

EMERGENCY HEALTH SERVICES COMMISSION

FIRST RESPONDER REPORT

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PATIENT SURNAM	VIE.					DEPARTMENT NA	DEPARTMENT NAME					TIME CALL RECEIVED			
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PATIENT GIVEN N	IAME				INITIAL	STATION NUMBE	R	UNII	NUMBE	R / SHIFT		TIME AT PAT	TENT'S SIDE		
												ARRIVAL TIN	ME OF BCAS		
MAILING ADDRES	SS					FR QUALIFICATIO	N RE	SPONSE #				TIME BCAS	TOOK OVER		
												EXTRICATIO	N TIME		
CITY			PROV	POSTAL CO	ODE	FIRST RESPONDI	ER NAN	MES OR LICE	NSE NUN	/IBERS				POLICE	ATTENDING?
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PHONE NUMBER	1	DATE OF BIRT	TH (MM /	DD / YYYY)	AGE	CARDIAC AF	RRES	T PATIEN	TS						
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GENDER	NDER BRITISH COLUMBIA CARE CARD NUMBER			ER		WERE BYSTANDER VENTILATIONS BEING PERFORMED? ☐ YES ☐ NO						ESTIMATED TIME OF COLLAPSE			
□м □ г					WERE BYSTANDER COMPRESSIONS BEING PERFOMED?						TIME FIRST AED APPLIED				
PATIENT'S PHYSI						☐ YES ☐ NO						TIME OF FIRST ANALYSIS			
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DESPONSE LOS	TION					YES [BYSTANDER	□FR	□BCA	S		CPR COMPRE	SSIONS	
RESPONSE LOCA	ATION											BY FIRST F	RESPONDER		
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RELEVANT PAST	MEDICAL HISTOR	Y								VITAL	SIGN	IS.			
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ALLERGIES				□CPR						TONED BVM					
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						☐ BACK BOAR								_ OXYGE	N LPM
						☐ PATIENT COI	MFORT	/REASSURA	NCE						
ADDITIONAL TRE	ATMENTS AND / C	OR COMMENTS					F	RONT					BACK		
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PATIENT ASSESSMENT GUIDE

RESCUE SCENE EVALUATION

- Personal Protective Equipment
- Environment
- Hazards
- Mechanism of Injury

PRIMARY SURVEY

- LOC (AVPU)
- Delicate Spine
- Airway
- Breathing
- Circulation
- · Rapid Body Survey
- O₂

SECONDARY SURVEY

HISTORY

- Chief Complaint
- · History of Chief Complaint
- Relevant Medical History
- Medications
- Allergies

VITAL SIGNS

- LOC (AVPU)
- Respiration
- Pulse
- Skin

HEAD-TO-TOE ASSESSMENT

- Head and Neck
- Chest
- Abdomen
- Hips/Pelvis
- Back
- Lower Extremities
- Upper Extremities

HAND-OFF REPORT

- · Age and Gender
- Chief Complaint
- · History of Chief Complaint
- Medical History
- Medications
- Vital Signs
- Allergies
- Relevant Physical Findings
- Treatments/Protocols

DOCUMENTATION INFORMATION AND COMMON ABBREVIATIONS

LEVEL OF CONSCIOUSNESS

- A Patient is Alert
- V Patient responds to Verbal stimuli
- P Patient responds to Painful stimuli
- U Patient is Unresponsive to verbal and painful stimuli

PAIN ASSESSMENT

- P Position of the pain
- Q Quality of the pain
- R Radiation of the pain
- S Severity of the pain
- T Timing of the pain

Abdomen	Abd	Left Upper Quadrant	LUQ
Abdomen pain	Abd pn	Less than	<
As needed	prn	Level of Consciousness	LOC
Automatic External Defibrillator	AED	Male	♂
Alcohol	ETOH	Mass Casualty Incident	MCI
Bag-Valve-Mask	BVM	Medications	Med
Basic Life Support	BLS	Motor Vehicle Accident	MVA
Blood Pressure	BP	More than	>
Body Surface Area	BSA	Non-insulin dependent diabetes	mellitusNIDDM
Cardiopulmonary Resuscitation	CPR	Nonrebreather mask	NRM
Cardiovascular	CV	Nothing by mouth	NPO
Central Nervous System	CNS	Obstetrical/gynaecological	OB/GYN
Chief Complaint	CC	Oropharyngeal airway	OPA
Chest Pain	CP	Overdose	OD
Complains of	c/o	Oxygen	02
Chronic Obstructive Pulmonary Dise	ease COPD	Pain	pn
Congestive Heart Failure	CHF	Palpation	Palp
Coronary Artery Disease	CAD	Patient	Pt
Dead on Arrival	DOA	Pulse	Р
Decreased	\downarrow	Range of Motion	ROM
Delirium Tremens	DTs	Respirations	R
Ear, Nose, and Throat	ENT	Right Lower Quadrant	RLQ
Equal	=	Right Upper Quadrant	RUQ
Estimated time of arrival	ETA	Rule Out	R/O
Female	φ	Short of Breath	SOB
Foreign body obstruction	FBO	Signs and Symptoms	S/S
Gastrointestinal	GI	Temperature	Т
Gunshot Wound	GSW	Transient Ischemic Attack	TIA
History	Hx	Treatment	Tx
Hypertension	HTN	Times	X
Immediately	Stat	Unconscious	unc
Increased	↑	Vital Signs	VS
Insulin Dependent Diabetic Mellitus	IDDM	Year-old	y/o
Left Lower Quadrant	LLQ		