



238298423

London Ambulance Service NHS Trust



Patient Report Form (LA4)

NHS CONFIDENTIAL

CAD / Event number

Grid for CAD / Event number

Date

Grid for Date

Call sign

Grid for Call sign

Fleet number

Grid for Fleet number

M.I. Patient No.

Grid for M.I. Patient No.

Personal details: Name, Address, Date of birth, Age, Sex, Race, Postcode, Kinship, Telephone, Health Team, Carer, School, etc.

Incident details: Location, On route, Dispatch time, On scene, Dispatched by, Transported by, Delay code, etc.

Medical details: Allergies, Known infectious, Medication, FAST (Facial weakness, Arm weakness, Speech), Cannulation, Fluid and drug administration.

Personal details section: Name, Date of birth, Age, Female, Race, Postcode, Kinship, Telephone, Health Team, Carer, School, etc.

Presenting complaint section: Incident time / onset of symptoms, Airway, Breathing, Circulation, Other.

Observations table with columns for Time, AVPU, Resp rate, Resp depth, % O2 sats, Peak flow, CO2, Pulse rate, Pulse character, BP, Colour, BM, Temp, Pain 0-10, Pupils size, Pupils reactive, GCS, ECG rhythm.

Medical history and FAST section: Allergies, Known infectious, Past medical history, Medication, FAST (Facial weakness, Arm weakness, Speech), Cannulation, Fluid and drug administration.

12 Lead ECG section: Normal ECG, Inferior MI, Anterior MI, Lateral MI, Posterior MI, LBBB, ST depression, T wave changes only, Other abnormality, Inconclusive ECG.