



London NHS Ambulance Service NHS Trust

Patient Report Form (LA4)

NHS CONFIDENTIAL

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

<b>Patient's details</b> Last name: _____ First name: _____ Date of birth: [ ] [ ] [ ] [ ] [ ] [ ] Age: [ ] [ ] Male <input type="checkbox"/> Female <input type="checkbox"/> Race: [ ] [ ] [ ] [ ] NHS No.: [ ] Home address: _____ Postcode: [ ] [ ] [ ] [ ] [ ] [ ] Telephone: _____ Next of Kin: _____ Relationship: _____ GP Name: _____ Address: _____ Mental Health Team / CPN / AM/PP: _____ Contact details: _____ Name of HV / Primary Carer: _____ Name of School / Nursery: _____ Patient accompanied by: _____		<b>Presenting complaint</b> Incident time / onset of symptoms: _____ Date: [ ] [ ] [ ] [ ] [ ] [ ] <b>Airway</b> Clear <input type="checkbox"/> Partially obstructed <input type="checkbox"/> Obstructed <input type="checkbox"/> <b>Breathing</b> Present <input type="checkbox"/> Absent <input type="checkbox"/> Complete a sentence in one breath <input type="checkbox"/> Unable to assess <input type="checkbox"/> <b>Circulation</b> Brachial cyanosed <input type="checkbox"/> Peripheral cyanosis <input type="checkbox"/> Capillary refill > 2 sec <input type="checkbox"/> Distal pulse <input type="checkbox"/> <b>Other</b> Sweating <input type="checkbox"/> Vomiting <input type="checkbox"/> Flitting <input type="checkbox"/> Number of fits: _____ Burns <input type="checkbox"/> Estimated blood loss: _____		<b>Observations</b> 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: [ ] [ ] [ ] [ ] [ ] [ ]		<b>Allergies</b> : _____ <b>Known infectious</b> : _____ <b>Past medical history</b> : _____ <b>Medication</b> : _____ Medication brought in <input type="checkbox"/> List brought in <input type="checkbox"/> <b>FAST</b> Facial weakness: [ ] [ ] [ ] [ ] [ ] [ ] Arm weakness: [ ] [ ] [ ] [ ] [ ] [ ] Speech: [ ] [ ] [ ] [ ] [ ] [ ] <b>Cannulation</b> Line 1: [ ] [ ] [ ] [ ] [ ] [ ] Line 2: [ ] [ ] [ ] [ ] [ ] [ ] <b>Fluid and drug administration</b> Code: [ ] [ ] [ ] [ ] [ ] [ ] Amount: [ ] [ ] [ ] [ ] [ ] [ ] Dose: [ ] [ ] [ ] [ ] [ ] [ ] Route: [ ] [ ] [ ] [ ] [ ] [ ] Time: [ ] [ ] [ ] [ ] [ ] [ ] By: [ ] [ ] [ ] [ ] [ ] [ ]		<b>12 Lead ECG</b> Normal ECG <input type="checkbox"/> Inferior MI <input type="checkbox"/> Anterior MI <input type="checkbox"/> Lateral MI <input type="checkbox"/> Posterior MI <input type="checkbox"/> LBBB <input type="checkbox"/> ST depression <input type="checkbox"/> T wave changes only <input type="checkbox"/> Other abnormality <input type="checkbox"/> Inconclusive ECG <input type="checkbox"/>	
<b>Airway and respiratory management</b> Maintenance: [ ] [ ] [ ] [ ] [ ] [ ] Perivital: [ ] [ ] [ ] [ ] [ ] [ ] Head tilt: [ ] [ ] [ ] [ ] [ ] [ ] Jaw thrust: [ ] [ ] [ ] [ ] [ ] [ ]		<b>Cardiac arrest, CPR, Defib, &amp; ROSC</b> Arrest witnessed: [ ] [ ] [ ] [ ] [ ] [ ] Cause of cardiac arrest: [ ] [ ] [ ] [ ] [ ] [ ] Pre-LAS CPR: [ ] [ ] [ ] [ ] [ ] [ ] Pre-LAS Defib: [ ] [ ] [ ] [ ] [ ] [ ]		<b>Total Controlled Drug amount witnessed</b> Signed: _____ Witnessed: _____		<b>Return of spontaneous respiration</b> Return of spontaneous circulation: [ ] [ ] [ ] [ ] [ ] [ ] ROSC sustained to hospital: [ ] [ ] [ ] [ ] [ ] [ ]			
<b>Transporting / Left score</b> [ ] [ ] [ ] [ ] [ ] [ ]		<b>Pre-Alert</b> [ ] [ ] [ ] [ ] [ ] [ ]							

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