PATIENT CARE REPORT



1. Scene size-up: Is the scene safe?

- Make sure the scene is, AND STAYS, safe. Take steps to make it safer
- Evaluate the Mechanism of Injury (MOI) or Nature of Illness (NOI): What happened? How many patients are there? What additional resources are needed (equipment, personnel, etc.)?
- Consider Ch. 16/ 911. Establish communications
- Form a general impression, need for urgency, and need for spinal precautions

2. Primary assessment: Access, gain consent, assess & treat life threats

- Gain consent
- X: Exsanguination: Control major hemorrhage with pressure, packing, or tourniquet
- A: Airway: Assess the Airway, assure an open airway, and reposition or clear if needed
- B: Breathing: Assess the patient's breathing, assume the position of comfort. If not breathing, start CPR
- C: Circulation: Look for life threatening bleeding, assess for a pulse
- D:Disability: What are the main problems? What is the level of responsiveness?
- E: Expose and examine injuries. Consider environmental factors, keep warm or cool depending on conditions

| Location: | | GPS Coordinates: | |
|--------------------|------|------------------|-------|
| Patient Name: | | | |
| Sex: | Age: | Date: | Time: |
| Emergency Contact: | | | |

WHAT HAPPENED & PATIENT'S CHIEF COMPLAINT:

3. Full patient exam: Do a physical, medical & pain assessment

| PHYSICAL EXAM | |
|---------------|--|
| Head: | |
| Neck: | |
| Back: | |
| Chest: | |
| Abdomen: | |
| Pelvis: | |
| Legs: | |
| Arms: | |

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ASSESSMENT FINDINGS:

FOCUSED SPINE ASSESSMENT

1) Person: Is the patient reliable, alert and oriented, without significant distracting injuries?

2) Body: Can the patient move and feel all extremities. Are they absent from numbness, tingling, radiating pain, or uncommon sensations?

3) Spine: Is the spine free from pain? Does the patient voluntarily move?

| MEDICAL HISTORY: S.A.M.P.L.E. | PAIN ASSESSMENT: O.P.Q.R.S.T. | |
|-------------------------------|--|--|
| Signs & Symptoms | Onset: Slow or fast? | |
| Allergies | Provokes: What makes it better or worse? | |
| Medications | Quality: Sharp, dull, stabbing, etc. | |
| Pertinent History | Radiation: Does the pain radiate? | |
| Last Ins & Outs | Severity: On a scale of 1-10, how bad is the pain? | |
| Events Prior | Time & Trends: When did it start? | |

4. Vital signs: Pay attention to trends

| Time | Pulse | Respiratory | Blood Pressure | Skin Signs | L.O.R |
|------|-------|-------------|----------------|------------|-------|
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5. Document, plan, monitor & anticipate problems

| Assessment: What are the current problems? | |
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| Plan: How will you address these problems? | |
| What future problems do you anticipate? | |