min ☐ Unknown ☐ Cold Water ☐ River / Dam ☐ Flood ☐ Pool ☐ Bystander CPR ☐

Burns ☐ BSA: <15% ☐ >15% ☐ Confined Space ☐ Duration: Chemical ☐ Electrical ☐ Flash ☐ Lightning ☐ Steam ☐ Smoke Inhalation ☐ Thermal ☐

Ige Stimulation ☐ Allergy ☐ Anaphylaxis (>2 Systems Involved) ☐ Stridor ☐ Wheezes ☐ Erythema ☐ Pruritus ☐ Urticaria ☐ Abd ☐ Head ☐ Limbs ☐ Torso ☐

Poisoning ☐ Abdominal Pain ☐ Altered LOC ☐ Bradycardia ☐ Secretions ☐ Diaphoresis ☐ Hypotension ☐ Incontinence ☐ Miosis ☐ Seizures ☐ Vomiting ☐

VITAL SIGNS

AIR ENTRY ✓/↓	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
ETCO2																								
FI02																								
RATE / min																								
RHYTHM																								
SpO2		%		%		%		%		%		%		%		%		%		%		%		%
BLOOD PRESSURE																								
ECG ANALYSIS																								
HEART RATE / min																								
PERFUSION																								
RHYTHM																								
G.C.S. / A.V.P.U.																								
GLUCOSE mmol/l																								
PAIN SCORE		/10		/10		/10		/10		/10		/10		/10		/10		/10		/10		/10		/10
PUPIL REACTION	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
PUPIL SIZE	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
TEMPERATURE ^{o}C																								
TIME																								

INTRAVENOUS THERAPY

FLUID	VOLUME	ADMIN	RATE	TIME	JELCO	SITE	VOLUME ADMINISTERED ml
							TOTAL
MOTIVATION FOR IV	DRUG ROUTE ☐ FLUID BOLUS ☐ P1 / UNSTABLE ☐				WEIGHT	kg	PAWPER TAPE ☐ BROSELOW TAPE ☐

MEDICATION ADMINISTERED

MEDICINE	DOSE	ROUTE	TIME	HPCSA	NAME	SIGNATURE

CONSULTED ☐	PRACTITIONER		HPCSA		SUMMARY OF CONSULT	

PROCEDURES

AIRWAY	E.T.T. ☐ ETT SIZE: _____mm DEPTH: _____ cmt E.T.T. CUFF PRESSURE: 20-30cmH_2O ☐ CUFF NOT INFLATED ☐ NOT MEASURED ☐ GASTRIC TUBE ☐ IGEL ☐ L.M.A. ☐ L.T.A. ☐ LATERAL ☐ NEEDLE AIRWAY ☐ OPA ☐ RSI ☐ SUCTION ☐ SURGICAL CRIC ☐
ALIGNMENT	EXTRICATION ☐ HEADBLOCKS ☐ KED ☐ LOGROLL ☐ M.I.L.S. ☐ SCOOP ☐ SPIDER HARNESS ☐ SPINEBOARD ☐ SPLINT ☐ TRAC III ☐
BREATHING	BVM ☐ CHEST DECOMPRESSION ☐ CPAP ☐ ETCO2 ☐ ICD ☐ L ☐ R ☐ Date: OXYGEN ☐ SpO_2 ☐ VENTILATION ☐ **VENTILATOR**: **MODE:** **PEEP:** cmH_2O **PIP:** **FiO2:** **I:E:** **TV:** **RATE:**
CIRCULATION	BLOOD ☐ BOLUS ☐ BURETROL ☐ C.P.R. ☐ CARDIOVERSION ☐ CENTRAL IV ☐ DEFIB ☐ DIAL-A-FLOW ☐ ECG ☐ 12 LEAD ☐ FLUID WARMER ☐ HI CAP LINE ☐ INFUSION PUMP ☐ INFUSION ☐ IO ☐ PACING ☐ PERIPHERAL IV ☐ PLASMA ☐ SYRINGE DRIVER ☐

NEURO ASSESSMENT		ABDOMINAL ASSESSMENT			PAIN ASSESSMENT - PQRST			
CINCINNATI SCALE	Arm Drift ☐	**URINE OUTPUT**	Burning ☐ Dark Yellow ☐ Normal ☐		**PROVOCATION**	Onset During Exertion ☐ During Rest ☐		
Facial Droop ☐ Slurred Speech ☐		Blood ☐ Poly ☐ No Output ☐ IHT: Foley Cath ☐ UO: ml/hr			Woken by Pain ☐	Onset During Mild ☐ Mod ☐ Activity		
Seizure ☐ Tonic / Clonic ☐ Petite ☐		**HX**	Diverticulitis ☐ Liver or Renal Failure ☐ Stones ☐ UTIs ☐		**QUALITY**	Burning ☐ Crushing / Weight ☐ Intermittent ☐		
Acute Delirium ☐ Aphasia ☐		**GIT**	Ascites ☐ Bloated ☐ Constipation ☐ Diaphoresis ☐		Constant ☐ Dull ☐ Sharp ☐ Tearing ☐ Cannot Describe ☐			
Incontinence ☐ Urine ☐ Stool ☐		Gastroenteritis ☐ Hematemesis ☐ Melaena Stools ☐ Peg Tube ☐			**RADIATING**	Yes ☐ L Arm ☐ R Arm ☐ Face ☐ Back ☐ Leg ☐		
Stupor ☐ Syncope Events ☐		Diarrhoea ☐ Emesis ☐ amount Times for number of Days			**SEVERITY**	At onset	/10	Current /10
NEURO CONDITIONS		**PAIN**	Burning ☐ Cramping ☐ Dull ☐ Sharp ☐ Tearing ☐ Reflux ☐		**TIME OF ONSET**		Negative Murphy's Sign ☐	
Brain tumour ☐ Bipolar ☐		**CONTRACTIONS**	Mild ☐ Mod ☐ Severe ☐ amount/10min		**CARDIAC RISK FACTORS**		Age ☐ ↑BMI ☐ Diabetes ☐	
Dementia ☐ Depression ☐		Pregnant ☐ Twin Pregnancy ☐ Para Gravida Discharge ☐			Family Cardiac Hx ☐ Hypertension ☐ ↑Cholesterol ☐			
Epilepsy ☐ Hydrocephalus ☐		PV Bleeding ☐ Last Dr Visit: Gestation:			Previous Cardiac Event ☐ Smoker ☐ Stress ☐			
Multiple Sclerosis ☐ Parkinson's ☐		**SIGNS OF DEHYDRATION**			**SIGNS OF ACUTE CORONARY SYNDROME**			
Previous: TBI ☐ TIA ☐ Stroke ☐		Cold Peripheries☐ Confused☐ Cramping☐ Dysphagia☐ Dizziness☐			Chest Pain Not Increased by Deep Breathing ☐			
Quadriplegia ☐ Paraplegia ☐		Dry Mucosa ☐ Hypotension ☐ Poor Skin Turgor ☐ Sunken Eyes ☐			Crushing Pain ☐ Diaphoresis ☐ Radiating Pain ☐			
Schizophrenia ☐ Syndrome ☐		Sunken Fontanelles ☐ Syncope ☐ Tachycardia ☐ Weak ☐			Nausea ☐ Pale ☐ ECG Changes ☐ ST Elevation ☐			

RESPIRATORY DISTRESS ASSESSMENT

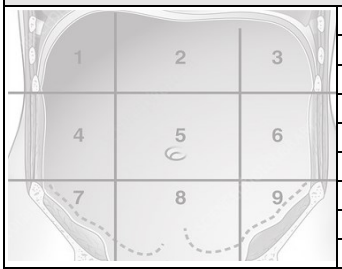
HX	Asthma ☐ COPD ☐ Emphysema ☐ Hx of Pulmonary Emboli ☐ Lung Cancer ☐ Prone to Chest Infections / Pneumonia ☐ Pulmonary TB ☐ COVID + ☐
RISK FACTORS FOR PULM EMBOLUS	Taking Contraceptives ☐ Hx of DVTs ☐ **Recent**: Long Distance Travel ☐ Fracture ☐ Recently given birth ☐
IN ADDITION TO A/E FINDINGS	Accessory Muscles Use ☐ Audible Wheezes ☐ Audible Stridor ☐ Apnea ☐ On Home O2 ☐ **Coughing:** ☐ Wet ☐ Dry ☐
Dyspnoea Not Relieved by Prescribed Medication ☐ Guards Depth of Breathing ☐ Hyperventilation ☐ Inability to Talk ☐ Kussmaul ☐ Recent Flu ☐	
Severe Drooling ☐ Signs of Respiratory Fatigue ☐ Soot in Mouth ☐ Tachypnoea ☐ Tripod Position ☐ Talks in Phrases ☐ Uses Single Words Only ☐	
INFANT	Chest Recession ☐ Grunting ☐ Irritable ☐ **Prem Baby**: Respiratory Distress Syndrome ☐ Congenital Abnormality ☐ Hyaline Membrane Disease ☐

ADDITIONAL RSI NOTES	INDICATION FOR RSI	NEURO PROTECTION ☐ AIRWAY PROTECTION ☐ OPTIMISE OXYGENATION / VENTILATION ☐
PRE-MEDICATIONS GIVEN AND MOTIVATION		
PRE RSI-CHECKS DONE	2 X O_2 SOURCES ☐ ADEQUATE VITALS MONITORING ☐ APNOEIC OXYGENATION ☐ BVMR ☐ $ETCO_2$ DEVICE ☐	
INDUCTION DRAWN ☐ DOUBLE CHECKED☐ NMB DRAWN ☐ DOUBLE CHECKED☐ OPTIMAL POSITIONING OF PATIENT☐ & PRACTITIONER ☐ PPE DONNED ☐		
BOUGIE ☐ ETT ☐ LARYNGOSCOPE AND BLADE ☐ 10ml SYRINGE ☐ OPA ☐ SGA CLOSE ☐ SURGICAL CLOSE ☐ SUCTION (OPENED, TESTED) ☐ TUBE TIE ☐		
PRE- OXYGENATION DONE >3MIN / DENITROGENATION ☐	SUCCESS OF ETI	1ST ATTEMPT ☐ 2ND ATTEMPT ☐ 3RD ATTEMPT ☐ >3 ATTEMPTS ☐
CORMACK LEHANE GRADE	FAILURE OF ETT PLACEMENT BUT AIRWAY MAINTAINED WITH	SGA ☐ SURGICAL AIRWAY ☐
FIRST LARYNGOSCOPY DONE BY	NAME SURNAME HPCSA EMS SERVICE	
CONFIRMATION OF PLACEMENT	DIRECT VISUALISATION ☐ CAPNOGRAPHY ☐ 5-POINT AUSCULATION ☐ MISTING OF ETT ☐	
POST RSI VENTILATION PLAN	MANUAL VENTILATION ☐ ADDED PEEP ☐ VENTILATOR USED ☐ MONITORED FOR TENSION PNEUMOTHORAX ☐	
POST SEDATION / ANALGESIA	FENTANYL ☐ KETAMINE ☐ MIDAZOLAM ☐ MORPHINE ☐	
ADVERSE EVENTS DURING RSI	BRADYCARDIA ☐ CARDIAC ARREST ☐ HYPOTENSION (SBP<90mmHg) ☐ HYPOXIA (SPO2 <90%) ☐ NONE ☐	

INJURIES

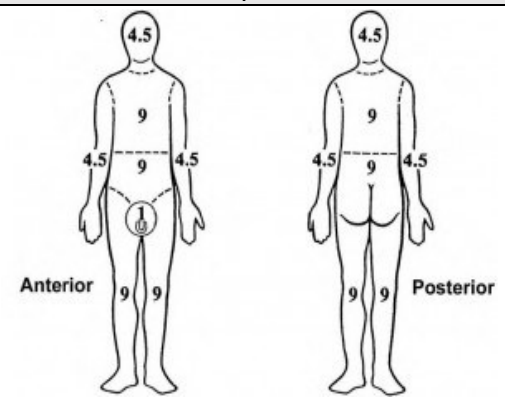
DISLOCATION	FRACTURE	OPEN FRACTURE	GSW	STAB WOUND	LACERATION	ABRASION	BURNS	HAEMATOMA	BRUISE
/\/\	#	⊛	⊗	⊘	/	/////	XXX	●	■

ABDOMINAL REGIONS

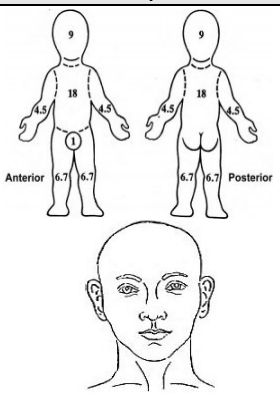


1: Right Hypochondriac	
2: Epigastric Region	
3: Left Hypochondriac	
4: Right Lumbar Region	
5: Umbilical Region	
6: Left Lumbar Region	
7: Right Iliac Region	
8: Hypogastric Region	
9: Left Iliac Region	

ADULT / CHILD



NEONATE / INFANT



BODY SURFACE AREA	BURNS
%	☐ SUPERFICIAL / PARTIAL
	☐ DEEP PARTIAL / DERMAL
	☐ FULL THICKNESS BURNS

ADDITIONAL IHT NOTES

REFERRING DR		RECEIVING DR		REF UNIT		REC UNIT	
REASON FOR IHT						INCUBATOR USED ☐	
FIRST ADMISSION DATE		LAST SURGERY DATE		TRANSFUSION DATE		CVP INSERTION DATE	
SURGERIES DONE AT REF HOSP				DIAGNOSIS ON ADM			

INFUSION & DATE STARTED	Dose/ml	RATE	SITE	IF STOPPED, MOTIVATE

MEDICATION AT REF HOSP	
ADVERSE EVENTS EN ROUTE	
SEDATION & ANALGESIA PLAN	

BLOOD GAS AND BIOCHEMISTRY

DATE	TIME	pH	7.35 – 7.45
$PaCO_2$ mmHg	35 – 45	PaO_2 mmHg	80 – 100
$HC0_3$ mEq/L	22 – 26	BE mmol/L	-2 - +2
SaO_2	%	Hb g/dl	
Na^+ mmol/L	135 -145	K^+ mmol/L	3.5 – 5.1
Ca^{2+} mmol/L	2.2 - 2.7	Cl^- mmol/L	98-106
TROP T ng/mL	0 - 0.4	CKMB ng/mL	0 - 4.9
D-DIMER mg/l	<0.50	LACTATE	0.5 – 1
UREA mmol/L	1.7 – 8.3	Blood sugar	
		COVID POS ☐ NEG ☐	

REFUSAL OF TREATMENT / TRANSPORT WAIVER

"I, THE PATIENT OR RESPONSIBLE PERSON, HEREBY WAIVE ANY TREATMENT OR TRANSPORTATION OFFERED TO ME BY **THE NATIONAL EMS** AND UNDERSTAND THAT BY SIGNING THIS WAIVER, I INDEMNIFY THE NATIONAL EMS FROM ALL FURTHER RESPONSIBILITY FOR MY WELL BEING HENCE FORTH."

....

SIGNATURE WITNESS

FULL NAMES

.....

DATE.....

GCS GUIDE

Behaviour	Response	Score
Eye opening	Spontaneous	4
	To speech	3
	To pain	2
	No response	1
Best verbal response	Orientated	5
	Confused	4
	Inappropriate Words	3
	Incomprehensible sounds	2
	No response	1
Best motor response	Obeys commands	6
	Moves to localised pain	5
	Withdraws from pain	4
	Decorticate posturing	3
	Decerebrate posturing	2
	No response	1
Total score		/15

RE P3: Reason for Not Using Own / Public Transport	Frail ☐ Too Weak ☐ No Public / Own Transport ☐ Other:

CALL TIMES

	RV		AMBULANCE	
	TIME	KM	TIME	KM
DISPATCHED				
AT SCENE				
DEPART SCENE				
AT FACILITY				
AVAILABLE				
TOTAL				
DELAY DUE TO				

ECG ANALYSIS

NORMAL SINUS RHYTHM ☐	STRIP ATTACHED ☐

DEFIB / CARDIOVERSION

TIME		JOULES	
TIME		JOULES	
TIME		JOULES	
PACING	TIME	RATE	mA

ADDITIONAL VITAL SIGNS

AIR ENTRY ✓/↓	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R
ETCO2													
FI02													
RATE / min													
RHYTHM													
SpO_2 %	%	%	%	%	%	%	%	%	%	%	%	%	%
BLOOD PRESSURE													
ECG ANALYSIS													
HEART RATE /min													
PERFUSION													
RHYTHM													
G.C.S. / A.V.P.U.													
GLUCOSE mmol/l													
PAIN SCORE	/10	/10	/10	/10	/10	/10	/10	/10	/10	/10	/10	/10	/10
PUPIL REACTION	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R
PUPIL SIZE	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R
TEMPERATURE ºC													
TIME													

ADDITIONAL NOTES

PRF CHECKED BY OM ☐	NAME	SIGNATURE	DATE	CLINICAL QA ☐	NAME	SIGNATURE	DATE