

#### **EMERGENCY HEALTH SERVICES COMMISSION**

## **FIRST RESPONDER REPORT**

												DATE O	F RESPONSE (M	M / DD / YYY	(Y)		
PLEASE PRES	SS FIRMLY - Y	OU ARE MA	KING	3 COPIES	5.								06/27/2018				
PATIENT SURNAI	ME Cardial					DEPARTMENT N						TIME CA	ALL RECEIVED	15:03			
						West Vancouve						CURBSI	DE TIME	15:10			
PATIENT GIVEN NAME INITIAL Mya I					STATION NUMBER UNIT NUMBER / SHIFT  Station 51 D			TIME AT	TIME AT PATIENT'S SIDE								
MAIL ING ADDDE	·						ON DE	ODONOE					L TIME OF BCAS				
MAILING ADDRES	SS 21 Jump Stre	oot				FR QUALIFICATION First Responder		CWK201		502			CAS TOOK OVER		/as entrapped		
CITY	21 Julip Stie		PROV	POSTAL CO	)DE	FIRST RESPOND					10	EXTRICA	ATION TIME		ATTENDING?		
	Vancouver		BC	V1W 4E		Jack Horner	ZEN INAN	ALS ON L	ICLINGL		Jill Smit	th			ES MO		
PHONE NUMBER	?	DATE OF BIRT	 'H (MM /	DD / YYYY)	AGE	CARDIAC A	RRES	T PATIE	PTI								
778-797-3000		06/21/1	,	,,	61					NG PERFORMED?		15:30					
GENDER	BRITISH COLUMBIA CARE CARD NUMBER  WERE BYSTANDER VENTILATIONS BEING PERFORMED?  ESTIMATED TIME						45.04										
□M <b>⊻</b> F	1234567	789101112				WERE BYSTAN		MPRESS	IONS BI	EING PER	FOME	)?	TIME FIRST AED APPLIED 15:31  TIME OF FIRST ANALYSIS 15:31				
PATIENT'S PHYS	ICIAN						NO DIAC AF	REST WI	TNESSE	:D2			ESTIMATED TIME FIRST CPR				
Dr. Sleep						WAS THE CARDIAC ARREST WITNESSED?  ☐YES ☐ NO						I	COMPRESSIONS BY ANYONE 15:30 TIME FIRST CPR COMPRESSIONS 15:30				
RESPONSE LOCA	ATION					IF YES: ☐ BYSTANDER 🗹 FR ☐ BCAS							BY FIRST RESPONDER15:30				
Ambleside	Park bench					FIRST F	FIRST RESPONDER AED PROTOCOL						AED RESULTS				
						TIME		SHOO	K NC	SHOCK	CF	PR WAS A	N AED IN USE U YES NO	PON ARRIVA	AL?		
CHIEF COMPLAI	NT / DESCRIPTION	I OF INCIDENT				15:31		✓			<b>/</b>	·   '	IF YES: PAI	D POLIC	CE BCAS		
						45.22			+	+		INITIAL	. AED RHYTHM A				
						15:33		<b>/</b>		<b>✓</b>			✓ SHOCKABLE □ NON-SHOCKABL				
Chest Pain	radiating from cent	er chest to left a	rm and ja	aw		15:35				✓	✓		PULSE RETURN? YES 🗹 NO	•			
						15:37	7	/			<b>/</b>		F RETURN OF P	ULSE	N/A		
								_				LONGE	LONGEST DURATION OF PULSE N/A				
					15:3	15:39			<b>/</b>	<b>✓</b>		(ESTIMATED)					
						O - onset was su	udden			PAIN	ASSE	ESSMENT	MENT				
MECHANISM OF	INJURY / HISTORY	Y OF ILLNESS				P Deep breaths and exertion provoke the pain											
Went for a run and starting feeling chest pain					Q the quality of the pain is squeezing/crushing												
					R The pain is radiating from the center of the chest to the left arm and jaw												
						S The pain is a 9 out of 10 for severity											
DELEVANT DACT	MEDICAL HISTOR	V				T The timing	of the pa	in is cons	tant as o	of 14:55							
NELEVAINI PAST										VI	TAL S	SIGNS					
	Heart attack 2	years ago. This	s feels sir	milar		TIME LOC PULS			LSE	RESP.	RESP. SKIN						
						15:12	A	V P	U	110 st		16 deep & regula		arm, sweaty			
										& regu							
						15:17		V P	U	Irregu	lar	20 & regula	Pale, cod	l, sweaty			
	ook one spray 15 mi					15:22	Ø	V P	U	120 w & irreç		24 shallow strained	& Pale, coo	Pale, cool, clammy			
71071 (took daily	y dose and morning	,				<u> </u>			0	120 carotid only		& irregular	R irregular Pale, cool, clammy				
	-						CARE GIVEN					RWAY OXYGEN  ARED MASK			V		
						☐ DRESS WO		IG				TIONED		ON-REBREA	THER		
ALLERGIES												TIONED					
												MAY		K			
Allergic to shellfish					☐ BACK BOARD  ☑ PATIENT COMFORT/REASSURANCE					_ / ui i v v / (i	15 OXYGEN LPM						
ADDITIONAL TREATMENTS AND / OR COMMENTS						FRONT						BACK					
last ate at lunch						FRONT						DACK					
Assisted with Nitro Spray at 15:14 (no effect)																	
					,			$\mathbb{M}$					HH				
1	Pa	atient went into (	Cardiac A	Arrest at 15:30	ט	1							ركي	,			

### PATIENT ASSESSMENT GUIDE

#### **RESCUE SCENE EVALUATION**

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

#### **PRIMARY SURVEY**

- LOC (AVPU)
- Delicate Spine
- Airway
- Breathing
- Circulation
- Rapid Body Survey
- O<sub>2</sub>

#### **SECONDARY SURVEY**

#### **HISTORY**

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

#### VITAL SIGNS

- LOC (AVPU)
- Respiration
- Pulse
- Skin

#### HEAD-TO-TOE ASSESSMENT

- Head and Neck
- Chest
- Abdomen
- Hips/Pelvis
- Back
- Lower Extremities
- Upper Extremities

#### HAND-OFF REPORT

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

# DOCUMENTATION INFORMATION AND COMMON ABBREVIATIONS

#### LEVEL OF CONSCIOUSNESS

- A Patient is Alert
- V Patient responds to Verbal stimuli
- P Patient responds to Painful stimuli
- U Patient is Unresponsive to verbal and painful stimuli

#### PAIN ASSESSMENT

- P Position of the pain
- Q Quality of the pain
- R Radiation of the pain
- S Severity of the pain
- T Timing of the pain

Abdomen	Abd	Left Upper Quadrant	LUQ
Abdomen pain	Abd pn	Less than	<
As needed	prn	Level of Consciousness	LOC
Automatic External Defibrillator	AED	Male	♂
Alcohol	ETOH	Mass Casualty Incident	MCI
Bag-Valve-Mask	BVM	Medications	Med
Basic Life Support	BLS	Motor Vehicle Accident	MVA
Blood Pressure	BP	More than	>
Body Surface Area	BSA	Non-insulin dependent diabetes	mellitusNIDDM
Cardiopulmonary Resuscitation	CPR	Nonrebreather mask	NRM
Cardiovascular	CV	Nothing by mouth	NPO
Central Nervous System	CNS	Obstetrical/gynaecological	OB/GYN
Chief Complaint	CC	Oropharyngeal airway	OPA
Chest Pain	CP	Overdose	OD
Complains of	c/o	Oxygen	02
Chronic Obstructive Pulmonary Disc	ease COPD	Pain	pn
Congestive Heart Failure	CHF	Palpation	Palp
Coronary Artery Disease	CAD	Patient	Pt
Dead on Arrival	DOA	Pulse	Р
Decreased	$\downarrow$	Range of Motion	ROM
Delirium Tremens	DTs	Respirations	R
Ear, Nose, and Throat	ENT	Right Lower Quadrant	RLQ
Equal	=	Right Upper Quadrant	RUQ
Estimated time of arrival	ETA	Rule Out	R/O
Female	₽	Short of Breath	SOB
Foreign body obstruction	FBO	Signs and Symptoms	S/S
Gastrointestinal	GI	Temperature	T
Gunshot Wound	GSW	Transient Ischemic Attack	TIA
History	Hx	Treatment	Tx
Hypertension	HTN	Times	X
Immediately	Stat	Unconscious	unc
Increased	<b>↑</b>	Vital Signs	VS
Insulin Dependent Diabetic Mellitus	IDDM	Year-old	y/o
Left Lower Quadrant	LLQ		