Enhanced Patient Report Form

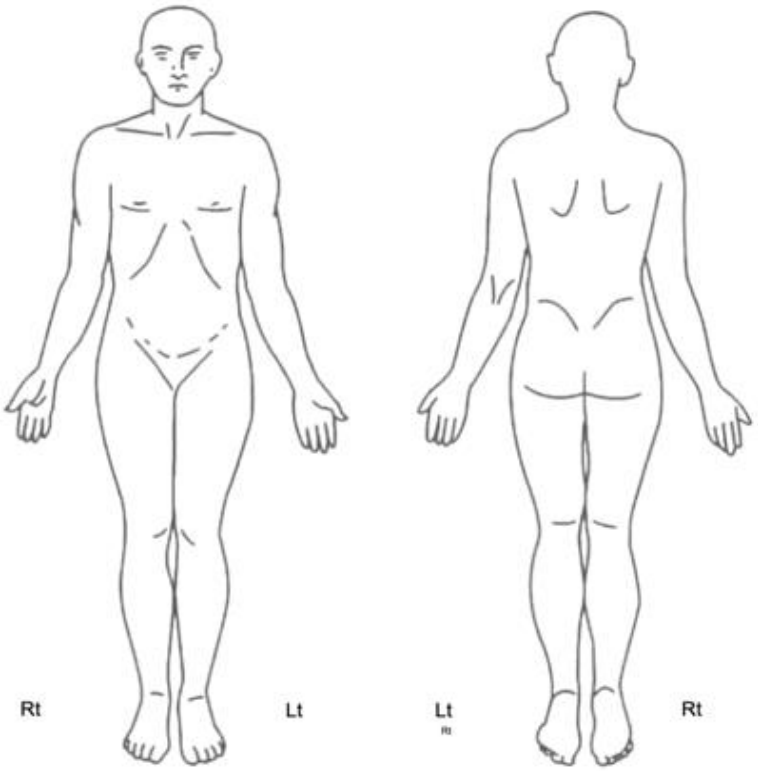
Date:	Casualty Age: ☐ < 18 ☐ > 18	Casualty Sex: ☐ M ☐ F	URN:
Time On Scene:	Time Off Scene:	Time EMS Arrived:	Firearms Deployment: ☐

Transport:	☐ Land Ambulance	☐ Air Ambulance	☐ Police Vehicle	☐ Other
Hospital:	☐ Example 1	☐ Example 2	☐ Example 3	☐ Example 4
Mechanism of Injury:	☐ **Blunt trauma**	☐ **Penetrating injury**	☐ **Medical**	☐ **Mental health**

☐ Stabbing	☐ Alcohol/ drugs	☐ Vehicle RTC	☐ Self-harm
☐ Shooting	☐ Punched/ kicked	☐ Pedestrian hit by vehicle	☐ Suicide / parasuicide
☐ Burn	☐ Hanging	☐ Cyclist	☐ Fall < 6ft ☐ Fall > 6ft
☐ Other (*please specify):*			

Injuries

Notes:



(Please use numbers to code and mark location of injuries on body map)

1. Amputation ☐	6. Fracture closed ☐
2. GSW entry ☐	7. Burns ☐
3. GSW exit ☐	8. Head injury ☐
4. Stab ☐	9. Laceration ☐
5. Fracture open ☐	10. Other *(Please Specify):* ☐

On arrival	☐ Cat Haem	Airway: ☐ Clear ☐ Obstructed	☐ Breathing ☐ Not Breathing	1. ☐ A ☐ V ☐ P ☐ U

Observations carried out by EMS ☐

Airway

Clear ☐

Obstructed Snoring ☐
- ☐ Patient position
- ☐ Chin lift
- ☐ Jaw thrust
- ☐ NP; size ☐ 6 ☐ 7
- ☐ OP; size ☐ 3 ☐ 4 ☐ 5
- ☐ SGA; size ☐ 3 ☐ 4 ☐ 5

Obstructed Gurgling ☐
- ☐ Patient turned
- ☐ Suction

Complete Obstruction ☐
- ☐ Back blows
- ☐ Abdominal / chest thrusts

Soft tissue facial injury ☐

Bony facial injury ☐

C-Spine
- ☐ Normal
- ☐ Suspected injury
- ☐ Manual control

Breathing

Rate
1. ☐ <10 ☐ 10-30 ☐ >30
2. ☐ <10 ☐ 10-30 ☐ >30

Volume/ Effort
- ☐ Normal
- ☐ Abnormal

Oxygen
- ☐ High flow mask
- ☐ Low flow mask
- ☐ i-Gel + BV

% O_2 Saturations
1 ☐ < 95 ☐ > 95
2 ☐ < 95 ☐ > 95

FLASH ☐

Holes
Front: ☐ L ☐ R Chest seal ☐ Vented ☐ Non vented
Back: ☐ L ☐ R Chest seal ☐ Vented ☐ Non vented

Bruising / abrasion ☐

Rib Fractures / Flail Chest
- ☐ Splinted
- ☐ Patient self-splinted

Circulation

Tourniquet ☐
☐ Rt arm ☐ Lt arm ☐ Rt leg ☐ Lt leg

External Bleeding ☐

Bleeding Wound
- ☐ Direct pressure

Dressing
☐ Field ☐ Blast
☐ Windlass ☐ Haemostatic

Internal Bleeding suspected
☐ Chest ☐ Abdomen
☐ Pelvis ☐ Long Bones

Pelvis / Femur Fracture
- ☐ Splint

Radial Pulse
1. ☐ + ☐ < 60 ☐ 60-120 ☐ >120
2. ☐ + ☐ < 60 ☐ 60-120 ☐ >120

No Pulse ☐

☐ CPR ☐ AED ☐ ROSC ☐ Dead

Disability

2. ☐ A ☐ V ☐ P ☐ U
3. ☐ A ☐ V ☐ P ☐ U

Exposure for Examination

- ☐ Fully undressed
- ☐ Logroll
- ☐ Back & sides check
- ☐ Spinal injury
- ☐ Patient cold
- ☐ Patient covered

Burns
- ☐ < 10 mins irrigation
- ☐ 10 - 20 mins irrigation
- ☐ Clingfilm
- ☐ Diphoterine

Pain

Initial Pain Score

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Patient complaining of pain? ☐
Penthrox used: Y ☐ N ☐
Number of vials used: 1☐ 2☐

After Dose 1

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Time:
Batch Number:
Expiry date:
Signature:

After Dose 2

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Time:
Batch Number:
Expiry date:
Signature:

Breathing
- ☐ Rate > 10
- ☐ Normal breathing

Confirmed: ☐
No contraindications
Past medical history / Medication
No use of Penthrox in last 3 months
Alert card given & discussed
Consent obtained

Adverse Reaction to Penthrox:
Y ☐ N ☐
If yes, please specify:

Radial pulse
- ☐ Present

Handover to EMS ☐

ADRs reported to CG lead ☐
Name:
Date:

Age
- ☐ > 18 years

Name of staff receiving patient / EMS call sign:

☐ **Currently Alert & able to obey commands**

Notes on Penthrox use:

Overall Patient Outcome:

Signature: **Date:**

Internal review by: **External Review by:**