

**INCIDENT DETAILS**  
 Emerg  Urgent  Transfer  Planned   
 Date  /  /

Station  Call Sign  Call No

ID 1 Crew  Dr  ECP  Para  Tech  ARV  PTS  ECA   
 ID 2 Crew  Dr  ECP  Para  Tech  ARV  PTS  ECA   
 ID 3 Crew  Dr  ECP  Para  Tech  ARV  PTS  ECA   
 FR ID  Time FR on scene  :

Presenting Complaint

Location of Incident

Postcode

**PATIENT DETAILS**

Name  Ethnic Background

Surname

Sex M  F  Address

Postcode

DOB  /  /  Age

GP

**JOURNEY DETAILS**

At Patient

Call Time  Left Scene

Mobile  Destination

At Scene  Available

Destination

**PRIMARY SURVEY**

Airway	Breathing	Circulation	Disability
Clear <input type="radio"/>	Normal <input type="radio"/>	Normal <input type="radio"/>	Alert <input type="radio"/>
Occluded <input type="radio"/>	Abnormal <input type="radio"/>	Cold <input type="radio"/>	Voice <input type="radio"/>
Noisy <input type="radio"/>	<b>Resp Rate</b>	Hot <input type="radio"/>	Pain <input type="radio"/>
C-Spine <input type="radio"/>	10 - 29 <input type="radio"/>	Pale <input type="radio"/>	Unresponsive <input type="radio"/>
	>29 <input type="radio"/>	Flushed <input type="radio"/>	
	6 - 9 <input type="radio"/>	Cyanosed <input type="radio"/>	
	1 - 5 <input type="radio"/>	Sweating <input type="radio"/>	
	0 <input type="radio"/>		

**AMPDS CODES**

Code given by ECC

Code after patient assessment

**PRESENTING MEDICAL CONDITION**

Acute Abdo  CVA  Epilepsy   
 Angina  Diabetes  GI Bleed   
 Asthma  Dysrhythmia  Labour   
 Chest Infec  D&V  LVF/CCF   
 Chest Pain  DVT?  O/D   
 COAD  Ectopic  Psychiatric   
 Convulsion  Pregnancy  PV Bleed

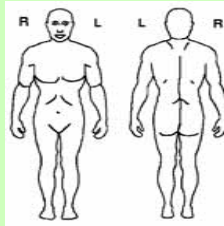
Unspecified

Alcohol suspected  Narcotics suspected

**TRAUMA / MECHANISM**

Assault  Falling Object  
 Blunt Trauma  Head Injury  
 Crush Injury  Inhalation  
 C/Spine Injury  Penetrating  
 Drowning  Poisoning  
 Fall <2m  Self Inflicted  
 Fall >2m  Burns/Scalds  
 Vomiting  Alcohol Suspected  
 RTC

**Injury Site Key**  
 C# Closed Fracture  
 O# Open Fracture  
 B Burn (Shade area)  
 F Foreign body  
 L Laceration  
 A Abrasion  
 C Contusion  
 P Pain

 Burn Area  %

**SECONDARY SURVEY**

Time

Resps

Pulse

BP Sys

BP Dia

SPO2

CO2

Blood Sugar

Temp

Peak Flow

**PAIN SCORE**

Pre-Analgesia  Post Analgesia

Morphine  Entonox

**CVA/FAST**

Facial weakness Yes  No   
 Left  Right

Arm weakness Yes  No   
 Left  Right

Speech impairment Yes  No

**SPINE IMMOBILISATION**

Collar   
 Long Board   
 Vac Mat   
 KED

**Deliberate Self Harm SADS Assessment**

Score

**DRUGS**

Time	Code	Drug Name	Route	Amount	Unit	Batch No	By ID
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**CANNULATION**

Line 1 Size  By ID  Attempts  Achieved Y/N  Flush Y/N

Line 2 Size  By ID  Attempts  Achieved Y/N  Flush Y/N

Ext Jug  I.O.

**AIRWAY/BREATHING**

Final Achieved Airway Intervention

Size  ID

**RESPIRATORY**

Delivered % O2  %

Ventilation   
 Suction   
 Nebulised

Position checked by Auscultation  ETCO2

**CHEST PAIN & CARDIAC MONITORING**

Time of onset of symptoms  Patient Weight  kg

Oxygen  Aspirin  GTN/Buccal  Morphine

12lead time  ST Elevation

3/12 lead shows:  
 NSR  RBBB   
 Anterior MI  SVT   
 Inferior MI  1<sup>o</sup> Heartblock   
 Lateral MI  2<sup>o</sup> Heartblock   
 Septal MI  3<sup>o</sup> Heartblock   
 LBBB  AF

If other, please state

Thrombolysis eligible  Time given

**CARDIAC ARREST**

Presenting Rhythm Asystole  Pulseless VT   
 VF  PEA

Underlying causes considered Hypoxia  Toxicity   
 Hypovolaemia  Cardiac tamponade   
 Hypothermia  Thromboembolic   
 Hypo/Hyperkalaemia  Tension Pneumothorax

CPR given on arrival

Given By: GP  Basics   
 Police  First Responder   
 Fire  Bystander

Time Arrest identified  By ID

Time of first shock by any source

Time of first shock by crew

Arrest witnessed by GP  Basics   
 Police  First Responder   
 Fire  Bystander

No of shocks  at  J  at  J

at  J ROSC  Time of ROSC

Rhythm at destination Asystole  PEA   
 VF  NSR   
 Pulseless VT  Other

**Drug Codes**

ADM	Adrenaline 1:1000	GLX	Glucose 10%	NLX	Naloxone
ADX	Adrenaline 1:10000	GTN	Glyceryl Trinitrate (GTN)	PAR	Paracetamol
AMO	Amiodarone	HEP	Heparin	PPL	Propofol
ASP	Aspirin	IRR	Ipratropium Bromide (Atrovent)	RCR	Rocuronium
ATR	Atropine	HVC	Hydrocortisone	SLB	Salbutamol
BPN	Benzylpenicillin	GLG	Hypostop	SCP	Sodium Chloride
CPH	Chlorphenamine	KET	Ketamine	SUX	Suxamethonium
DZP	Diazepam	LID	Lidocaine	STP	Sodium Thiopentone
ETO	Etomidate	MTC	Metoclopramide	SYN	Syntometrine
FRM	Furosemide	MDZ	Midazolam	TNK	Tenecteplase
GLU	Glucagon	MOR	Morphine Sulphate	WFI	Water for Injections

History of Presenting Complaint

Past Medical History

Medication

Allergies

On examination

Treatment Plan

Patient Details passed to  Time

**RECORD OF NON-RESUSCITATION**

Condition incompatible with life

State

DNAR or valid living will

Collapse >15 minutes ago

No evidence of CPR

No contradictions of protocol (Drowning, hypothermia, poisoning, pregnancy)

30 seconds of continuous asystole on ECG

Hours  ID

Crew   
 Dr   
 Other  State

**CESSATION OF RESUSCITATION CONFIRMATION OF DEATH (Not by Technician or Community First Responder)**

Patient becomes asystolic

20 minutes of full ALS following onset of asystole

Patient remains asystolic

30 second ECG trace obtained

Hours  ID

Paramedic   
 ECP   
 Dr   
 Other

**To the best of my knowledge this is a true and accurate account of the incident.**

Signature

Crew ID 1.....  ID

Crew ID 2.....  ID

Crew ID 3.....  ID

