



VUL-FRM-08-11-Patient Care Report

Patient Information		Date:		Times																																																											
Last name:		First:		Middle:																																																											
Gender:		DOB/Age:		Dispatched:																																																											
				On scene:																																																											
Location/Description:				At patient:																																																											
Home Address:				Departed scene:																																																											
				QAS on scene:																																																											
Phone Number:				At destination:																																																											
				Case clear:																																																											
Next of kin:		Relationship:		Phone Number:																																																											
Presenting History: (PHx)																																																															
Patient medical history: (PMHx)																																																															
Meds:																																																															
Allergies:																																																															
Treatment before arrival: (RxBA)																																																															
On arrival: (O/A)																																																															
On examination: (O/E)																																																															
<table border="1"> <thead> <tr> <th>Respiratory Effort</th> <th colspan="2">Resp. Sounds</th> <th rowspan="2"> P = Pain B = Burn # = Fracture C = Contusion L = Laceration A = Abrasion I = Inflammation </th> <th rowspan="2"> </th> </tr> <tr> <th></th> <th>L</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>☐ Normal</td> <td>☐ Clear</td> <td>☐</td> <td></td> <td></td> </tr> <tr> <td>☐ Shallow/Laboured</td> <td>☐ Normal</td> <td>☐</td> <td></td> <td></td> </tr> <tr> <td>☐ Shallow/Non - Laboured</td> <td>☐ Rhales</td> <td>☐</td> <td></td> <td></td> </tr> <tr> <td>☐ Deep/Laboured</td> <td>☐ Wheezes</td> <td>☐</td> <td></td> <td></td> </tr> <tr> <td>☐ Laboured/Fatigued</td> <td colspan="2"></td> <td></td> <td></td> </tr> <tr> <td colspan="5">PUPILS</td> </tr> <tr> <td>☐ Not Assessed</td> <td>☐ Normal</td> <td>☐</td> <td></td> <td></td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Constricted</td> <td>☐</td> <td></td> <td></td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Dilated</td> <td>☐</td> <td></td> <td></td> </tr> <tr> <td></td> <td>☐ No. React</td> <td>☐</td> <td></td> <td></td> </tr> </tbody> </table>						Respiratory Effort	Resp. Sounds		P = Pain B = Burn # = Fracture C = Contusion L = Laceration A = Abrasion I = Inflammation			L	R	☐ Normal	☐ Clear	☐			☐ Shallow/Laboured	☐ Normal	☐			☐ Shallow/Non - Laboured	☐ Rhales	☐			☐ Deep/Laboured	☐ Wheezes	☐			☐ Laboured/Fatigued					PUPILS					☐ Not Assessed	☐ Normal	☐			☐ Unknown	☐ Constricted	☐			☐ Unknown	☐ Dilated	☐				☐ No. React	☐		
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RTC:		Vehicle Type:		Estimated Speed:																																																											
Driver ☐		Front Passenger ☐		Rear Passenger ☐																																																											
Seat belt worn – Yes ☐		No ☐		Airbag Deployed – Yes ☐																																																											
No ☐				No ☐																																																											
Impact: Front ☐ Side ☐ Rear ☐ Roll-over ☐																																																															



Time	BP	Pulse	RR	Temp	SpO2	BGL	Pain Score	Glasgow coma scale (GCS)				Revised Trauma Score (RTS)			
								Eye	Verb	Motor	Total	Resp	BP	GCS	Total
:															
:															
:															
:															
:															
:															
:															
:															

Time	Treatment	Dose	Route	Treatment effect/Reassessment	Initials

Additional Notes: (Patient clinical advice, clinical consultation notes/orders, referral information &/or ongoing plan for management)

1	Treating officer name:	Position:	Signature:
2	Treating officer name:	Position:	Signature:
3	Treating officer name:	Position:	Signature:
4	Treating officer name:	Position:	Signature:

Glasgow Coma Scale							Revised Trauma Score					
	1	2	3	4	5	6	Coded Points	4	3	2	1	0
Eyes	Nil opening ☐	Open to pain ☐	Open to voice ☐	Open spontaneously ☐	N/A	N/A	Resp Rate	10 - 29 ☐	>29 ☐	6 - 9 ☐	1 - 5 ☐	0 ☐
Verbal	No sounds ☐	Incomprehensible ☐	Inappropriate ☐	Confused ☐	Orientated ☐	N/A	Sys BP	> 90 ☐	76 - 89 ☐	50 - 75 ☐	1 - 49 ☐	0 ☐
Motor	No Movement ☐	Extension to pain ☐	Flexion to pain ☐	Withdraws to pain ☐	Localizes to pain ☐	Obeys command ☐	GCS	13 - 15 ☐	9 - 12 ☐	6 - 8 ☐	4 - 5 ☐	3 ☐