

TRIPLE ONE CARE

- First Aid Events
- First Aid Courses
- Kits and Supplies
- Specialist Equipment
- Workplace Compliance



NATIONAL SUPPORT OFFICE

www.tripleonecare.nz
 E: info@tripleonecare.nz
 1A Tokomaru Pl, Wakatu Estate
 PO Box 2153, Stoke, Nelson 7041
 P: 0800 4 TRIPLE (0800 487 475)
 P: (03) 544 9180 | F: (03) 544 9182

PATIENT REPORT FORM

Patient Details:

Title _____ First Name: _____ Middle Name: _____ Surname: _____

Address: _____

Status	0	1	2	3	4
Initially					
Transfer					

Phone: _____ DOB ___/___/___ Age _____ M / F

Location: _____ Time & Date _____

History of what has happened? _____

On arrival- what do you see? _____

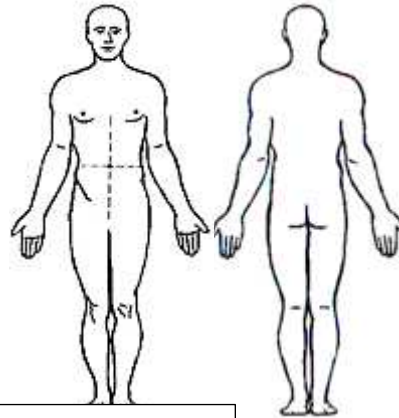
On examination - what have you found? _____

Treatment - what have you done? _____

Monitor & record signs of stress.

Vital signs:

TIME						
LOC						
RESPS						
PULSE						
B/PRESSURE						
SPO2						
PAIN SCORE 1-10						
BGL						
PEARL						
COLOUR						
TEMP						
MEDICATION						



- A = Abrasion
- B = Burns
- C = Contusion
- D = Dislocation
- F = Fracture
- H = Haemorrhage
- I = IV Site
- L = Laceration
- M = IM Site
- P = Pain
- S = Swelling

Cardiac Arrest:
 Witnessed? **Y N**
 CPR prior? **Y N**
 Effective? **Y N**

Seatbelt or helmet? **Y N**
 Speed: _____
 Damage # _____
 Pt Position x _____
 Point of impact _____



Ambulance Details:

Time called	Time Arrived	Officer/Amb details	Comment
-------------	--------------	---------------------	---------

Medic Details:

Name	Signature	Date	Event ID
------	-----------	------	----------

Patient assessed but declines advice.

Patient or representative/ caregiver signature: _____

TIME	MEDICATION	DOSE	ROUTE	MEDIC

NEW NZRC GUIDELINES 2016 CPR

(CARDIOPULMONARY RESUSCITATION)

<p><u>PRIMARY SURVEY</u></p> <p>D DANGER Check for any danger</p> <p>R RESPONSE Are they RESPONSIVE? If no</p> <p>S SEND FOR HELP CALL 111 and get AED</p> <p>A AIRWAY Assess & Open Airway (Head Tilt – Chin Lift)</p> <p>B BREATHING Check for Breathing</p> <p style="text-align: center;">LOOK * LISTEN * FEEL For no longer than 10 seconds</p> <p>IF UNRESPONSIVE & NOT BREATHING NORMALLY START CHEST COMPRESSIONS</p> <p>C Circulation <u>CPR</u> Start chest compressions Followed by 2 breaths Continue CPR at the ration of 30:2</p> <p><u>SEVERE BLEED</u> Immediately STOP arterial blood loss in conjunction with CPR if required</p> <p>D Defibrillations Attached AED if available and follow prompts</p>	<p><u>Secondary Survey</u></p> <p>Head Check for trauma to face, pupil reaction and fluid from ears and nose, battle signs (bruising behind ears and black eyes)</p> <p>Neck check for pain, misalignment of vertebrae, swelling, deformity</p> <p>Spine check for pain, altered sensations, weakness in limbs, MOI, pins and needles, and burning sensations.</p> <p>Chest check even rise and fall during breathing, deformity around the ribs, unnatural sounds and movement</p> <p>Abdomen divide into four quarters, palpate and check for bruising and swelling.</p> <p>Hips check for swelling, carefully press in and down</p> <p>Legs blood sweep, check for fractures, check range of motion</p> <p>Feet blood sweep, check range of motion and sensation, and movement.</p> <p>Arms blood sweep, check for fractures, check range of motion</p> <p>Hands check range of motion, fractures and sensation</p> <p>Check all jewellery for medic alert information. Check pockets for medication Check phone and wallets for ICE information Ask bystanders for witness accounts including MOI. Position patient appropriately.</p>
---	---

- S Signs and Symptoms
- A Allergies
- M Medication
- P Previous History
- L Last Oral Intake
- E Events leading to the injury

Normal Vital Signs		
	Respirations/min	Pulse/min
Adult (8yrs +)	10-20	60-100
Child (1-8)	15-25	80-120
Infant (0-1)	20-30	100-140

- W Warmth
- R Reassurance
- A Assessing Again
- P Positioning
- T Treatment
- Levels of Consciousness**
- A Alert
- V Voice
- P Pain
- U Unresponsive

<p>Pain</p> <p>O Onset (when did it start, what were you doing)</p> <p>P Provokes (what makes it better/worse)</p> <p>Q Quality (type of pain, sharp, burning, dull etc.)</p> <p>R Region/Radiates (where is the pain & does it go anywhere)</p> <p>S Severity (out of ten)</p> <p>T Time – history since onset (does it come and go, has it changed)</p>	<p>Causes of Unconsciousness</p> <ul style="list-style-type: none"> - Alcohol - Epilepsy - Insulin - Overdose - Underdose - Trauma - Infection - Physiological - Shock 	<p>Bleeding and Shock</p> <ul style="list-style-type: none"> - Direct pressure - Elevation - Indirect pressure - Tourniquet - Warmth - Airway - Reassurance - Rest - Raise the legs 30cm
--	--	--