

0201001

Complete boxes in black ink & BLOCK CAPITALS.
Do not strike through blank sections.



Incident Date / /		Incident Number / / /	
Call Sign Letter /		Call Sign Number / / /	
ID Personnel Number 1 / / / / / / / /		Grade / /	
2 / / / / / / / /		3 / / / / / / / /	
4 / / / / / / / /		5 / / / / / / / /	
6 / / / / / / / /		7 / / / / / / / /	
Location of Incident As Patient Address		Base OU Talk Group / /	
First Name / / / / / / / / / / / / / / / /		Call Time / / : / /	
Surname / / / / / / / / / / / / / / / /		At Scene / / : / /	
D.o.B / / / / / / / / / / / / / / / /		At Patient / / : / /	
Age / /		Left Scene / / : / /	
D/W/M/Y / / / /		Time at Hospital / / : / /	
Ethnic Code / /		Patient Unwilling / Unable to Provide Details	
NHS Number / / / / / / / / / / / / / / / /		DNACPR/ RESPECT	
Gender M/F/U/O		/ /	
Patient Address / / / / / / / / / / / / / / / /		/ / / / / / / / / / / / / / / /	
Tel: / / / / / / / / / / / / / / / /		Postcode / / / / /	
GP Name & Address / / / / / / / / / / / / / / / /		/ / / / / / / / / / / / / / / /	
Next of Kin (Name, Relationship & Tel.) / / / / / / / / / / / / / / / /		/ / / / / / / / / / / / / / / /	
Mental Capacity Concern Y N		Communication Difficulties	
Safeguarding Concern Y N		Learning Disability	
Presenting Complaint		Physical Disability	
Onset of Symptoms / / : / /		Symptom Onset Over 24hr	

Primary Survey

Consent		Catastrophic Haemorrhage	
Y	N	Y	N
Airway		Obstruction	
Clear			
Breathing		Ineffective	
Present		Absent	
Circulation		Central Only	
Peripheral		Absent	
Alertness		U	
A	C	V	P

Obs.

Time	/ / : / /	Time	/ / : / /	Time	/ / : / /
Resps	/ /	Resps	/ /	Resps	/ /
SPO ₂ (%)	/ /	SPO ₂ (%)	/ /	SPO ₂ (%)	/ /
On Air		On O ₂		On Air	
Peak Flow	/ /	Peak Flow	/ /	Peak Flow	/ /
EtCO ₂	/ .	EtCO ₂	/ .	EtCO ₂	/ .
Heart Rate	/ /	Heart Rate	/ /	Heart Rate	/ /
Systolic BP	/ /	Systolic BP	/ /	Systolic BP	/ /
Diastolic BP	/ /	Diastolic BP	/ /	Diastolic BP	/ /
Temp	/ .	Temp	/ .	Temp	/ .
Blood Glucose	/ .	Blood Glucose	/ .	Blood Glucose	/ .
Pupil Size (mm)	L R	Pupil Size (mm)	L R	Pupil Size (mm)	L R
Pupil Reaction	L R	Pupil Reaction	L R	Pupil Reaction	L R
S=Slow N=Normal F=Fixed U=Unable to Assess					
GCS	E V M	GCS	E V M	GCS	E V M
Pain Score	/ /	Pain Score	/ /	Pain Score	/ /
NEWS2/ PEWS	/ /	NEWS2/ PEWS	/ /	NEWS2/ PEWS	/ /
Capillary Refill (Sec)	/ /	Capillary Refill (Sec)	/ /	Capillary Refill (Sec)	/ /

ECG Interpretation

Rockwood Frailty Score	/	Time	/ / : / /
Major Trauma Step	/	3-Lead	/
		12-Lead	/

Pre-Alert

Yes	No
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Spinal Immobilisation

Yes	Not Req	Refused
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Cardiac Arrest

DOA	Resuscitation
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Burns %	/ /	Superficial	/	Partial	/	Full	/	Cooled for 20 min	Y	N
Clinical Impression								Condition Code 1	/	/
								Condition Code 2	/	/

Airway Management

Manual	/ / : / /	Size	/	No. Attempts	/ /	ID	/
OPA	/ / : / /	/	/	/	/	/	/
NPA	/ / : / /	/	/	/	/	/	/
SGA	/ / : / /	/	/	/	/	/	/
ETT	/ / : / /	/	/	/	/	/	/
Cric	/ / : / /	/	/	/	/	/	/
Needle Decomp	/ / : / /	/	/	/	/	/	/

Cannulation/Access

IV	Size	Time of Access	/ / : / /	ID	/
/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/
IO	/	/	/	/	/
/	/	/	/	/	/
Suspected Stroke					
Face	Y	N	UTA	/	/
Arm	Y	N	UTA	/	/
Speech	Y	N	UTA	/	/

Drugs (including Gases)

Drug/Gas Name	/ / / /	Code	/ /	ID	/
Time	/ / : / /	Dose / %	/ /	Unit	/
Batch	/ / / / / / / /	Expiry	/ / / /	Route	/
Drug/Gas Name	/ / / /	Code	/ /	ID	/
Time	/ / : / /	Dose / %	/ /	Unit	/
Batch	/ / / / / / / /	Expiry	/ / / /	Route	/
Drug/Gas Name	/ / / /	Code	/ /	ID	/
Time	/ / : / /	Dose / %	/ /	Unit	/
Batch	/ / / / / / / /	Expiry	/ / / /	Route	/
Drug/Gas Name	/ / / /	Code	/ /	ID	/
Time	/ / : / /	Dose / %	/ /	Unit	/
Batch	/ / / / / / / /	Expiry	/ / / /	Route	/
Drug/Gas Name	/ / / /	Code	/ /	ID	/
Time	/ / : / /	Dose / %	/ /	Unit	/
Batch	/ / / / / / / /	Expiry	/ / / /	Route	/
Drug/Gas Name	/ / / /	Code	/ /	ID	/
Time	/ / : / /	Dose / %	/ /	Unit	/
Batch	/ / / / / / / /	Expiry	/ / / /	Route	/
Cardiac Arrest/ROLE					
Initial presenting rhythm					
VF/VT	PEA	Asystole	Other		
Bystander	EMS	Other	None		
Witnessed By	/	/	/	/	
CPR Started By	/	/	/	/	
Shock Given By	/	/	/	/	
ROSC Achieved By	/	/	/	/	
Time of Arrest	/ / : / /	Time CPR Started	/ / : / /		
Time 1st Shock	/ / : / /	Time ROSC	/ / : / /		
Time CPR Ceased	/ / : / /	Time ROLE Applied	/ / : / /		
Total No. of Shocks Given	/ /	Public Defib Applied	/		
Pregnant/6wk Post Birth	/	ROSC at Any Time	/	ROSC at Handover	/
Unexpected Death	/	ROLE Form Completed	/	Cardiac Arrest Downloaded	/

Outcome

Hosp Code	/ / /	Ward/Dept	/ / / / /	No. of Continuation Sheet(s)	/	Non Con Completed	/	Outcome Code	/ /	Form Completed By ID	/ /
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NEWS 2 Matrix (age 16 and above):

Parameter	3	2	1	0	1	2	3
Resp Rate	≤8		9-11	12-20		21-24	≥25
SpO ₂ Scale 1	≤91	92-93	94-95	≥96			
SpO ₂ Scale 2	≤83	84-85	86-87	88-92 ≥93 on air	93-94 on oxygen	95-96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic BP	≤90	91-100	101-110	111-219			≥220
Pulse Rate	≤40		41-50	51-90	91-110	111-130	≥131
Consciousness				Alert			CVPU
Temp	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	

Wong-Baker Pain:

0
No Hurt

2
Hurts Little Bit

4
Hurts Little More

6
Hurts Even More

8
Hurts Whole Lot

10
Hurts Worst

Eyes:

Open spontaneously

4

Open to verbal command

3

Open to pain

2

No eye opening

1

Verbal response:

Orientated

5

Confused

4

Inappropriate words

3

Incomprehensible sounds

2

No verbal response

1

Motor:

Obeys commands

6

Localising pain

5

Withdrawal from pain

4

Flexion to pain

3

Extension to pain

2

No motor response

1

STEMI Care Bundle

• Condition Code A02.

• 12-Lead ECG.

• **ASPIRIN** administration.

• **GTN** administration.

• **ANALGESIA** – aim for pain free with morphine or entonox.

• **TWO PAIN SCORES**

If any element cannot be completed, a valid reason MUST be documented.

Paediatric Early Warning Score Matrix (age under 16):

	0	1	2	3
Cardio-vascular	Pink or cap refill 1-2 sec.	Pale or cap refill 3 sec.	Grey or cap refill 4 sec. Tachycardia 20 above normal rate.	Grey and mottled or cap refill 5 or more. Bradycardia or tachycardia 30 above normal rate.
Resp-iratory	Within established baseline. No retractions. Room air.	10 or more above baseline. Subcostal or substernal contractions. Up to 2L/min or 30%.	20 or more above baseline. Intercostal or supraclavicular contractions. Up to 4L/min or 40%.	30 or more above baseline. Suprasternal or sternal contractions. Grunting. Up to 5L/min or 50%
Behaviour	Playing/ Appropriate or Sleeping.	Irritable, but consolable.	Irritable and inconsolable.	Lethargic or confused. Reduced response to voice or pain.

Score an additional 2pts for nebuliser use or suctioning.

Clinician Codes:

Clinical Grade	Code
Doctor	DR
Consultant Paramedic	CO
Critical Care Paramedic	CP
Paramedic Practitioner	PP
Experienced Paramedic	EP
Newly Qualified Paramedic	NP
Student Paramedic	SP
Technician	AT
Associate Practitioner	AP
Associate Ambulance Practitioner	AA
Trainee Associate Ambulance Practitioner	TP
Emergency Care Support Worker	ES
Community First Responder	CR
Fire Responder	FR
Midwife	MW
Nurse	NU

Rockwood Frailty Score

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 **Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

Complete boxes in black ink & BLOCK CAPITALS.
Do not strike through blank sections.



Primary Survey

Airway Management

[illegible]

Cannulation/Access

IV	Size	Time of Access	ID
<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> :	<input type="text"/> <input type="text"/>
<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> :	<input type="text"/> <input type="text"/>
<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> :	<input type="text"/> <input type="text"/>
IO	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> :	<input type="text"/> <input type="text"/>
<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> :	<input type="text"/> <input type="text"/>

Suspected Stroke					L	R
Face	Y <input type="checkbox"/>	N <input type="checkbox"/>	UTA <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm	Y <input type="checkbox"/>	N <input type="checkbox"/>	UTA <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech	Y <input type="checkbox"/>	N <input type="checkbox"/>	UTA <input type="checkbox"/>	<input type="checkbox"/>		

Drugs (including Gases)

Drug/Gas Name										Code			ID	
Time		Dose / %		Unit		Route								
		:				.								
Batch						Expiry								
								/						

Drug/Gas Name										Code			ID		
Time				Dose / %				Unit				Route			
		:				.									
Batch								Expiry							
										/					

Drug/Gas Name										Code			ID	
Time				Dose / %				Unit		Route				
		:				.								
Batch						Expiry								
								/						

Drug/Gas Name										Code			ID
Time		Dose / %			Unit		Route						
		:					.						
Batch							Expiry						
								/					

Drug/Gas Name										Code			ID	
Time		Dose / %		Unit		Route								
		:			.									
Batch						Expiry								
								/						

Drug/Gas Name										Code			ID	
Time		Dose / %				Unit		Route						
Batch		Expiry												

Drug/Gas Name										Code			ID		
Time				Dose / %				Unit				Route			
		:				.									
Batch								Expiry							
										/					

Cardiac Arrest/ROLE

Initial presenting rhythm

<input type="checkbox"/> VF/VT	<input type="checkbox"/> PEA	<input type="checkbox"/> Asystole	<input type="checkbox"/> Other	
	Bystander	EMS	Other	None
Witnessed By	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR Started By	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shock Given By	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROSC Achieved By	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time of Arrest :

Time CPR Started :

Time 1st Shock :

Time ROSC :

Time CPR Ceased :

Time ROLE Applied :

Total No. of Shocks Given

Public Defib Applied

Pregnant/6wk Post Birth ☐ ROSC at Any Time ☐ ROSC at Handover ☐
Unexpected Death ☐ ROLE Form Completed ☐ Cardiac Arrest Downloaded ☐

Clinical Lead Name/Signature		ID	
Controlled Drugs Witness Name/Signature		ID	
Staff Receiving Patient Name/Signature		Handover Time	

Rockwood Frailty Score	<input type="text"/>	ECG Interpretation	
Major Trauma Step	<input type="text"/>	Time	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
		3-Lead	<input type="text"/> 12-Lead <input type="text"/>

Pre-Alert			Spinal Immobilisation			Cardiac Arrest		
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	Not Req <input type="checkbox"/>	Refused <input type="checkbox"/>	DOA <input type="checkbox"/>	Resuscitation <input type="checkbox"/>	
Burns %	<input type="text"/>	<input type="text"/>	Superficial <input type="checkbox"/>	Partial <input type="checkbox"/>	Full <input type="checkbox"/>	Cooled for 20 min	Y <input type="checkbox"/>	N <input type="checkbox"/>
Clinical Impression						Condition Code 1	<input type="text"/>	<input type="text"/>
						Condition Code 2	<input type="text"/>	<input type="text"/>

Patient Assessment: HPC, PMH, SHx, Meds, Allergies, OA, OE, Tx, Plan, Any other useful information

Outcome													
Hosp Code			Ward/Dept			No. of Continuation Sheet(s)		Non Con Completed		Outcome Code		Form Completed By ID	

Information for You



How to Manage Your Condition

For information on how to manage your condition, medicines, healthy living and the location of NHS services, please visit:

www.nhs.uk

Call 999 for a life threatening emergency.

For everything else, call 111 or visit 111.nhs.uk

Compliments, Complaints and Requesting Your Health Information

To help us provide the best possible care for our patients' and carers', we would like to know what works well and what could be improved. We will deal with complaints and concerns sensitively and confidentially, and can assure you that you will not be treated any differently for having made a complaint.

If you would like to make a complaint, pass on a compliment about our service, pass on general feedback or make a request concerning your health information then please contact our Patient Experience Team. Provide your name, contact details and the date of your encounter with SECamb.

Email: pet@secamb.nhs.uk

Call: 0300 123 9242

Text: 07824 625370

Or write to (no stamp needed):

Patient Experience Team,
Freepost RTXX-YSHB-CSBU,
Nexus House,
Gatwick Road,
Crawley
RH10 9BG.

Your Rights Under Data Protection Legislation

Data Protection Legislation allows you to request copies of your health information, whether this is in paper or electronic format. This is known as a 'subject access request'. The request must be processed within 30 days. You should be aware that in certain circumstances your right to see some details in your health records may be limited in your own interest or for other reasons. If you have any reason to believe that your personal information / data is inaccurate you should write to the organisation that holds the data and tell them.

Please note that ALL NHS employees sign confidentiality agreements which remain in force whilst working within and after leaving the organisation. You may receive care from other organisations as well as the NHS, e.g. Social Services. We will only pass on information to others involved with your care and where there is a genuine need for this as part of your direct care.

We will not disclose your information to third parties without your permission, unless there are exceptional circumstances. This is only provided after formal permission has been provided by a qualified health professional. Examples include; where a formal court order has been issued, notification of births and where we may encounter infectious diseases which endanger the safety of others.

South East Coast Ambulance Service NHS Foundation Trust has a 'Privacy Notice' in place which clearly explains how we manage and share your information. This can be found on our website under 'Privacy Notice'. If you would like a copy of our leaflet 'Your Information' you may view or download this from the 'Contact us' section of our website, or request a copy by telephone or in writing.

Contact Us

South East Coast Ambulance Service
Nexus House,
Gatwick Road,
Crawley
RH10 9BG.

Tel: 0300 123 0999

www.secamb.nhs.uk

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