**Simulation Case Report App**

|  |  |  |
| --- | --- | --- |
| **Page/Section** | **Content** | **Notes** |
| 1  Welcome Screen | UniSQ Branding  Paramedicine  Simulation Case Report  Log In | Check if SSO log in is possible so only current students can use the app |
| 2  Scene Information | Auto generate date/time |  |
| Incident Type:   * Emergency scene * Road traffic crash * Public/private 000 call * Mass casualty incident | Incident type can be a drop down or check box selection |
| Incident Location:   * Address | Address can be manually entered |
| 3  Patient Details | Patient Details   * Title (Mr/Mrs/etc) * First Name * Last Name * Date of Birth * Age * Sex * Weight | Title can be a drop down or check box selection  Age can be auto generated from date of birth  If possible present as:  “XXyrs [xx months | xx days]”  This is helpful for children/infants as we calculate medication doses based on age  Sex: male/female selection  Weight: free text (kilograms) |
| Patient Address:  Address input fields | Address can be manually entered, or pulled from online (like when searching for an address on maps) |
| 4)  Paramedic Assessment | Primary Survey   * Danger * Response * Airway * Breathing * Circulation | Danger [Yes/No]  Response [Alert/Verbal/Pain/Unresponsive]  Airway [Patent/Obstruction]  Breathing [Adequate/Inadequate]  Circulation [Adequate/Inadequate]  Include a free text comment box for each option above |
| Presenting Complaint (symptom)  History of Presenting Complaint   * Nature * Intensity * Location * Duration * Onset * Contributing * Aggravating * Alleviating * Frequency * Impact * Attribute * Treatment | Free text to enter a complaint (e.g., chest pain)  Button/option to add additional complaints  This is a tool used to assess things like when a complaint began, how severe it is, and what it is related to.  A text box for each letter would be good, e.g.:  Nature [Text box]  Intensity [Text box] |
| Patient History   * Illnesses * Hospital visits * Operations * Medications * Vaccinations * Allergies * Adverse Drug Reactions | Illnesses can be a multi-selection field. I can provide a list of common medical problems for students to select from (multi selections will be required). Include a free text box for students to be able to type in others.  Hospital visits and operations can be text fields for student input  Medications and Vaccinations are like illnesses. I can provide a list of common medications/vaccinations for students to select from and a free text box should be included for students to type in others.  Allergies and Adverse drug reactions should be free text fields for student to type reactions (e.g., Penicillin: rash) |
| Other Patient History   * Family History * Social History * Sexual History * Substance History * Menstrual History | It would be good if these could be set up as options to add. For instance, the student clicks a button to add a new section for family history, so if the student doesn’t want to fill these sections in they are not on the screen unless added.  Each section only needs to be a free text box for student input. |
| Vital Signs   * Time assessed * Cardiac Vital Signs   + Pulse Rate   + Blood Pressure   + Electrocardiogram * Respiratory Vital Signs   + Respiratory Rate   + Respiratory Rhythm   + Respiratory Effort   + Oxygen Saturation * Neurological Vital Signs   + Glasgow Coma Scale   + Pupillary Response * General Vital Signs   + Temperature   + Blood Glucose Level | These vital signs all have different methods of recording.  There is a separate document which shows the format for these to be input.  There must be an option to add multiple sets of vitals (e.g., click a button to create a new set of fields to fill in) |
| Diagnosis   * Primary Diagnosis * Secondary Diagnosis | Both primary and secondary can be a drop down or check box selection. I can provide a list of common diagnoses for students to select from.  The primary diagnosis should only allow one selection. The secondary diagnosis should allow multiple selections. |
| 5)  Management | Drug Therapy   * Time of Administration * Drug Name * Drug Dose * Route of Administration | Students will need to be able to enter each of these in free text fields, e.g.,  [12:45] [Morphine] [5mg] [IV] |
| Other Management   * Time of Management * Management Given | Text fields should be appropriate (time format if possible). The use of a button to add multiple managements would be useful. For example:  [12:40] 18G Intravenous Cannula inserted in left forearm  ADD button (new fields appear)  [12:50] [Vacuum splint to left leg]  Etc. |
| 6)  Case Narrative | Paramedic Narrative | This is just a page with a large free text entry for the student to type out their description of the case |
| 7)  Handover | Handover   * Identity * Mechanism/Medical Complaint * Injury/Information About Complaint * Signs * Treatment and Trends * Allergies and Adverse Drug Reactions * Medications * Background Information * Other | Some of these fields can be pulled from earlier data entry:   * Identify (Name, age, DOB, sex, weight) * Allergies/Adverse Drug Reactions * Medications * Background Information = Illnesses   All the other fields will need a free text box for input. |

**Print Out Example**

|  |  |  |  |
| --- | --- | --- | --- |
| **University of Southern Queensland**  Simulation Case Report | | | |
|  |  |  |  |
| Case Date: |  | Incident Type: |  |
| Case Time: |  | Incident Location: |  |
|  |  |  |  |
| **Patient Details:** |  |  |  |
| Title: |  |  |  |
| First Name: |  | Last Name: |  |
| Date of Birth: |  | Sex: | Weight: |
| Address: | | | |
|  |  |  |  |
|  |  |  |  |
| **Primary Diagnosis:** |  | | |
| Secondary Diagnoses: |  |  |  |
|  |  |  |  |
| **Case Narrative:** |  |  |  |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Survey:** |  |  |  |
| Dangers: |  |  |  |
| Response: |  |  |  |
| Airway: |  |  |  |
| Breathing: |  |  |  |
| Circulation: |  |  |  |
|  |  |  |  |
| **Patient Complaint/s:** |  |  |  |
| Complaint 1: |  | Complaint 2: |  |
| Nature |  | Nature |  |
| Intensity |  | Intensity |  |
| Location |  | Location |  |
| Duration |  | Duration |  |
| Onset |  | Onset |  |
| Contributing |  | Contributing |  |
| Aggravating |  | Aggravating |  |
| Alleviating |  | Alleviating |  |
| Frequency |  | Frequency |  |
| Impact |  | Impact |  |
| Attribute |  | Attribute |  |
| Treatment |  | Treatment |  |
|  |  |  |  |
| **Patient History:** |  |  |  |
| Illnesses |  | | |
| Hospital Visits: |  | | |
| Operations: |  | | |
| Medications: |  | | |
| Vaccinations: |  | | |
| Allergies: |  | | |
| Adverse Drug Reactions |  | | |
| Other Patient History: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Vital Signs 1: |  | | |
| Time: |  |  |  |
| Pulse rate | Blood Pressure | Electrocardiogram |  |
| Respiratory Rate | Respiratory Rhythm | Respiratory Effort | Oxygen Saturation |
| Glasgow Coma Scale | Pupillary Response | Temperature | Blood Glucose Level |
|  |  |  |  |
| Vital Signs 2: |  |  |  |
| Time: |  |  |  |
| Pulse rate | Blood Pressure | Electrocardiogram |  |
| Respiratory Rate | Respiratory Rhythm | Respiratory Effort | Oxygen Saturation |
| Glasgow Coma Scale | Pupillary Response | Temperature | Blood Glucose Level |
|  |  |  |  |
| Vital Signs 3: |  |  |  |
| Time: |  |  |  |
| Pulse rate | Blood Pressure | Electrocardiogram |  |
| Respiratory Rate | Respiratory Rhythm | Respiratory Effort | Oxygen Saturation |
| Glasgow Coma Scale | Pupillary Response | Temperature | Blood Glucose Level |
|  |  |  |  |
| **Management** |  |  |  |
| Drug Therapy |  |  |  |
| Time: | Drug Name: | Drug Dose: | Route of Administration: |
| Time: | Drug Name: | Drug Dose: | Route of Administration: |
| Other Management |  |  |  |
| Time: | Management Given: |  |  |
|  |  |  |  |
| **Handover** |  |  |  |
| Identity | |  | |
| Mechanism/Medical Complaint | |  | |
| Injury/Information About Complaint | |  | |
| Signs | |  | |
| Treatment and Trends | |  | |
| Allergies and Adverse Drug Reactions | |  | |
| Medications | |  | |
| Background Information | |  | |
| Other | |  | |
|  | |  | |