BRITISH COLUMBIA | Ministry of Health

EMA LICENSING EVALUATIONS

PATIENT CARE REPORT

RESPONSE #: Agency specific, usually based on date & time

PATIENT NAME	AGE	DOCTOR	DATE OF EVALUATION (MM / DD / YYYY)
Name of the patient you are helping (first and last)	In years	Name of the patient's regular Dr. if applicable	

CHIEF COMPLAINT / DESCRIPTION OF INCIDENT
What is bothering them the most in their own words, for example...
Headache or
Chest Pain or
Unresponsive

ATTENDANT NAME: Your Name

DRIVER NAME: Your Partner/Assistant/Helper's name

LEVEL APPLIED FOR: Emergency Medical Responder

TRAINING INSTITUTION: Frontline First Aid

TIME CALL DISPATCH	Time you were dispatched
TIME AT SCENE	Time you arrived at the scene
TIME TO HOSPITAL	Travel time to hospital
TIME AT HOSPITAL	Arrival time at hospital
TIME CLEAR	The time when you were available to respond again

MECHANISM OF INJURY / HISTORY OF ILLNESS
How did the injury/illness occur, for example...
Fell 10 feet from balcony onto concrete patio
Woke up feeling Chest Pains
Got dizzy while lifting large box

RELEVANT PAST MEDICAL HISTORY
What other medical conditions or injuries do they have, and/or has this happened in the past, for example...
Heart Attack 2 years ago
Undergoing Chemo therapy for leukemia
High Blood Pressure
Type 2 Diabetic
Knee surgery last week
Prone to dizziness, about once every 3 months

MEDICATIONS
What medications have they taken recently, or take on a regular basis. Have there been any new medications or changes of doseage recently? for example...
Took 2 81mg chewable aspirin 3 minutes ago at direction of 911 dispatcher
Took 2 sprays of Nitro in the last 15 minutes
Took Insulin 2 hours ago
Blood thinner daily at 8am
New anti-depressant medication started last week

ALLERGIES
Any relevant or significant allergies the patient has. Have they been potentially exposed recently? for example
Allergic to Shellfish. Had Clam Chowder at lunch
Allergic to sulfa drugs
Allergic to anesthetics

PHYSICAL EXAM

STATE OF CONSCIOUSNESS: GCS and/or a description of their general cognitive state. for example... Slow to answer questions, and gives inaccurate and inconsistent answers

H & N: Describe significant inuries/abnormalities in the Head & Neck region (Deep 10cm laceration on left forehead)

CHEST: Describe significant injuries/abnormalities in the Chest area (2 cm sucking chest wound on left side)

C.V.S.: Describe Cerbrovascular System related abnormalities (generally this will refer to Stroke like signs/symptoms)

ABD.: Describe significant injuries/abnormalities in the Abdominal area (bruising & tenderness in upper right quadrant)

BACK: Describe significant injuries/abnormalities in the Back area (swelling and point tenderness at T-3 vertebrae)

EXT.: Describe significant injuries/abnormalities in the Extremities (hands/feet) (slow capillary refill on right foot)

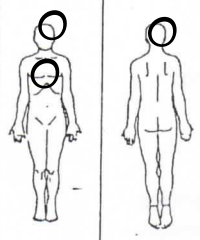
C.N.S.: Describe significant injuries/abnormalities in the Central Nervous System (left pupil dilated, numbness & tingling and weakness in both legs)

BLOOD LOSS: Describe significant internal or external Bleeding (arterial bleed controlled with tourniquet applied at 15:21)

CARE GIVEN	AIRWAY	OXYGEN
☑ CONTROL BLEEDING	☑ CLEARED	☐ MASK
☑ DRESS WOUND	☑ POSITIONED	☑ NON-REBREATHER
☐ CPR	☐ SUCTIONED	☐ BVM
☐ AED	☐ ASSISTED	☐ POCKET MASK
☑ SPINAL IMMOBILIZATION	☑ ORAL AIRWAY	☐ NASAL CANNULA
☐ IV THERAPY		15 OXYGEN LPM
☑ PATIENT COMFORT/ REASSURANCE		
☐ FRACTURE MGMT		

PAIN ASSESSMENT
Onset
Provoke
Quality
Radiating?
Severity
Timing

FRONT / BACK



PUPILS

R	L	
☑	☑	EQUAL
☑	☑	REACT
☑	☑	DILAT.
☑	☑	CONST.
☐	☐	RT. LG.
☐	☐	LT. LG.
☐	☐	OTHER

	GCS				VITAL SIGNS					PROTOCOLS
TIME	E	V	M	TOTAL	PULSE	RESP.	SpO²	BP	SKIN	
15:28	4	4	6	14	96 weak	24 shallow	92%	100 / 65	Pale Cool/Clammy	Oxygen at 15 lpm, position of comfort, blanket
15:33	4	5	6	15	84 strong	16 deep	96%	120 / 80	Pale, warm Dry	
								/		
								/		
								/		
								/		
								/		
								/		

ADDITIONAL TREATMENTS AND COMMENTS
Any observations or actions that don't fit into the existing categories above

PATIENT ASSESSMENT GUIDE

RESCUE SCENE EVALUATION

- Personal Protective Equipment
- Environment
- Hazards
- Mechanism of Injury

PRIMARY SURVEY

- LOC
- Delicate Spine
- Airway
- Breathing
- Circulation
- Rapid Body Survey
- O_2

SECONDARY SURVEY

HISTORY

- Chief Complaint
- History of Chief Complaint
- Relevant Medical History
- Medications
- Allergies

VITAL SIGNS

- LOC
- Respiration
- Pulse
- Skin
- BP

HEAD-TO-TOE ASSESSMENT

- Head
- Neck
- Chest
- Breath Sounds
- Bowel Sounds
- Abdomen
- Hips/Pelvis
- Back
- Lower Extremities
- Upper Extremities

HAND-OFF REPORT

- Age
- Chief Complaint
- History of Chief Complaint
- Medical History
- Medications
- Vital Signs
- Allergies
- Relevant Physical Findings
- Treatments/Protocols

FUNCTIONAL INQUIRY

- General
- CNS
- Respiratory
- Cardiac
- GI/GU
- Endocrine
- Muscular/Skeletal

DOCUMENTATION INFORMATION AND COMMON ABBREVIATIONS

GLASGOW COMA SCALE: TOTAL SCORE = /15

Eyes Open	Best Verbal Response	Best Motor Response
4 Spontaneously	5 Oriented	6 Obeys commands
3 To Speech	4 Confused	5 Localizes to pain
2 To Pain	3 Inappropriate words	4 Withdraws from pain
1 No Response	2 Incomprehensible sounds	3 Flexion to pain (decorticate)
	1 No Response	2 Extension to pain (decerebrate)
		1 No Response

A Alert
V Verbal
P Pain
U Unresponsive

PAIN ASSESSMENT

P Position	L Location
Q Quality	O Onset
R Radiation	T Type of pain
S Severity	A Associated/Aggravated symptoms
T Timing	R Relieving/Radiating
	P Precipitating event

MEDICAL ASSESSMENT

S Signs & Symptoms
A Allergies
M Medications
P Previous Hx
L Last Oral Intake
E Events Precipitating

Abdomen	Abd
Abdomen pain	Abd pn
As needed	prn
Automatic External Defibrillator	AED
Alcohol	ETOH
Bag-Valve-Mask	BVM
Basic Life Support	BLS
Blood Pressure	BP
Body Surface Area	BSA
Cardiopulmonary Resuscitation	CPR
Cardiovascular	CV
Central Nervous System	CNS
Chief Complaint	CC
Chest Pain	CP
Complains of	c/o
Chronic Obstructive Pulmonary Disease	COPD
Congestive Heart Failure	CHF
Coronary Artery Disease	CAD
Dead on Arrival	DOA
Decreased	↓
Delirium Tremens	DTs
Ear, Nose, and Throat	ENT
Equal	=
Estimated time of arrival	ETA
Female	♀
Foreign body obstruction	FBO
Gastrointestinal	GI
Gunshot Wound	GSW
History	Hx
Hypertension	HTN
Immediately	Stat
Increased	↑
Insulin Dependent Diabetic Mellitus	IDDM
Left Lower Quadrant	LLQ
Left Upper Quadrant	LUQ
Less than	<
Level of Consciousness	LOC
Male	♂
Mass Casualty Incident	MCI
Medications	Med
Motor Vehicle Accident	MVA
More than	>
Non-insulin dependent diabetes mellitus	NIDDM
Nonrebreather mask	NRM
Nothing by mouth	NPO
Obstetrical/gynaecological	OB/GYN
Oropharyngeal airway	OPA
Overdose	OD
Oxygen	O2
Pain	pn
Palpation	Palp
Patient	Pt
Pulse	P
Range of Motion	ROM
Respirations	R
Right Lower Quadrant	RLQ
Right Upper Quadrant	RUQ
Rule Out	R/O
Short of Breath	SOB
Signs and Symptoms	S/S
Temperature	T
Transient Ischemic Attack	TIA
Treatment	Tx
Times	X
Unconscious	unc
Vital Signs	VS
Year-old	y/o