Patient Report Form (LA4)

London Ambulance Service NHS Trust

238298423

NHS CONFIDENTIAL

CAD / Event number | Date | Call sign | Fleet number | M.I. Patient No.

ion details — Map — Location — Call given as — Age — M F U/K

Dispatch time — En route — Dispatched by — Accepted by — Vehicle activation

Arrive RVP/ Stand-off — On Scene — Arrive Patient — Delay code — Other delay

LAS response on scene 1st 2nd 3rd+ — Call signs — Police — Officer ID

Also on scene: First responder — Officer / T Leader — Other LAS — VAS — HEMS/ BASICS — Other NHS Ambulance Service — Fire

Cancelled call — Time — By (Initials)

's details

ne

ne

Date of birth — Age

Female — Race

Postcode

Kin

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At scene — Visited — Phoned — To visit — Letter

ealth Team / AMHP

f H.V.

ry Carer

f School

rsery

tient

Presenting complaint

Incident time / onset of symptoms

Time

Date

Airway

Clear

Partially obstructed

Obstructed

Breathing

Present

Absent

Complete a sentence in one breath — Y N

Unable to assess

Circulation

B.mucosa cyanosed — Y N

Peripheral cyanosis — Y N

Capillary refill > 2 sec — Y N

Distal pulse — Y N

Other

Sweating — Y N

Vomiting — Y N

Fitting — Y N

Number of fits — Mins

Burns — %

Estimated

Observations

Time	:		:	
AVPU				
Resp rate				
Resp depth				
% O_2 sats	Air	O_2	Air	O_2
Peak flow				
CO_2				
Pulse rate				
Pulse character				
BP				
Colour				
BM				
Temp				
Pain 0-10				
Pupils size	R	L	R	L
Pupils reactive	R Y N	L Y N	R Y N	L Y N
GCS	E V M		E V M	
	Total		Total	
ECG rhythm	Initial rhythm			

Allergies

Known infectious

Past medical history

Medication

Medication brought in — List brought in

12 Lead ECG

Y

Normal ECG

Inferior MI

Anterior MI

Lateral MI

Posterior MI

LBBB

ST depression

T wave changes only

Other abnormality

Inconclusive ECG

FAST

Y

Facial weakness — Unequal smile or obvious weakness — Y N — Unable to assess — Affected side R L

Arm weakness — One arm drifts down or falls — Y N — R L

Speech — Word finding difficulties or slurred speech — Y N — N

Chest pain (cardiac in origin)

Shortness of breath

Other symptoms / pain (cardiac in origin)

T-LOC

Palpitations

Asymptomatic — N

Cannulation

Y

Line 1 — IV / IO — Size — g — Time — Successful Y N — By — No touch technique — Placed in emergency conditions — Flush

Line 2 — IV / IO — Size — g — Time — Successful Y N — By — No touch technique — Placed in emergency conditions — Flush — N

Fluid and drug administration

Y

Drug bag codes — N

Code	Name	Amount	Dose	Route	Time	By