Republic of the Philippines
Province of Camarines Norte
Municipality of Daet
MUNICIPAL DISASTER RISK REDUCTION MANAGEMENT OFFICE
OPERATION AND WARNING DIVISION
Emergency Hotline: 0912-8555-551 / 0977-802-3496 | Frequency: 138.125 MHz

PATIENT CARE REPORT

DATE (MM-DD-YYYY): _____-20___ **TIME** ☐ AM ☐ PM | **PCR NO.:** _____

CALL RECEIVED: _____ **TO SCENE:** _____ **AT SCENE:** _____ **TO HOSPITAL:** _____ **AT HOSPITAL:** _____ **BASE:** _____

SURNAME	NAME	MIDDLE NAME	SUFFIX	AGE	GENDER
				____/52____/12 ____Y.O.	☐M ☐F

COMPLETE RESIDENTIAL ADDRESS:

DOB (MM-DD-YYYY) ____-____-____

NATIONALITY ☐ FILIPINO OTHER:

TRIAGE TAGGING ☐R ☐Y ☐G ☐B | **NATURE OF CALL:** ☐ EMERGENT ☐ URGENT ☐ NON-EMERGENT

CLINICAL IMPRESSION

NATURE OF ILLNESS

CARDIAC
- ☐ Cardiac Arrest
- ☐ Cardiac Arrhythmia
- ☐ Cardiac Chest Pain
- ☐ Heart Failure
- ☐ Other Cardiac

MEDICAL
- ☐ Back Pain
- ☐ Diabetes Mellitus
- ☐ Fever
- ☐ Headache
- ☐ Hypothermia
- ☐ Other Medical

OBS/GYNAE
- ☐ Haemorrhage<24Wks
- ☐ Haemorrhage>24Wks
- ☐ Labour
- ☐ PPH
- ☐ Pre-Hospital Delivery
- ☐ Other Obs/Gynae

RESPIRATORY
- ☐ Asthma
- ☐ COPD
- ☐ FBAO
- ☐ Respiratory Arrest
- ☐ Smoke Inhalation
- ☐ Other Respiratory

NEUROLOGICAL
- ☐ Altered LOC
- ☐ Seizures
- ☐ Stroke
- ☐ Other Neurological

GENERAL
- ☐ Abdominal Pain
- ☐ Allergic Reaction
- ☐ Behavioural Disorder
- ☐ Illness Unknown
- ☐ Nausea / Vomiting
- ☐ Poisoning
- ☐ Syncope / Collapse
- ☐ Other General

TRAUMA
- ☐ Burns
- ☐ Dislocation / Sprain
- ☐ Fracture
- ☐ Haemorrhage
- ☐ Head Injury
- ☐ Maxillo-Facial Injury
- ☐ Multiple Trauma
- ☐ Open Wound
- ☐ Shock
- ☐ Soft Tissue Injury
- ☐ Spinal Injury
- ☐ Other Trauma

MECHANISM OF INJURY
- ☐ Assault/Brawling
- ☐ Attack/Bite by Animal
- ☐ Chemical Poisoning
- ☐ Drowning
- ☐ Electrocution
- ☐ Excessive Cold
- ☐ Excessive Heat
- ☐ Fall
- ☐ Firearm Injury
- ☐ Injury to Child
- ☐ Machinery Accident
- ☐ Road Traffic Accident
- ☐ Smoke, Fire, Flames
- ☐ Sports Injury
- ☐ Stabbing
- ☐ Stumble / Trip
- ☐ Water Transport Acc.
- ☐ Other

CIRCUMSTANCES: ☐Accident ☐Event of Undetermined Intent ☐Intentional Self Harm

CLINICAL STATUS: ☐Life Threatening ☐Serious Not Life Threat ☐Non Serious/Non Life Threat

MOTOR	VERBAL	EYE OPENING
6 ☐ OBEY	5 ☐ ORIENTED	4 ☐ SPONTANEOUS
5 ☐ LOCALIZE	4 ☐ CONFUSED	3 ☐ TO VOICE
4 ☐ WITHDRAW	3 ☐ INAPPROPRIATE	2 ☐ TO PAIN
3 ☐ FLEXION	2 ☐ INCOMPREHENSIBLE	1 ☐ NONE
2 ☐ EXTENSION	1 ☐ NONE	
1 ☐ NONE		

GCS TOTAL:

PULSE: ☐ Positive ☐ Rapid ☐ Slow ☐ Negative

AIRWAY: ☐ Clear ☐ Partially Obstructed ☐ Obstructed

BREATHING: ☐ Normal ☐ Rapid ☐ Slow ☐ Shallow ☐ Hyperventilate ☐ None

GAG REFLEX: ☐ Present ☐ Absent

LEVEL OF CONSCIOUSNESS	VITAL SIGNS BP	PR	RR	SPO2	TEMP	TIME
☐A ☐V ☐P ☐U						
☐A ☐V ☐P ☐U						
☐A ☐V ☐P ☐U						
☐A ☐V ☐P ☐U						

PUPIL	L	R	LUNGS	L	R	LIMP MOV'T			02-L/m
PEARRL			CLEAR			LIMB	Y	N	
PINPOINT			ABSENT			ARMS			
DILATED			DECREASE						
SLUGGISH			CRACKLES			LEGS			
FIXED			RONCHI						
CATARACT			WHEEZE						

WOUND CARE: ☐ BLEEDING CONTROL ☐ APPLIED ANTISEPTIC ☐ CLEANING ☐ DRESSING & BANDAGING

IMMOBILISATION: ☐ C-COLLAR ☐ SPINEBOARD ☐ KED ☐ SPLINTS ☐ SCOOP STRETCHER

OTHERS:

CHIEF COMPLAINT: _____

HISTORY: _____

SIGNS & SYMPTOMS: _____

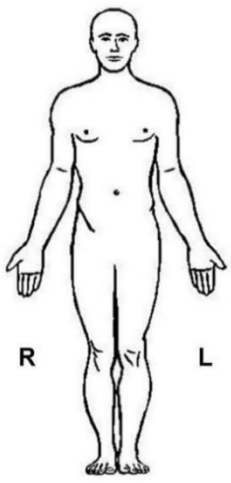
ALLERGIES: _____

MEDICATIONS: _____

PAST MEDICAL HISTORY: _____

LAST MEAL INTAKE: _____ **TIME:** _____

EVENT PRIOR TO INCIDENT:



D - Deformity
C - Contusion
A - Abrasion
P - Puncture
B - Burn
T - Tenderness
L - Laceration
S - Swelling

- Fracture
AV - Avulsion
DISL - Dislocation
PN - Pain
R - Rashes
N - Numbness

ENDORSED BY: TEAM _____

TL:_____ R1:_____ R2:_____ R3:_____ R4:_____ R5:_____

RECEIVED BY:

DATE:_____ TIME:_____ _____
SIGNATURE OVER PRINTED NAME

INCIDENT INFORMATION

INCIDENT TYPE: ☐ Vehicular Accident ☐ Medical Attention ☐ Patient Transport ☐ Open Water Incident ☐ Drowning Incident ☐ Maritime Incident ☐ Fire Incident ☐ Special Cases

INCIDENT SUMMARY: ☐ NO PATIENT FOUND

INCIDENT LOCATION ☐ SAME AS RESIDENCE

LANDMARK / PLACE _____ ROAD / STREET NAME _____

PUROK _____ BARANGAY _____ MUNICIPALITY / CITY _____ PROVINCE _____

TRANSPORTED LOCATION ☐ SAME AS RESIDENCE ☐ REFUSED TRANSPORT

LANDMARK / PLACE _____ ROAD / STREET NAME _____

PUROK _____ BARANGAY _____ MUNICIPALITY / CITY _____ PROVINCE _____

PART 1. VEHICULAR ACCIDENT INCIDENT DETAILS ☐ SELF ACCIDENT ☐ MOTOR VEHICLE COLLISION

V.A. INCIDENT SUMMARY: (INDICATE IF HAS MOTOR VEHICLE COLLISION EX. MC VS MC):

SEVERITY: ☐ FATAL ☐ INJURY ☐ PROPERTY DAMAGE

INCIDENT MAIN CAUSE: ☐ HUMAN ERROR ☐ VEHICLE DEFECT ☐ ROAD DEFECT

COLLISION TYPE: ☐ REAR END ☐ SIDE SWIPE ☐ HEAD ON ☐ HIT OBJECT IN ROAD ☐ HIT PEDESTRIAN ☐ SIDE IMPACT ☐ ROLLOVER ☐ MULTIPLE VEHICLE ☐ HIT PARKED VEHICLE ☐ HIT ANIMAL

INCIDENT DESCRIPTION:

PART 2. VEHICULAR ACCIDENT VEHICLE DETAILS

CLASSIFICATION: ☐ PRIVATE ☐ PUBLIC ☐ GOVERNMENT ☐ DIPLOMAT

TYPE OF VEHICLE INVOLVED:

☐ MOTORCYCLE	☐ BIKE	☐ JEEPNEY	☐ AMBULANCE	☐ HEAVY EQUIPMENT	
☐ TRICYCLE	☐ E-BIKE	☐ HORSE DRIVEN	☐ PUSH CART	☐ AIRCRAFT	
☐ E-TRICYCLE	☐ PEDICAB	☐ 4WHEELS ATV	☐ WATER VESSEL	☐ CAR	
☐ HAULER	☐ BUS	☐ ARMORED CAR	☐ ANIMAL	☐ TRUCK	
				☐ OTHERS: _____	

MAKE: **MODEL:** **PLATE NO.:** **TC BODY NO.:**

MANUEVER:

☐ LEFT TURN	☐ CROSS TRAFFIC	☐ OVERTAKING	☐ SUDDEN STOP	☐ PARKED ON ROAD
☐ RIGHT TURN	☐ MERGING	☐ GOING AHEAD	☐ SUDDEN START	☐ OTHERS
☐ U TURN	☐ DIVERGING	☐ REVERSING	☐ PARKED OFF ROAD	

DAMAGE: ☐ REAR ☐ ROOF ☐ NONE ☐ RIGHT ☐ MULTIPLE ☐ FRONT ☐ LEFT ☐ OTHERS

DEFECT: ☐ BRAKES ☐ MULTIPLE ☐ NONE ☐ STEERING ☐ ENGINE ☐ LIGHTS ☐ TIRES ☐ OTHERS

LOADING: ☐ LEGAL ☐ UNSAFE LOAD ☐ OVERLOADED

PART 3. VEHICULAR ACCIDENT INVOLVED PEOPLE DETAILS

INVOLVEMENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN **LICENSE NO.:** ☐ NO LICENSE

DRIVER OF VEHICLE ERROR: ☐ FATIGUED/SLEEP ☐ NO SIGNAL ☐ BAD OVERTAKING ☐ INATTENTIVE ☐ BAD TURNING ☐ TOO FAST ☐ USING CELLPHONE ☐ TOO CLOSE

INJURY: ☐ FATAL ☐ SERIOUS ☐ MINOR ☐ NOT INJURED

ALCOHOL/DRUGS: ☐ ALCOHOL SUSPECTED ☐ DRUGS SUSPECTED

SEATBELT / HELMET: ☐ SEATBELT/HELMET WORN ☐ NOT WORN ☐ NOT WORN CORRECTLY ☐ NO SEATBELT/HELMET

ENDORSEMENT OF EQUIPMENTS LEFT AT THE HOSPITAL

The LGU-Daet MDRRMO - Operation and Warning Division personnel endorsed the patient with the following equipments _____ to the _____

The said equipments shall be returned as soon as possible, the person who received this shall be responsible for the unreturned or lost property of the LGU-Daet MDRRMO.

RECEIVED BY: _____ **SIGNATURE:** _____

AUTHORIZATION FORM

I hereby authorized LGU-DAET MDRRMO Operation & Warning Division to perform whatever steps for my patient's benefit. I also hereby released, waived and discharged LGU-DAET MDRRMO Operation & Warning Division and present crew from any action or liability resulting from or in connection with the Trauma/Medical intervention administered to the patient that are being done in his/her best interest.

NAME & SIGNATURE OF RESPONSIBLE PARTY _____ WITNESS NAME AND SIGNATURE _____

PATIENT REFUSAL FORM

I, _____ residing at _____, legal age of _____ and with sound mind, is willingly and voluntarily refused the emergency response being offered by LGU-DAET MDRRMO Operation & Warning Division this _____ (date) around _____ (time). This, my own freewill and volition, without coercion, threat or force and will not be taken against the LGU-DAET MDRRMO Operation & Warning Division as case of negligence, abandonment or irresponsibility.

NAME & SIGNATURE OF RESPONSIBLE PARTY _____ WITNESS NAME AND SIGNATURE _____