Rutland Medical Solutions Ltd.
Innovative Solutions, Focussed on Patient Care.
www.RutlandMedicalSolutions.co.uk

Electronic Patient Care Report Form

CAD Reference _____

Crew Information		
Role	Call Sign	Name
Lead Clinician		
Clinician Two		
Clinician Three		

Patient Information and Emergency Call Details

Name

Address

D.O.B. | Age | Gender

Next of Kin Details

GP Practice

Previous Medical History	
Medications	
Social History	
Allergies	

Incident Location	Date	Call Time	At Scene	Clear
		hrs	hrs	hrs

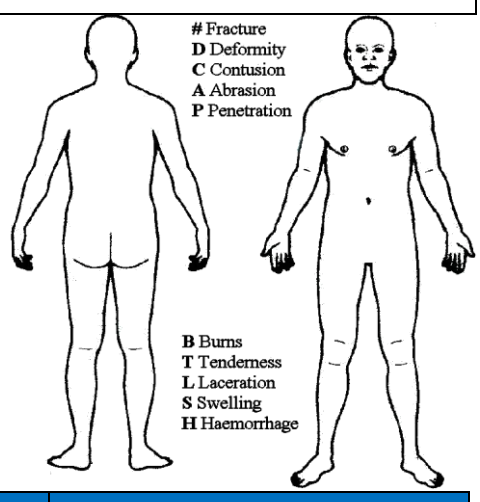
Hospital Destination	Leave Scene	At Hospital	Handover	Clear
	hrs	hrs	hrs	hrs

Details of Incident

Chief Complaint:

Primary Survey

A	□ Clear □ Partially Obstructed □ Obstructed		
c	□ C Spine Injury Suspected □ C Spine Injury Not Indicated		
B	□Normal □ Abnormal □ Absent	Rate	
C	**Pulse** □ Present □ Absent □ Regular □ Irregular	Rate	**Haemorrhage** □ Yes □ No
	Skin □ Normal □ Pale □ Flushed □ Cyanosed **Cap-Refill** □ < 2 Sec □ > 2 Sec		
D	**Pupils** PEARL □ Yes □ No Loss of Consciousness before Arrival □ Yes □ No		



Time	HR	R	BP	GCS	Pupils		Temp	SPO_2 %	BM	Comments

Examination Notes

Cannulation Record

Time	Size	Site	Tries	Successful?	Flushed?	Drugs Given?	Fluids Given?	Fluid Volume
hrs	g			□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	ml
hrs	g			□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	ml
hrs	g			□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	ml
hrs	g			□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	ml

Drugs Administered

Drug/ Item Used	Dose	Route	Batch. No	Expiry Date	Time	Given By
					hrs	
					hrs	
					hrs	
					hrs	
					hrs	
					hrs	
					hrs	
					hrs	
					hrs	
					hrs	
					hrs	
					hrs	

Defibrillation

Approximate Time of Arrest		hrs
Bystander CPR in Progress	□ Yes □ No	hrs
HCP CPR in Progress	□ Yes □ No	hrs
Time of First Shock		hrs
Number of Shocks Delivered		
Time of Last Shock		hrs
ROSC Achieved at Any Time?	□ Yes □ No	hrs
ROLE Carried Out?	□ Yes □ No	hrs

Basic Airway Management

Airway Opened	□ Head Tilt □ Jaw Thrust
O_2 Administered:	□ Yes □ No Rate: lpm
Mask Used:	Medium Flow / Non - Re- Breathe / Venturi ___% / Nasal Cannulae
Suction Used:	□ Yes □ No
OPA Used:	□ Yes □ No Size:
NPA Used:	□ Yes □ No Size:
iGel Used:	□ Yes □ No Size:

Advanced Airway Management

Time of Intubation	hrs	Grade of Airway	□ I □ II □ III □ IV
Bougie Used?	□ Yes □ No hrs	$EtCO_2$ Used	□ Yes □ No mmHg / KPa
Successful?	□ Yes □ No	Colormetric Used	□ Yes □ No
Number of Attempts		Chest Sounds	□ Yes □ No
Size of Tube	mm	Epigastric Sounds	□ Yes □ No
Length of Tube	cm	Ventilator Used	□ Yes □ No
Method of Securing	Tape / bandage / ET Tube Holder	Suction Required	□ Yes □ No

Refusal of Treatment and or Transport

"I/We witness that the patient has refused treatment / transport to the ED. I/We have advised the patient to consult with his/her own doctor as soon as possible or should his/her condition deteriorate to call for the assistance of an emergency ambulance"

Clinician 1 _____ Clinician 2 _____

Patient _____ Witness _____

Lead Clinician Signature		**Handover Clinician Signature**	
Patient Signature (If discharge/referral on scene)		**Witness Signature** (If discharge/referral on scene)	