PATIENT REPORT FORM

NAME: Date & Time:

ICE contact: Age:

HISTORY OF INCIDENT:

DRS - cABCDE

catastrophic haemorrhage/cervical spine

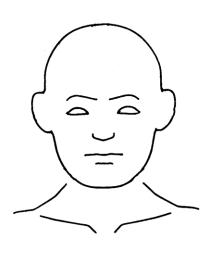
Airway

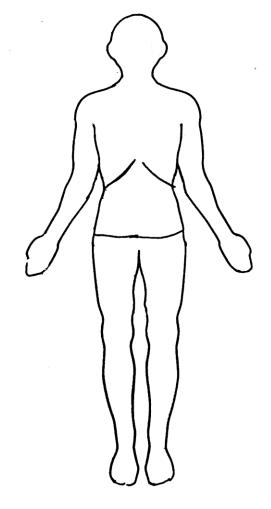
Breathing

Circulation

Disability - AVPU

Exposure - ?hypothermia





Spine:

Symptoms (what patient says) & Signs (what you see) Allergies:

SAMPLE History
S Symptoms (what patie
A Allergies:
M Medication:
P Past medical history Past medical history: Ĺ Last food & drink: Event (what happened):

Waiting Time

Reassess casualty & rest of party at regular intervals Environmental control – prevent hypothermia Eat & Drink – unless needing emergency surgery Make site visible, accessible (if possible) Written notes if possible

PATIENT PROGRESS REPORT

Time	Pulse	Pupils	AVPU	Other Changes

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DRUGS GIVEN:

Drug: Dose: Route:

First Aider: Phone Number

<u>Calling for Help</u> – UK 999; EU 112; Swiss 144 <u>Handover</u>

Exact location; Age of patient Т Type of incident Т Time of incident Hazards present (potential or suspected) e Н M Mechanism of accident A N Access – routes that are safe to use, Injury/ medical problem Number, type, severity of casualties; S Symptoms & Signs

E Emergency services –present/required T Treatment e.g. pain relief, splint, warming

(Adapted from Casualty Handover Sheet by Dr. David Hillebrandt, with a few added aid memoirs in red) http://medex.org.uk/diploma/resources.php