

# Patient Report

Incident Report No. \_\_\_\_\_

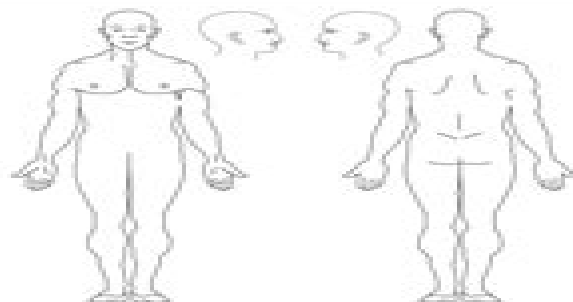


## PATIENT DETAILS (1 patient per form)

Name: _____	Post Town: _____	Postcode: _____	Country: _____
D.O.B.: ____ / ____ / ____		<input type="checkbox"/> Male	<input type="checkbox"/> Female

## PATIENT CONDITION (on initial examination)

- A** Abrasion (Graze)
- B** Burn
- C** Contusion (Bruise)
- D** Dislocation
- F** Fracture
- H** Haemorrhage
- HC** Heart Condition
- L** Laceration
- O** Other
- P** Pain
- S** Swelling
- SP** Suspected Spinal



### Symptoms

- ☐ Disorientated
- ☐ Faint
- ☐ Fitting
- ☐ Hyperventilating
- ☐ In Shock
- ☐ Nauseated
- ☐ Pale
- ☐ Sweating
- ☐ Weak
- ☐ Vomiting

### Level of Consciousness

- ☐ Alert
- ☐ Voice (responds to)
- ☐ Pain (responds to)
- ☐ Unresponsive

### Temperature

- ☐ Hyperthermic
- ☐ Normal
- ☐ Hypothermic

### Airway

- ☐ Clear
- ☐ Partially Obstructed
- ☐ Obstructed

### Breathing

- ☐ Present
- ☐ Absent

### Circulation

- ☐ Strong
- ☐ Normal
- ☐ Weak

### DETAILS OF TREATMENT GIVEN

- |   |  |
|---|--|
| <input type="checkbox"/> Rest           | <input type="checkbox"/> Cleaned               |
| <input type="checkbox"/> Reassurance    | <input type="checkbox"/> Plaster               |
| <input type="checkbox"/> Warmed         | <input type="checkbox"/> Ice Applied           |
| <input type="checkbox"/> Cooled         | <input type="checkbox"/> Dressing Applied      |
| <input type="checkbox"/> Raised legs    | <input type="checkbox"/> AED                   |
| <input type="checkbox"/> Bag & Mask     | <input type="checkbox"/> Oxygen Therapy        |
| <input type="checkbox"/> Manual Suction | <input type="checkbox"/> Spinal Board / Collar |
| <input type="checkbox"/> Other*         | <input type="checkbox"/> None                  |

\* Give Details...

### ALLERGIES / PAST MEDICAL HISTORY

## PATIENT RELEASE

- ☐ No further action ☐ Advised to attend doctor

Patient / Parent / Guardian Signature: \_\_\_\_\_

**Declined Treatment** ☐

Patient / Witness Name: \_\_\_\_\_

Patient / Witness Signature: \_\_\_\_\_

## PATIENT HANDOVER

- ☐ Land Ambulance ☐ Air Ambulance

**Duty of Care handed over to:**

- ☐ SAR / Ambulance ☐ Relative
- ☐ Friend ☐ Other:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## DETAILS OF ALL LIFEGUARDS INVOLVED

	Name	Signature	Field / Vol (P & V)
1			
2			
3			
4			
5			
6			

All injuries that incapacitate a worker to be absent from or unable to do work that they would reasonably be expected to do as part of their normal work for more than 7 days, must be kept recorded and reported to the HSE within 15 days of the incident. To report the incident go to [www.hse.gov.uk/nidder](http://www.hse.gov.uk/nidder) and complete the appropriate online report form or call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5.00pm)

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# Medic Patient Report Form

**RJ Alexander**

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name bar.

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