

08-1026

Manitoba Health



Ambulance Patient Care Report

Service No: 468 Date: 25 02 05 Day: Mo Yr: 05

Incident No: 08 Bin: 24 Veh: 3155 Operator: 5641 EMT 1: 5641 EMT 2: Pickup Location: Hwy 59 c Perimeter

Pymt: Billing Code: Account No: Sex: M F Date of Birth: 107371376 PHN:

Responsible for Payment

1 <input type="checkbox"/> Blue Cross	10 <input type="checkbox"/> Patient
2 <input type="checkbox"/> D.V.A.	11 <input checked="" type="checkbox"/> M.P.I.C.
4 <input type="checkbox"/> Provincial Welfare	12 <input type="checkbox"/> Employer
5 <input type="checkbox"/> City Welfare	13 <input type="checkbox"/> Estate
6 <input type="checkbox"/> Fed. Med. Services	14 <input type="checkbox"/> PCH
7 <input type="checkbox"/> Coroner	15 <input type="checkbox"/> Other
9 <input type="checkbox"/> Hospital	

Ref. No. DAX 165-10-26

Support Agency: Police 28 RCMP To Scene Transport

Response Code: Scheduled N/A Non Emergency Emergency

Identify Ambulance:

Check for Billing

1. Address: [Redacted] Telephone: [Redacted]

2. Address: [Redacted] Telephone: [Redacted]

City/Town: [Redacted] Province: [Redacted] Postal Code: [Redacted]

Mechanism of Injury

- Medical
- MVA Traffic
- MVA Non-Traffic
- Struck by Vehicle
- Machinery Recreation
- Fall Fall > 3 meters
- Environment
- Drowning
- Fire/Smoke Violence
- Hazardous Material (specify)
- Other Trauma (in comments)

Call Category

- Primary Response
- Interfacility
- Repatriation
- Return leg
- Airport Transfer
- Non Resident of Manitoba
- ALS
- Extrication

No Transport Call

- Cancelled Prior to Arrival
- No Patient/Incident Found
- Handled by Other Agency
- Patient Refusal
- Treat and Release
- Agency Standby
- Special Event
- Deceased at Scene

Location of Call

- Home
- Public Bldg
- Industrial
- Other Work Loc
- Recreational
- Highway
- City/Town Street
- Farm
- School/Day Care
- Health Facility
- Other

Call Times

Call Rec'd: 07:17

Enroute: 07:20

Arr. Scene: 07:38

Arr. Patient: est.

Dep't Scene: 07:56

Arr. Dest: 08:36

Available: 08:36

Medical Assessment

- Airway Obstruction
- Respiratory Arrest
- Respiratory Distress
- Cardiac (Potential)
- Cardiac Arrest
- Allergic Reaction
- Syncope
- Nausea/Vomiting
- Weak/Faint
- Stroke/CVA
- Shock
- Seizure
- Diabetic Related
- General Illness/Malaise
- Gastro-Intestinal Distress
- Unconscious/Unresp
- OB/GYN
- Behavioral Disorder
- Substance Abuse
- Poisoning (Accidental)
- Overdose (Acute) (specify in comments)
- Heat Stroke/Exhaustion
- Hypothermia
- Other (spec. in comments)

Past Medical History

- Nil/Unknown
- Hypertension
- Seizures
- Respiratory
- Allergy
- Medication
- Stroke
- Diabetes
- Cardiac
- Renal
- Psychiatric
- Other

Position Found

- Side Lying
- Sitting
- Prone
- Supine
- Ambulatory
- Other (Specify)

Injury Locations

Physical Assessment

- Fract./Dislocation
- Sprains/Strains
- Amputation / Avulsion
- Trauma Blunt
- Trauma Penetrating
- Impaled Object
- Crush Injury
- Laceration
- Bruise/Contusion
- Soft Tissue Injury (other)
- Burns Major (> 10%)
- Burns Minor
- Pain
- Bleeding
- Minor (<50 ml)
- Moderate (50 - 500 ml)
- Severe (>500 ml)
- Other (Specify)

VITAL SIGNS

TIME	RESP	PULSE	S.P.	VERBAL	MOTOR	EYES	GCS	SKIN	R PUPILS	L PUPILS	R GRIP	L GRIP
07:20	Rate: <u>16</u> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Noisy	Rate: <u>90</u> <input checked="" type="checkbox"/> Reg <input type="checkbox"/> Irreg <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready	/	<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Incomp Sounds <input type="checkbox"/> 3 Inprop Words <input type="checkbox"/> 4 Confused <input checked="" type="checkbox"/> 5 Oriented Alert	<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Extends <input type="checkbox"/> 3 Abnor Flex <input type="checkbox"/> 4 Withdraws <input type="checkbox"/> 5 Localizes <input checked="" type="checkbox"/> 6 Obeys	<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Pain <input type="checkbox"/> 3 Voice <input checked="" type="checkbox"/> 4 Spont	15	<input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Warm <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Flushed <input type="checkbox"/> Dry <input type="checkbox"/> Jaundiced	<input checked="" type="checkbox"/> Size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sluggish <input type="checkbox"/> No React	<input type="checkbox"/> Absent <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Weak	<input type="checkbox"/> Absent <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Weak	<input type="checkbox"/> Absent <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Weak
:	Rate: <u></u> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Noisy	Rate: <u></u> <input type="checkbox"/> Reg <input type="checkbox"/> Irreg <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready		<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Incomp Sounds <input type="checkbox"/> 3 Inprop Words <input type="checkbox"/> 4 Confused <input type="checkbox"/> 5 Oriented Alert	<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Extends <input type="checkbox"/> 3 Abnor Flex <input type="checkbox"/> 4 Withdraws <input type="checkbox"/> 5 Localizes <input type="checkbox"/> 6 Obeys	<input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Pain <input type="checkbox"/> 3 Voice <input type="checkbox"/> 4 Spont		<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Warm <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Flushed <input type="checkbox"/> Dry <input type="checkbox"/> Jaundiced	<input type="checkbox"/> Size <input type="checkbox"/> Normal <input type="checkbox"/> Sluggish <input type="checkbox"/> No React	<input type="checkbox"/> Absent <input type="checkbox"/> Normal <input type="checkbox"/> Weak	<input type="checkbox"/> Absent <input type="checkbox"/> Normal <input type="checkbox"/> Weak	<input type="checkbox"/> Absent <input type="checkbox"/> Normal <input type="checkbox"/> Weak
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TREATMENT

Obstetrical

- Baby Delivered @ Time: APGAR 1 Min
- Alive Stillborn Male Female Score 5 Min
- * Complete Additional Patient Care Report

Ventilation

- Mouth to Mask
- Bag and Valve
- Powered Ventilator

Treatment Before Arrival

- Nil CPR First Aid Medical

Other

- Burn Care
- Oral Glucose

Cardiac Arrest

Witnessed by:

Est Time of Collapse:

CPR Started by:

- Police
- Fire
- Bystander (Time)
- 1 Man CPR 2 Man CPR

Splitting and Immobilization

- Rigid
- Traction
- Cervical Collar
- KED/Short Board
- Scoop/Long Board

Oxygen

- Nasal lpm
- Non Rebreath lpm
- Rebreath lpm

AIRWAY

- TR & LIP
- Jaw Thrust
- Suction
- Oropharyngeal
- Nasopharyngeal

Patient Positioning

- Side Lying
- Supine
- Sitting
- Fowler's
- Semi Fowler's

