vts Event Medical Services

Patient Report Form &
Patient Assessment Guide

Policy or Procedure	Guidance
Policy / Procedure Title	Patient Report Form & Patient Assessment Guide
Target Audience	All Personnel
Author	Andy Segon | Managing Director
Lead Manager	Andy Segon | Managing Director
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- **VTS Event Medical Services Ltd** is also referred to as **VTS EMS**, **The Company** and **The Organisation**.
- **Personnel** refers to **Staff**, both **Paid** and **Volunteers (including Self-Employed)**, **Clinical** and **Non-Clinical** unless otherwise stated.
- The **Senior Leadership Team & Clinical Specialists Team (SLCST)** refers to the **Company Directors**, **Clinical & Professional Advisors** and others appointed to the team by the Directors.
- **Work** includes, but is not limited to; **Event Cover, Office / Admin, Networking, Training** and **Ambulance Shifts**.

VTS Event Medical Services Ltd,
Greens Road,
Yaxham Road Industrial Estate,
Dereham.
Norfolk. NR20 3TG
Tel: 01362 692 103
Email: admin@vtseventmedical.uk
Web: www.vtseventmedical.uk
England & Wales Company Number: 10595593

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2 Document History

Date	Manager	Comments
25/08/2021	Andy Segon | Managing Director	Document Published

3 Medical Abbreviations

General	
Pt / PT	Patient
ACVPU	Alert, (New) Confused, Voice, Pain, Unresponsive
PC	Presenting Complaint
HPC	History of Presenting Complaint
O/A	On Arrival
O/E	On Examination
Hx	History
PMH	Past Medical History
FHx	Family History
SHx	Social History
L / R	Left / Right
NFA	No Fixed Abode
NKDA	No Known Dug Allergies
Ø	No
↑	Raised / Increased
↓	Lower / Decreased
+ve	Positive
-ve	Negative
?	Query / Possible
x/24	Number of Hours
x/7	Number of Days
x/52	Number of Weeks
x/12	Number of Months
Cardiac System	
CP	Chest Pain
CCP	Central Chest Pain
HR	Heart Rate
MI	Myocardial Infarction
Neurological System	
FAST	Face, Arms, Speech, Test
GCS	Glasgow Coma Scale
LOC	Loss of Consciousness
PEARL	Pupils Equal and Reacting to Light
Respiratory System	
A/E	Air Entry
DiB	Difficulty in Breathing
LRTI	Lower Respiratory Tract Infection
PE	Pulmonary Embolism
RR	Respiratory Rate
SOB	Shortness of Breathe
PEFR	Peak Expiratory Flow Rate

Abdominal / Gastrointestinal System	
AP	Abdominal Pain
BNO	Bowels Not Open
BO	Bowels Open
GI	Gastrointestinal
GU	Genitourinary
D&V	Diarrhoea & Vomiting
N&V	Nausea & Vomiting
UTI	Urinary Tract Infection
Musculoskeletal (MSK)	
Inj.	Injury
ROM	Range of Movement
#	Fracture
NOF	Neck of Femur
MSC	Motor, Sensation, Circulation
Conditions / Management / Other	
AAA	Abdominal Aortic Aneurism
Abx.	Antibiotics
ACS	Acute Coronary Syndrome
AF	Atrial Fibrillation
BP	Blood Pressure
CA	Cancer
CHD	Chronic Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CVA	Cerebrovascular Accident "Stroke"
DKA	Diabetic Ketoacidosis
DM1	Diabetes Mellitus Type 1
DM2	Diabetes Mellitus Type 2
BGM	Blood Glucose Monitoring
EOL	End of Life
EP	Epilepsy
GSW	Gunshot Wound
HTN	Hypertension
PR	Per Rectum
PV	Per Vagina
ROSC	Return of Spontaneous Circulation
SCBU	Special Care Baby Unit
TIA	Transient Ischaemic Attack "Mini-Stroke"
NEWS2	National Early Warning Score 2
JRCALC	Joint Royal Colleges Ambulance Liaison Committee

4 PRF Example (Ambulance Crew)

PC (Presenting Complaint)
Witnessed Fall

O/A (On Arrival)
Access gained via front door, family member let crew in Pt lay on kitchen floor in obvious pain and discomfort, Confused. GCS 14/15

HPC (History of Presenting Complaint)
Today mobilizing to the kitchen wife states Pt fell to the ground, Pt on x2 course Abx for ongoing UTI, Wife states he is not responding to the Abx and that he has become more prone to falling over last 24 hours. Wife states that Pt is not himself and that he is confused and drowsy sometimes difficult to wake up and describes him being really warm to touch.

O/E (On Examination)
A – Airway is patent and self-maintained
B – Tachypnea, Cyanosed, SOB and not speaking full sentences
C – Weak irregular radial (known AF), Hypotensive, Pt has no colour in face. Cap refill 4 seconds
D – GCS 14/15, FAST –ve, Confused
E – Pyrexic, BGM 4.5

Ø C-Spine tenderness, Witnessed fall
Ø LOC reported, complains pain in L Hip, L Leg shortened and foot rotated, Boney tenderness to L Hip.
? ~ L NOF. Pt has altered GCS 14/15 but denies head bang and no evidence plus Wife says he didn't bang his head, NEWS2 score 7, Pt tachycardia, hypoxic, tachypnea and hypotensive
? Red Flag Sepsis with UTI source.

SHx (Social History)
Pt lives @ home with wife, Home Care Package in place 3x day, Full family support and good neighbours. No social concerns.

Treatment / Plan
Call for backup / Senior Clinician / Clinical Support Desk (other appropriate), continue to monitor vital signs, Oxygen (treat according to what SpO2 level is), attempt to raise legs due to low BP but being weary of the ?NOF, Analgesia for ?NOF, Paracetamol for Pyrexia, Circulatory intervention (Paramedic) IV Fluids. Amber / Red Pre-alert to nearest A&E & convey.

Remember if it isn't on your PRF / MIF, then it didn't happen!

Document absolutely everything from whom you've spoke with on the Clinical Desk to any other Clinician involved with the treatment of the Patient.

Use approved / recognised Medical Abbreviations

Keep the PRF / MIF factual

Consider your patient's capacity and if they lack then complete a Capacity Form and document everything.

Always stay within your Scope of Practice

5 Presenting Complaint | PC

Presenting Complaint is a brief summary of the patient's condition. Explain what they are complaining of & keep this part Short & Simple!

Medical Examples
Chest Pain ?ACS
DiB – Exacerbation of COPD
Cardiac Arrest

Trauma Examples
3x stab wounds: 2x L upper chest 1x L upper arm
RTC – Driver, C Spine Tenderness
Lyng (MotoCross / MX) - Fell off Motorcycle / MX bike, L leg pain

6 On Arrival | O/A

Exactly what you find when you arrive on scene…

Examples of what you should include

- How did you gain entry? Door, Police, Fire, etc
- Patients positioning / what they were doing?
- Patient's level of consciousness. (A C V P U)
- Relatives / Bystanders on scene

- Other services on scene
- Treatment prior to arrival
- Immediate interventions given
- Patient movement

7 History of Presenting Complaint | HPC

Patient history of the events leading to the current presentation, include positive and negative findings…

Examples of what you should include

- Detailed summary of symptoms
- Any Priority Symptoms – CP / SOB /DiB / LOC
- Onset – What, When How
- Length of time of symptoms experienced
- Changing factors – Relieving / Exacerbating factors
- Impact on Patient and as appropriate relatives
- Patient & Relatives concerns
- Previous occurrences
- Pertinent Medical History
- Consider whether stories match

- Reports from witnesses
- RTC & Trauma information
    - Was a seatbelt / Crash helmet worn?
    - Crash helmet damage?
    - Were airbags deployed?
    - Trapped or Ejected?
    - Any protective clothing worn?
    - Position of patient(s)
    - Point of impact

- Estimated speed of impact
- Damage to vehicle

8 On Examination | O/E

Exactly what is found during assessment, include pertinent negatives. Ensure clear structure & layout

Examples of what you should include

- Airway (A) – Clear & Patent
- Breathing (B) – RR, SpO2, effort, added sounds
- Circulation (C) – HR, BP, Colour, CP, AP, Blood Loss
- Disability (D) – GCS, FAST, PEARL, LOC
- Evaluate (E) – Temp, BGM, Injuries
- Are all observations normal?
- Document how treatment affects findings

- Pain
  - Provocation – cause, relieving / exacerbating
  - Quality – description by patient
  - Radiation – go anywhere else? Red flag?
  - Scale – 1-10, consider pain management / Analgesia
  - Time – onset & changes over time
  - Associated symptoms

9 Social History | SH or SHx

A brief summary of the living state of the patient. Consider whether their environment contributed to their call…

Examples of what you should include

- Who do they live with?
- Type of accommodation
- Employment status
- Main carer (as appropriate)
- Care package & Company (as appropriate)
- Mobility aids (as appropriate)
- School (as appropriate)
- Social Worker (as appropriate)
- Community Psychiatric Nurse [CPN] (as appropriate)
- Safeguarding concerns
- Falls referral considered (as appropriate)

10 Treatment / Plan

Summary of Treatment or Management Plan – can be written together or separately…

Examples of what you should include

- **General Treatment**
  - Prior to & post treatment
  - Observations improved?
  - If treatment stopped, why?
  - To what effect? None, Some, Good
  - Any side effects experienced?
- **Include as Required**
  - Airway Management – OP, NP, iGel

- Breathing assistance – BVM, O2
- Circulatory intervention – CPR, Fluids, Drugs
- Positioning – Legs raised, Immobilised
- Pain relief – Drugs, Splints
- Drug administration

- **Care Bundles**
  - ACS – Aspirin, GTN, PPCI
  - Asthma – PERF, Inhaler, Salbutamol, Ipratropium
  - COPD – 6 min nebs, Salbutamol, Ipratropium
- **Justify why an action was not completed**
  - Refusal – consider capacity, signature
  - Allergies – clearly document
  - Contra-indicated – why?
  - Contradiction / Disability – What?
  - Risk / Benefit ratio – JRCALC
- **Conveyance**
  - Hospital
  - Specific department – ED (A&E), MTC, Resus, MIU, Ward
  - Red Call?
  - Interventions en route
- **Non-Conveyance**
  - Reason? Not required or Refusal
  - Capacity for refusal?
  - Referral – GP, DN's, Falls Team
  - Left in care – Who? Responsible?
  - Advice – ALL patients
- **Referrals**
  - Falls – over 65, non-conveyed, no GP call, frequent caller
  - Safeguarding
- **Additional Services Requested**
  - Back-up
  - Paramedic (Para)
  - Medical Manager / Team Leader
  - Ambulance Service (Trust)
  - Fire
  - Police
  - Coastguard

11 Advice

Advice should be given to all non-conveyed patients & relatives, As well as specific advice for conditions, document all advice you give on PRF / MIF and safety net…

Examples of what you should include

<u>All Non-Conveyed Patients</u>

Call 999 for any:

- Shortness of Breath
- Difficulty in Breathing
- Loss of Consciousness
- Chest Pain
- Severe Pain

<u>Additional advice when appropriate</u>

- Advise to see GP
- Advise 111 for advice
- Advise A&E / MIU or Walk-In-Centre

- Call NOK if not on scene to check on patient
- First Aid advice

Specific Advice should be given to

- Headaches – FAST test, Decreased LOC
- Head Injury – Red flags & Contact NOK
- Diarrhoea & Vomiting – Dehydration risk
- Elderly Fallers – Any reduced mobility then to call 999
- RTC victims – Neck / Back Red Flags, Pain relief
- Fainting – see GP in <48hours if repeated call 999
- Chest Pain* – Character change, Red Flags, 999
- Wounds – keep clean, advise infection risk
- Hypoglycaemia – monitor BGM, 111, Oral carbohydrates
- Fever – Fluids, Infection, Sepsis, Meningitis Red flags

*Chest Pain should always be conveyed – always provide advise if refusing transport

any patient that experiences a change or worsening in symptoms should be advised to call 999

12 Assessing Pain with PQRST

Pain assessment using PQRST

P	**Provoking Factors**	What factors precipitated the discomfort? What were they doing at the time of onset?
Q	**Quality**	Ask the Patient to describe the pain / discomfort and its characteristics
R	**Region / Radiation**	Where is the pain? Does it radiate? Is there pain anywhere else?
S	**Severity**	Ask the Patient to rate their pain / discomfort on a Pain Scale
T	**Time**	How long has the Patient had the pain? Does anything make it worse or better?

13 Review of Symptoms

Head and Neurology

- Any obvious injuries? – Cause, Size, Bleeding?
- Loss of Consciousness? – Cause?
- GCS – record any fluctuations, is this normal?
- Pupils – PEARL
- Pain – PQRST, Analgesia?
- New onset confusion – consider organic cause
- Any history of Trauma last 7 days? – Red Flags?
- Loss of Coordination / dizzy? FAST test
- Word finding difficulties – FAST test
- Headache – Exclude sudden intense onset
- Behaviour Changes – consider organic cause
- Mini Mental test – 10 point (age appropriate)

- Visual Disturbances
- Photosensitivity – exclude Meningitis rash
- Bleeding / Straw coloured fluid from ear, 'Raccoon Eyes', bruising behind ears – Suspect Basal Skull Fracture
- Battle signs – Suspect Serious Head Injury

Neck and Back

- Neck / Back pain – PQRST, Analgesia
- Central C-Spine tenderness – Immobilise?
- Consider any traumatic mechanism
- Any stepping?
- Any distracting injuries? - Immobilise
- Any alcohol / substance misuse? – Immobilise?
- Any altered neurology?
- Neck stiffness – Consider Meningitis
- Lower Back Pain – Assess Kidneys & GU
- Any potential Cardiac cause? – ECG
- Exclude AAA – 'Sharp Ripping Pain'

Chest and Respiratory

- Respiratory Rate
- Respiratory effort – Review positioning – Tripod?
- Colour – Cyanosed? Flushed?
- Oxygen saturations – Normal for patient?
- Stridor
- SOB – at rest or exertion?
- DiB – say a sentence in one breathe?
- Accessory muscle use & recession
- Pain – PQRST, Analgesia
- Cardiac Red Flags – ECG, Consider ACS

Inspect / Palpate / Auscultate

- Equal Chest Rise
- Obvious wounds – Consider Chest Seal
- Discolouration – Consider PE
- Crepitus – possible Fracture?
- Flail segments?
- Equal air entry? – any previous surgeries?
- Added sounds – wheeze / crackles

- Change in pitch of speech / cry
- History of a Cough – Productive & Sputum colour
- Peripheral Pulses

Abdomen / Genitourinary / Gastrointestinal

- Pain – PQRST, Analgesia
- Bleeding – PV / PR / Urinary / Vomiting – Colour?
- Urination – Last time, Pain, Smell
- Faeces – Last time, Pain, Consistency?
- Vomiting – Exclude Blood, Dehydration
- Trauma – Bruising

Inspect / Palpate / Auscultate

- Distended?
- Any scars? – Surgical History?
- Pulsating Masses? – Bilateral BPs, AAA?

- Bowel Sounds x4? Loud? Quiet? Absent?
- Rigidity – Document location
- Pain changes
- Guarding

Females (particularly 12 – 55)

- Pregnancy – Any Risk?
- Last Menstrual Period (LMP)
- Faint / Dizzy – Consider Ectopic Pregnancy
- Sexually active?

Musculoskeletal / Limbs

- Pain – PQRST, Analgesia
- Movement – Normal range in all 4 limbs
- Sensation x4 – Consider Spinal Trauma
- Circulation x4 – Consider Manual Traction
- Any obvious Fractures – Splinting
- Shortening or Rotation to Leg(s)? – Consider NOF
- Ability to Weight Bare
- Co-ordination
- Long bone integrity
- Swelling? – Consider DVT, Cellulitis

Psychiatric

- Diagnosis – Do the Symptoms today fit?
- Recent admissions?
- Statement of Harm to Others?
- Feelings – Document quotes
- Suicidal? Calculate Risk Score in JRCALC
- Trigger? – Anniversary / Bereavement
- Coping? – Hygiene, Cleanliness, Cry for Help?
- Diet? – Evidence of food & fluid intake
- Appearance? – Clothing, Tattoos, Scars
- Medicine Compliance