



Patient Report Form (LA4)

NHS CONFIDENTIAL

CAD / Event number: **1 2 2** Date: **1 2 2 8 3 4** Call sign: **1 2 2 3 4** Fleet number: **7 1 6 1** M.I. Patient No. **7 5 0 3 3**

Activation details: **1 2 2 8 3 4** Location: **117 BARNHART MENS** Reason for call: **Respiratory from car** Refused admission: **NO**

On-scene time: **09:17** Arrival time: **09:17** Discharge time: **09:24**

Patient's details

Last name: **MURPHY**
 First name: **MICHAEL**
 Date of birth: **24/04/1969** Age: **54**
 Male: Female: Race: **DL**
 NHS No. **0000**

Home address: **S/L**
 Postcode: **EN3 7JQ**
 Tel no.: **07561 740339**

Next of Kin: **RELUCTANT**
 Relationship: **MOTHER**
 Contact details: **AS ABOVE**

GP Name: **DR SWEDEN**
 Address: **SWAN CLAYMANNIC CITY**
 At scene: Visited Phoned To visit Letter

Mental Health Team / CPN / AMHP:
 Contact details:

Name of H.V. / Primary Carer:
 Name of School / Nursery:

Patient accompanied by:

Presenting complaint

FAST

Incident time / onset of symptoms:
 Time: **09:00**
 Date: **15/03/18**

Airway

Clear:
 Partially obstructed:
 Obstructed:

Breathing

Present:
 Absent:
 Complete a sentence in one breath:
 Unable to assess:

Circulation

B.mucosa cyanosed:
 Peripheral cyanosis:
 Capillary refill > 2 sec:
 Distal pulse:

Other

Sweating:
 Vomiting:
 Fitting:
 Number of fits:
 Burns:
 Estimated blood loss:

Observations

Time	09:30	10:10
AVPU	A	A
Resp rate	16	19
Resp depth	R	R
% O2 sats	Alt: 99	O2: 99
Peak flow		
CO2		
Pulse rate	105	101
Pulse character	R	R
BP	122/82	147/84
Colour	PERR	PERR
BM	92	
Temp	36.9	
Pain 0-10	3	3
Pupils size	R: 3 L: 3	R: 3 L: 3
Pupils reactive	Y	Y
GCS	4 5 6 4 5 6	
ECG rhythm		

Allergies: **MKDA**

Known infectious

12 Lead ECG

Normal ECG:
 Inferior MI:
 Anterior MI:
 Lateral MI:
 Posterior MI:
 LBBB:
 ST depression:
 T wave changes only:
 Other abnormality:
 Inconclusive ECG:

Past medical history

Medication

FAST

Facial weakness:
 Arm weakness:
 Speech:

Cannulation

Line 1: IV Successful:
 Line 2: IV Successful:

Fluid and drug administration

Code	Name	Amount	Dose	Route	Time	By
PAR	PYRACETAMOL					

Airway and Respiratory management

Maintenance: OP NP ET
 Postural: Clearance Suction Manual
 Head tilt: Manual SGA
 Jaw thrust: Manual SGA

ET successful: SGA successful:
 NCr successful: NTh successful:

Cardiac arrest, CPR, Defib, & ROSC

Arrest witnessed:
 Cause of cardiac arrest: Cardiac Trauma
 By other: By crew:
 On scene: During removal: In ambulance:

Pre-LAS CPR: LAS CPR:
 Pre-LAS Defib: LAS Defib:
 ROSC sustained to hospital:

Handwritten notes:

PC - Facial injury & post arrest
 H/V - PT was brought by daughter to scene. Responder was called by PT. Arrived at 09:17. GCS 4. No air. No breath. No pulse. Responder performed CPR. At 09:24, 12 lead ECG showed ST depression. Responder performed defibrillation. At 09:30, GCS 4. No air. No breath. No pulse. Responder performed CPR. At 09:45, GCS 4. No air. No breath. No pulse. Responder performed CPR. At 10:10, GCS 4. No air. No breath. No pulse. Responder performed CPR. At 10:15, GCS 4. No air. No breath. No pulse. Responder performed CPR. At 10:20, GCS 4. No air. No breath. No pulse. Responder performed CPR. At 10:25, GCS 4. No air. No breath. No pulse. Responder performed CPR. At 10:30, GCS 4. No air. No breath. No pulse. Responder performed CPR. At 10:35, GCS 4. No air. No breath. No pulse. Responder performed CPR. At 10:40, GCS 4. No air. No breath. No pulse. Responder performed CPR. At 10:45, GCS 4. No air. No breath. No pulse. Responder performed CPR. At 10:50, GCS 4. No air. No breath. No pulse. 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Recognition of Life Extinct

Heart sounds absent:
 Apnoeic:
 Fixed dilated pupils:

Transporting / Left scene

Pre-alert:

Lifting and Immobilisation

Active Hospital Destination: **1**

Major Trauma:

Immobilisation:

Transportation:

Pre-alert:

