Lecture Objectives

• Introduction to medical terminology
• Paramedic documentation / case cards
• ISBAR
Current medical vocabulary includes terms built from Greek, Latin, French & Arabic word parts, eponyms, acronyms, and terms from modern language.
Word Components

**Word Root:** Fundamental meaning of a medical term. A term usually derived from a source language - Greek or Latin and it usually describes a body part.

**Prefix:** Attached to beginning of a medical term to modify its meaning, by giving additional information about the location of an organ, the number of parts or time involved.

**Suffix:** Attached to end of a medical term root word to add meaning, such as a condition, disease process or procedure.

**Combining Vowel:** Used to ease pronunciation - usually an “o” (e, i, or u)
Roots

- Blood = haem or hem
- Blood Vessel = angi(o) (Greek Root) or vascul (Latin Root)
- Abdomen = lapar(o) (Greek Root)
- Stomach = gastric
- Eye = opthalm (Greek Root) or Ocul (Latin Root)
- Mouth (Latin Root) = Oro
- Upper Throat (Greek Root) = Pharyng
- Lower Throat (Greek Root) = Laryng
- Heart (Greek Root) = Cardi
Prefix

- An / A- = without / lack of
- Ad- = near / toward
- Dys- = bad/difficult
- Endo- = inside
- Epi- = upon
- Hyper- = Excessive/ above/ high
- Hypo- = Under/ below/ low
- Intra- = within/ inside
- Tachy- = fast
- Brady- = slow
Suffixes

- -aemia = condition of blood
- -ectomy = removal
- -itis = inflammation
- -ology = study of
- -phasia = speech
- -phagia = eating / swallowing
Bringing it together

Word Root + Combining Vowels

Examples of word parts and combining vowel in use

- arthr/o
- hepat/o
- ven/o
- oste/o
Volunteer to tell me; which is the prefix, root word, combining vowel and suffix?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prefix</th>
<th>Root Word</th>
<th>Combining Vowel</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiomyopathy</td>
<td>P</td>
<td>CV</td>
<td>RW</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>Cardio-</td>
<td>-my-</td>
<td>-o-</td>
<td>-pathy</td>
</tr>
<tr>
<td>Intravenous</td>
<td>P</td>
<td>RW</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intra-</td>
<td>-ven-</td>
<td>-ous</td>
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</tr>
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<td>Osteoarthritis</td>
<td>P</td>
<td>CV</td>
<td>RW</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>Oste-</td>
<td>-o-</td>
<td>-arthr-</td>
<td>-itis</td>
</tr>
</tbody>
</table>
Eponyms

• Adams apple
• Baron von Munchausen
• Achilles
• Gabriel Fallopius
• Paul Langerhans
• Ruggero Oddi
• Bartolomeo Eustachi
• John Langdon Down
Basic Rules

• All medical terms have **at least one** word root

• **Not** all medical terms have a prefix, suffix, or combining vowel

• Combining vowels are used to connect word roots or word root and suffix

• When a suffix begins with a vowel, the combining vowel is not used

**Example:** arthritis ("o")
Basic Rules

• When connecting two word roots, a combining vowel is usually used even if vowels are present at the junction
  Example: oste/o/arthr/itis

• **Usually** medical terms are defined by starting at the end of the term and going back to the beginning
  Example: oste/o/arthr/itis – inflammation of the joints and bone
What do these mean then?

**Tonsillitis**
Infection and swelling of the tonsils

**Appendectomy**
Removal of the appendix

**Cardiology**
Study of the structure, functions and disorders of the heart

**Pneumonoultramicroscopicsilicovolcanoconiosis**
a lung disease caused by the inhalation of very fine silica dust, causing inflammation in the lungs
Danger!!!!
Beware, there are traps

• Spelling
  Perineal
  (relating to the perineum-the area between the anus and the scrotum or vulva)
  Vs
  Peroneal
  (relating to or situated in the outer side of the calf of the leg)

• Pronunciation
  Who can say- phenergan?
Let’s Have a Closer Look at Some Common Medical Language Hazards:

• **cervical or cervical**
  (cervical – narrow portion of the uterus, cervical – part of the c-spine)

• **ileum or ilium**
  (ileum – part of the intestinal tract, ilium – the pelvic bone)

• **malleus or malleolus**
  (malleus – middle ear bone, malleolus – bony protuberance of the ankle)

• **dysphasia or dysphagia**
  (dysphasia – disorder of speech, dysphagia – difficulty swallowing)

• **elephantiasis or elephantitis**
  (elephantiasis – parasite in lymphatic system causes thickening of skin and tissues, elephantitis – ?swollen elephant)
Abbreviations

FIGJAM
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>General Abbreviations (Cont'd)</th>
<th>Symbols</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LLL</strong> left lower quadrant</td>
<td><strong>&gt;</strong> Greater than</td>
</tr>
<tr>
<td><strong>LUQ</strong> left upper quadrant</td>
<td><strong>&amp;</strong> And</td>
</tr>
<tr>
<td><strong>LVF</strong> left ventricular failure</td>
<td><strong>&lt;</strong> Less than</td>
</tr>
<tr>
<td><strong>M</strong> metre</td>
<td><strong>?</strong> Question</td>
</tr>
<tr>
<td><strong>mane</strong> morning</td>
<td><strong>?</strong> Female</td>
</tr>
<tr>
<td><strong>microgram</strong> microgram</td>
<td><strong>?</strong> Male</td>
</tr>
<tr>
<td><strong>mg</strong> milligram</td>
<td>1/60 One minute</td>
</tr>
<tr>
<td><strong>mL</strong> millilitre</td>
<td><strong>↓</strong> Decrease</td>
</tr>
<tr>
<td><strong>mm</strong> millimetre</td>
<td>1/24 One hour</td>
</tr>
<tr>
<td><strong>mm</strong> medical officer</td>
<td>1/7 One day</td>
</tr>
<tr>
<td><strong>MS</strong> multiple sclerosis</td>
<td><strong>→</strong> With</td>
</tr>
<tr>
<td><strong>MSL</strong> middlateral line</td>
<td>1/52 One week</td>
</tr>
<tr>
<td><strong>N</strong> not applicable</td>
<td><strong>Fr#</strong> Frature</td>
</tr>
<tr>
<td><strong>NAD</strong> nil abnormal detected</td>
<td>1/12 One month</td>
</tr>
<tr>
<td><strong>NBM</strong> nil by mouth</td>
<td><strong>Ψ</strong> Psychiatric</td>
</tr>
<tr>
<td><strong>NIDDM</strong> non-insulin-dependent diabetes mellitus</td>
<td><strong>AT</strong> At</td>
</tr>
<tr>
<td><strong>nil</strong> nothing (zero)</td>
<td><strong>ECG RHYTHMS</strong></td>
</tr>
<tr>
<td><strong>nocte</strong> evening</td>
<td><strong>Sinus</strong></td>
</tr>
<tr>
<td><strong>NOF</strong> neck of femur</td>
<td><strong>SR</strong> Sinus rhythm</td>
</tr>
<tr>
<td><strong>N/S</strong> normal saline</td>
<td><strong>SB</strong> Sinus bradycardia</td>
</tr>
</tbody>
</table>

| **ECG RHYTHMS** | **ST** Sinus tachycardia |
| **Atria** | **PAC** Premature atrial contractions |
| **PAC** Premature atrial contractions | **AFlx** Atrial flutter |
| **AFib** Atrial fibrillation | **PAT** Paroxysmal atrial tachycardia |

| **Junctional** | **Atria** |
| **PJC** Premature junctional contraction | **Sinus** |
| **JR** Junctional rhythm | **SR** Sinus rhythm |

| **Ventricular** | **Miscellaneous** |
| **PVC** Premature ventricular contraction | **SVT** Supraventricular tachycardia |
| **IVR** Idioventricular rhythm | **EMD** Electromechanical disassociation |
| **VT** Ventricular tachycardia | **Asys** Asytole |
| **VF** Ventricular fibrillation | **PEA** Pulseless electrical activity |

### ANATOMICAL MODELS

| **A** Abrasion | **H** Haemorrhage |
| **B** Burn | **L** Laceration |
| **C** Contusion | **N** Numbness |
| **D** Distalocclusion | **P** Pain |
| **F** Fracture | **S** Swelling |
SHORT HAND

• It is possible to write a whole sentence in abbreviated form and still make sense!

Volunteer to try:

A 76 year old male complaining of central chest pain radiating down his left arm

76 y.o. ♂ C/O CP radiating L) arm
Anatomical Terms of Body Position and Direction

- **Anterior/Ventral-** Toward the front of the body.
- **Posterior/Dorsal-** Toward the back of the body.
- **Supine-** Body is lying face up.
- **Prone-** Body is lying face down.
- **Lateral-** Body is lying on the side, either left or right.
- **Semi-Recumbent-** Reclined position. Lying down, propped up at waist.
- **Trendelenburg-** Lying down, face up, legs elevated.
- **Sitting-** You are all doing it now!
Anatomical Terms of Location

• Superior- Above
• Inferior- Below
• Medial- Towards the middle
• Lateral- Towards the side
• Proximal- Towards the attachment of a limb
• Distal- Towards the fingers/toes or away from the attachment of a limb
ANATOMICAL TERMS:

Locations

1. Medial - Towards Middle
2. Lateral - Towards/from the side
3. Proximal - Towards the attachment of a limb
4. Distal - Towards the fingers or toes
Anatomical Terms of Motion

- **Flexion**: Bending movement that *decreases* the angle between two parts.
- **Extension**: Straightening movement that *increases* the angle between body parts.
- **Abduction**: A motion that pulls a structure *away from* the midline of the body.
- **Adduction**: A motion that pulls a structure *toward* the midline of the body.
- **Internal Rotation**: Shoulder or hip would point the toes or the flexed forearm inwards.
- **External Rotation**: Turns the toes or flexed forearm outwards (away from the midline).
- **Pronation**: A rotation of the forearm that moves the palm to facing down.
- **Supination**: Rotation of the forearm so that the palm faces up.
- **Eversion**: Movement of the sole of the foot away from the median plane.
- **Inversion**: Movement of the sole towards the median plane.
- **Dorsiflexion**: Extension of the entire foot superiorly. Eg. Taking foot off of accelerator.
- **Plantarflexion**: Flexion of the entire foot inferiorly, Eg. Pressing down on the accelerator.

*volunteer to demonstrate please*
ANATOMICAL TERMS:

Motion

A  Extension
A1  Flexion
B  Flexion
B1  Extension

1  Internal/Lateral Rotation
2  External/Medial Rotation
3  Supination
4  Pronation
5  Eversion
6  Inversion
7  Adduction
8  Abduction
Abdominal Regions

RUQ
LUQ
RLQ
LLQ
Regions of Abdominal Area

- Right hypochondriac region
- Epi-gastric region
- Umbilical region
- Hypogastric region
- Left hypochondriac region
- Left lumbar region
- Left iliacc region
- Right lumbar region
- Right iliacc region
Regions of the Spine

Cervical Spine (Neck)
There are seven cervical vertebrae from C1 to C7. The *atlas*, C1 holds the globe of the skull like the god Atlas held up the earth. C2, the *axis*, permits head turning and tilting.

Discs
Between your vertebrae, little pads called discs act as cushions or shock absorbers so your vertebrae won't bump into each other when you run, jump, bend or walk.

Thoracic Spine (Chest)
The twelve thoracic vertebrae, T1 to T12, are connected to your ribs. If you follow the path of your ribs around from the front or sides to the back, you can feel where they attach to the thoracic vertebrae in the back.

Lumbar Spine (Lower Back)
The five lumbar vertebrae are the biggest, thickest and most massive vertebrae. Because they support the weight of the entire spine, many spinal problems occur in the lower back.

Sacrum
Under the lumbar vertebrae is the sacrum, a triangular shaped bone that connects to the hips on either side.

Coccyx (Tailbone)
The bottom end of the spinal column is a little piece of bone made up of four fused vertebrae, all that is left of the human tailbone. It is named after the Greek word Kokkyx, or cuckoo, because early anatomists thought it resembled a cuckoo's beak.
Documentation
Why Document?

Excellence in medical documentation reflects and creates excellence in medical care. At its best, the medical record forms a clear and complete plan that legibly communicates pertinent information, credits competent care and forms a tight defence against allegations of malpractice by aligning patient and provider expectations.
Not Documented = Didn’t Happen
Your paperwork will be explored when:

- Patient complaint
- Health Staff complaint
- Criminal charges being investigated/Coroner
- Patient complaint about secondary provider
- Routine Audit (local)
- Considerations for promotion
- Use for research audits
- Mandatory reporting of unsafe practice
Record Keeping

• Concise but maintain attention to detail
• Accuracy and honesty
• Legible – Blue or Black Ink
• Confidentiality
• Make notes for cases that just don’t add up!!!
Drawings and Photographs

• Illustrates significance of mechanism of injury
• Useful when wounds or injured sites are obscured by dressings or splints or for distances/heights of falls, impact/ intrusion into cabin of vehicles in MVAs
Positive & Negative Findings

• Include the symptoms that patients state they don’t have (Shortness of breath, Nausea, Radiating Pain, Blurred Vision, Photophobia, Neck Stiffness)

• Isolate specific pain sites; tenderness to the distal fibula of their left lower leg
Who is giving the History

- Clearly identify the information provider
- The patient's mother states/he said; she “saw him fall from the roof of the shed”
- A member from the public witnessed the patient trip on the pavement striking their head
What is said

• Patient makes allegations only unless you were witness to event
• Use patient quotes where applicable
• When I suggested to take the patient to hospital Mr Jones said;

“Get stuffed I hate hospitals, now get out of my house before I kick your teeth in.”
Patient Education & Advice

• Use language that the patient will understand and clearly list your advice
• Create a written plan and get the patient to repeat it back to you
• Show the patient and their family where on the case card you have documented the plan so they can refer to their copy later
  – *The patient repeated to me they “would follow this up with their own GP tomorrow morning or call us back if their symptoms deteriorated”*
• If possible make sure your partner hears your advice
Use of Language

• Concise
• Descriptive
• Avoid Slang / Colloquialisms
• Abbreviations – Acceptable v Unacceptable
What you observe vs. what you think!

• Resist the urge to fill in the blanks yourself
• “patient was discovered with an altered level of consciousness in a bar. Patient clearly drinking for a long period of time as well as large quantities of ETOH+++”
Pitfalls to avoid

• Rushing documentation
• Incomplete documentation
• Only documenting the assessment of one body system
• Obscure / Inappropriate Abbreviations
• Non methodical approach
Beware

- When the information is from a source other than the patient
- A patient with an altered conscious state
- Alcohol or Drug involvement
- Paediatric patients
- Elderly Patients
- Language or communication barriers
- Any refusal of treatment
- Any combination of above
Case Cards
What should my documentation include?

- Patient’s Details
- Presenting Complaint
- History of Presenting Complaint
- Past Medical History
- Social History
- Family History

- Medications
- Allergies
- On Arrival
- On Examination
- Treatments
- Provisional Diagnosis
### SA Ambulance Service Patient Report Form

**Medical In Confidence**

**OFFICE COPY**

<table>
<thead>
<tr>
<th>Patient Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority on dispatch</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>Suburb/town</strong></td>
</tr>
<tr>
<td><strong>Map Reference</strong></td>
</tr>
</tbody>
</table>

| **Priority to hospital** |
| **Address** | **Number and street** |
| **Suburb/town** |

| **Surname** | **Title** |
| **Given name** | **Middle name or initial** |
| **Address** | **Number and street** |

| **Patient** |
| **Suburb/town** |
| **M/F** | **Date of birth** | **Age** |
| **Est weight (kg)** |

| **Attendant** |
| **Surname/ID** | **Signature** |

---

### Triage Tag No.

### Treatment Summary

- **Airway**
  - Suction
  - Forcep FB removal
  - Oropharyngeal
  - Nasopharyngeal
  - Laryngeal mask
  - Endotracheal tube
  - Needle cricothyroidotomy
  - Surgical cricothyroidotomy

- **Breathing**
  - Nasal oxygen
  - Mask oxygen
  - Bag: mask: O2
  - Bag: mask: O2+IPV
  - CPR

- **Circulation**
  - ECG monitoring
  - 12 lead ECG
  - Intravenous cannula
  - Intravenous needle
  - External pacing
  - Cardiac compressions
  - Cardversion
  - Defibrillation

- **Posture**
  - Sitting
  - Supine/semi recumbent
  - Supine with legs raised
  - Lateral
  - Prone

- **Splinting**
  - Cardboard
  - Cervical collar
  - Traction
  - Spinal - splint or VacMat
  - Pelvic

- **Other**
  - Orogastric tube
  - Needle thoracostomy

- **Drugs**
  - Adenosine
  - Adrenalin
  - Adrenaline nebulised
  - Amiodarone
  - Atropine
  - Aspirin
  - Clopidogrel
  - Co-Phenylcaine
  - Diazepam
  - Fentanyl
  - Fexofenadine
  - Glucagon
  - Glucose oral
  - Glucose IV
  - GTN
  - Hydrocortisone
  - Ketamine
  - Methoxyflurane
  - Midazolam
  - Morphine
  - Naloxone
  - Ondansetron
  - Salbutamol/MDI
  - Salbutamol/Albuterol neb
  - Saline 0.9%/IV

---

### Pain Scores (1-10)

- **Initial**
  - Pain assessment at handover
  - Worsened
  - Unchanged
  - Controlled
  - Fully relieved

- **Final**
  - Pain assessment at handover
  - Worsened
  - Unchanged
  - Controlled
  - Fully relieved

### Completed for all patients with pain

- **CPR prior to SAAS arrival?**
  - Yes
  - No

- **Did SAAS attempt CPR?**
  - Yes
  - No

- **Reason?**
  - Obvious death
  - Terminal illness
  - CPR before arrival

- **CPR attempts**
  - Yes
  - No

- **Presumed cause?**
  - Cardiac cause
  - Other cause

- **Return of spontaneous circulation (ROSC) prior to ED arrival?**
  - Yes
  - No

### Completed for all cardiac arrests

### Complete for all Vehicle Crashes

- **Vehicle type (of patient)**
  - Motorcycle
  - Bicycle
  - Pedestrian
  - Car/truck/van
  - Other

- **Estimated impact forces**
  - High (>60km)
  - Medium (40-60 km)
  - Low (<40km)

- **Extrication**
  - Ejected
  - Self
  - Bystander
  - SAAS
  - Other

- **Entrapment**
  - Trapped with compression
  - Trapped - nil compression
  - Not trapped

- **Seat belt or helmet**
  - Not worn
  - Worn
  - Unknown

- **Initial Assessment Chart**
  - **Danger**
    - No
    - Yes
  - **Airway**
    - Clear
    - Part obstructed
    - Obstructed
  - **Breathing**
    - Normal
    - Hyperventilated
    - Absent
  - **Circulation**
    - Normal
    - Hyperventilated
    - Absent
  - **Disability**
    - Alert
    - Voice
    - Pain
    - Unresponsive
  - **Sweating**
    - None
    - Mild
    - Moderate
    - Profuse
  - **Skin Colour**
    - Normal
    - Abnormal
    - Pale
    - Cyanosed
# Patient Report Form Code List

## Carry or attendance type
- 01: Retrieval team
- 02: Nurse/medical escort
- 03: Ambulance clinician
- 04: First responder prior to ambulance arrival
- TNT and clinical referral
- 05: Patient referred to SAAS ECP
- 06: TNT - referred to GSS specialist
- 07: TNT - referred to other HCP
- 08: TNT - transport not required
- 09: TNT - patient refused transport [use AAM form]

## Special tasking
- 10: Incident standby
- 11: Equipment/patient carry
- 12: Sporting standby
- 13: Training/exercises
- 14: Search (SOT)

## A - CASE REASON

### Special tasking cont.
- 15: Rescue (SOT)
- 16: Police operations (SOT)
- 17: Hazmat (SOT)
- 18: SAAS REMOTE deployment

### Non transport details
- 19: Case cancelled
- 20: Diverted
- 21: Treatment not required
- 22: Patient refused all treatment and transport [use AAM form]
- 23: Died at scene
- 24: Assist treatment
- 25: Unable to complete case
- 26: Patient not ready - will rebook
- 27: Patient not located
- 28: Medical alarm activation error

## B - AREA OF INCIDENT

### Neuronal injury
- 01: Agriculture, forestry or mining
- 02: Business or commerce
- 03: Education (school or university)
- 04: Entertainment, sport or recreation
- 05: Home and surroundings
- 06: Industry or manufacture
- 07: Marine

### Medical clinic or hospital
- 08: Medical clinic or hospital

### Residential care or nursing home
- 09: Residential care or nursing home

### Outdoors
- 10: Outdoors

### Public admin or defence
- 11: Public admin or defence

### Public place
- 12: Public place

### RV and transfer pt - road
- 13: RV and transfer pt - road

### RV and transfer pt - air
- 15: RV and transfer pt - air

### Church, place of worship or religious/cultural ceremony
- 16: Church, place of worship or religious/cultural ceremony

## C - SCENE HAZARDS

### Injury
- 00: None
- 01: Animals
- 02: Difficult access (indoor)
- 03: Difficult access (outdoor)
- 04: Difficult egress/extinction
- 05: Chemical spillage
- 06: Fire
- 07: Electrocuton risk
- 08: Gas in environment
- 09: Infectious patient
- 10: Violence at scene
- 11: Other
- 12: Adverse weather conditions
- 13: Traffic hazards
- 14: Other

## E - SEVEREST TRAUMA

### Not applicable
- 00: Not applicable
- 01: Abdomen
- 02: Arm/s
- 03: Chest
- 04: Head
- 05: Leg/s
- 06: Neck/throat
- 07: Pelvis/groin
- 08: Spine - cervical
- 09: Spine - lumbar
- 10: Spine - thoracic
- 11: Multi trauma - including head
- 12: Multi trauma - excluding head
- 13: Trauma transfer

## D - PROVINCIAL DIAGNOSIS - Medical

### Neurological
- 21: Behavioural emergency, att. suicide or psychiatric (SAAS care and control)
- 22: Behavioural emergency, att. suicidal or psychiatric (other care and control)
- 23: Behavioural emergency, att. suicide or psychiatric (vountary)

### Chronic pain - musculoskeletal
- 24: Chronic pain - musculoskeletal

### Chronic pain - medical cause
- 25: Chronic pain - medical cause

### Seizures - epilepsy
- 26: Seizures - epilepsy

### Seizures - febrile
- 27: Seizures - febrile

### Seizures - post ictal
- 28: Seizures - post ictal

### Seizures - other
- 29: Seizures - other

### Stroke
- 30: Stroke

### TIA
- 31: TIA

### Other neurological
- 32: Other neurological

### Transfer - neurological
- 33: Transfer - neurological

### Abdominal/GIT

#### Abdominal pain/acute abdomen
- 34: Abdominal pain/acute abdomen

#### Bilary colic/cholecystitis
- 35: Bilary colic/cholecystitis

#### Diarrhoea +/ nausea/vomiting
- 36: Diarrhoea +/ nausea/vomiting

#### Nausea/vomiting
- 37: Nausea/vomiting

#### Haematemesis
- 38: Haematemesis

#### Liver disease (cirrhosis, hepatitis etc)
- 39: Liver disease (cirrhosis, hepatitis etc)

#### Oesophageal spasm
- 40: Oesophageal spasm

#### Pancreatitis
- 41: Pancreatitis

#### PR haemorrhage/melaena
- 42: PR haemorrhage/melaena

### Urinary retention
- 43: Urinary retention

### Other abdominal/GIT
- 44: Other abdominal/GIT

### Transfer - abdominal/GIT
- 45: Transfer - abdominal/GIT

### Obstetric/Gynaecological

#### 46: Labour

#### 47: Delivery by SAAS

#### 48: Delivery prior to SAAS arrival

#### 49: Gynaecological

#### 50: Pre-eclampsia

#### 51: PV haemorrhage

#### 52: Other - obstetric

#### 53: Transfer - gynaecological

#### 54: Transfer - obstetric

### Overdose

#### 55: Alcohol OD

#### 56: Amphetamines OD

#### 57: Narcotic OD

#### 58: Prescribed drug OD

#### 59: Unknown illicit drug OD (non-Narcotic OD)

#### 60: Other OD

#### 61: Transfer - OD

#### 62: Not used

### Infection

#### 63: Respiratory/Influenza/pneumonia

#### 64: Neurological meningococcal

#### 65: Osteomyelitis

#### 66: Cellitis

#### 67: Septicaemia

#### 68: MRO (MPS/AVF etc)

#### 69: Other

#### 70: Other - infection

### Poisoning/Envenomation

#### 71: Poisoning - chemical

#### 72: Poisoning - other

#### 73: Envenomation - snakebite

#### 74: Envenomation - epidural

#### 75: Envenomation - other

#### 76: Transfer - poisoning/envenomation

### Other Medical

#### 77: Autonomic dysreflexia

#### 78: Allergy (Irritated reaction only)

#### 79: Anaphylaxis

#### 80: Cancer (including complications)

#### 81: Diabetic - hyperglycaemia

#### 82: Diabetic - hypoglycaemia

#### 83: Epilepsy (non trauma)

#### 84: Renal colic

#### 85: Other general illness/problem

#### 86: Unknown condition

#### 87: Transfer - Xray/CT/Chemo/RRT

#### 88: Other transfer

## F - TRAUMA CAUSE

### Not applicable
- 00: Not applicable

### Trauma injury
- 01: Animal attack
- 02: Blunt
- 03: Burns
- 04: Crush
- 05: Fall < 2m
- 06: Fall > 2m
- 07: Hanging
- 08: Other

### Penetrating - other
- 09: Penetrating - other

### Penetrating - stabbing
- 10: Penetrating - stabbing

### Other trauma cause
- 12: Electrical
- 13: Hypothermia
- 14: Hyperthermia
- 15: Immersion/drowning
- 16: Inhalation/suffocation

## G - OTHER CASE INFO

### Not applicable
- 00: Not applicable

### Assault
- 01: Assault

### Industrial/work related
- 02: Industrial/work related

### Road - RTC
- 03: Road - RTC

### Road - other
- 04: Road - other

### Sporting or recreational
- 05: Sporting or recreational

### Unknown/other
- 06: Unknown/other

### Self harm including suicide or attempted suicide
- 07: Self harm including suicide or attempted suicide

### Restrains not applied
- 08: Restrains not applied

## H - RAPID ACCESS

### Not applicable
- 00: Not applicable

### Trauma bypass to major trauma centre
- 01: Trauma bypass to major trauma centre

### Code STEMI notification
- 02: Code STEMI notification

### Code STROKE notification
- 03: Code STROKE notification

### MedSTAR activation from scene
- 04: MedSTAR activation from scene

### Labour and delivery notification
- 05: Labour and delivery notification

## I - SECONDARY MEDICAL

### Codes J-T

Choose from 'O' Codes to identify a secondary medical issue that may have contributed to the need for ambulance attendance and/or clinical care.

Codes J to T will be used for research projects as required. Each project will have a data code set provided.

## CODES J-T

- 00: Not applicable
- 01: Assault
- 02: Industrial/work related
- 03: Road - RTC
- 04: Road - other
- 05: Sporting or recreational
- 06: Unknown/other
- 07: Self harm including suicide or attempted suicide
- 08: Restrants not applied

## PRF ABBREVIATIONS

- BGL: Blood glucose level
- CPAP: Continuous positive airway pressure
- COPD: Chronic obstructive pulmonary disease
- DVA: Dept Veterans Affairs
- ECP: Extended care paramedic
- ETT: Endotracheal tube
- FB: Foreign body
- GCS: Glasgow coma score
- GIT: Gastrointestinal tract
- GP: General practitioner (doctor)
- HCP: Health care professional
- IPPV: Intermittent positive pressure ventilation
- LMA: Laryngeal mask airway
- MDI: Metered dose inhaler
- MH: Mental health
- MRO: Multi-resistant organism
- MRSA: Methicillin resistant Staphylococcus Aureus
- MVC: Motor vehicle crash
- OD: Overdose
- PEA: Pulseless electrical activity
- PR: Per rectum
- PV: Per vagina
- ROSC: Return of spontaneous circulation
- RTC: Road traffic crash
- SpO2: Pulse oximetry
- STEMI: ST elevation myocardial infarction
- SVT: Supraventricular tachycardia
- TA: Transient ischaemic attack
- TNT: Treat no transport
- VF: Ventricular fibrillation
- VRE: Vancomycin resistant enterococci
- VT: Ventricular tachycardia
- WC: WorkCover
### Initial and final summary

<table>
<thead>
<tr>
<th>Initial BGL (mmol/L)</th>
<th>Final BGL if more than one reading (mmol/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3.5 3.5-8 9-15 &gt; 15</td>
<td>&lt; 3.5 3.5-8 9-15 &gt; 15</td>
</tr>
<tr>
<td>Initial Temperature</td>
<td>Final Temperature</td>
</tr>
<tr>
<td>Normal Cold Febrile</td>
<td>Normal Cold Febrile</td>
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<tr>
<td>Initial SpO2 &lt; 90 80-89 90-95 &gt; 95</td>
<td>Final SpO2 &lt; 90 80-89 90-95 &gt; 95</td>
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<tr>
<td>Initial Systolic BP 80-99 100-120 &gt; 120</td>
<td>Final Systolic BP 80-99 100-120 &gt; 120</td>
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</tbody>
</table>

### ECG Analysis

### Patient position

- Direction of impact
- X Patient position

### Presenting complaint
- Allergies/sensitivities
- Communicable diseases

### PHx (Past medical history)
- Med (Medications)
- Hx (History)
- O/A (On arrival)
- O/E (On examination)
- PΔ (Provisional diagnosis)

### PΔ (if applicable)

### Time
<table>
<thead>
<tr>
<th>Time</th>
<th>Pulse</th>
<th>Resp</th>
<th>Blood pressure</th>
<th>Cap refill</th>
<th>SpO2</th>
<th>GCS E V M</th>
<th>GCS total</th>
<th>Pupils L R</th>
<th>Pain /10</th>
<th>Treatment / event / drug / observation</th>
<th>Dose</th>
<th>Units</th>
<th>Route</th>
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### Eye Opening
- 4: Spontaneous
- 3: To speech
- 2: To Pain
- 1: Nil

### Verbal Response
- 5: Oriented
- 4: Incomprehensible sounds
- 3: Confused
- 2: Nil
- 1: Inappropriate words

### Best Motor Response
- 6: Obey commands
- 5: Purposeful movement
- 4: Withdraws to pain
- 3: Flexion to pain
- 2: Extension to pain
- 1: Nil

### Capillary Refill
- 2mm (pinpoint)
- 4mm
- 7mm (dilated)

### Accepted Unit Abbreviations
- g Grams
- mL Millilitres
- mg Milligrams
- microg Micrograms
Presenting Complaint

• A brief statement only. No more than one line depicting the main facts.

PC – 64 year old male with chest pain

64 y/o ♂ C/O CP

or

on case card- simply fill in box with ‘Chest Pain’
Allergies/ Communicable Diseases

- Any known **allergic responses**
- What was it to?
- What was the nature of allergic response?
  
  *eg. Localised skin rash, Angioedema, require hospital treatment?*

- Look for alert bracelets & pendants.

- **Comm. Diseases**- Common Cold, Flu- Bird, Swine etc, Hepatitis A-D, Chicken Pox, Mumps, Malaria, Measles, TB, STDS, Whooping Cough.
Past Medical History

- List what the patient has been treated for in the past.
- Previous hospitalisations? ICU admissions?
- Previous surgery?

- May start with open questions and get more specific or may need prompts to start- eg. breathing, heart, diabetes?
Social History

• List the relevant things to consider in relation to the patients living environment.

• Receiving or Providing Support?

• Environmental considerations – housing putting patient at risk?

• Smoking, alcohol or illicit drug use and frequency.
Family History

• Any significant family medical history.
  eg. Heart Disease, Diabetes, Specific Illnesses-cancer etc
Medications

• List the medications that the patient takes regularly. Including things that they have started taking for this particular illness.

• What do they believe their medications are for?
History of Presenting Complaint

• Expand on PC to include any significant precursors to the event.
• What have they taken or done to help cause/relieve current problem? How much and when?

HPC or Hx– This 64y/o ♂ pt has a 30min hx of CP radiating down L arm. Pain began shortly after patient commenced regular morning walk. Pt immediately took 3x spray of own GTN at 5 min intervals and rested. Nil relief. Ambulance called.
On Arrival

• One sentence that sums up what you see.

• What did you see when you arrived?
• Where was the patient when you first saw them?
• How were they positioned?
• Who else was there?
On Examination

• A methodical account of the patients signs and symptoms.

• How did patient initially present?
• Include relevant body systems.
• Include positive and negative findings.
• Document significant observations / findings.
Example of Layout in This section

**CNS** - GCS (4,5,6), LOC, Alert, Orientated, PEARL, Pt c/o, Dizziness, Headache, Nausea, Neuro. Deficit (grip strength, plantar flexion, gait etc)

**CVS** - HR (reg, weak, bounding), BP, Monitor – Rhythm and morphology, Pt c/o, Chest pain – DOLOR

**RESP** - RR (deep/shallow), SpO₂, Pt c/o, S.O.B, Dyspnoea, On auscultation – AE L=R, Exp/Insp Wheeze, Creps,

Clear all fields.

**INTEG** - Colour (Flushed, Pink, Pale)

Temp (Cool, Warm, Hot)

Moisture (Dry, Moist, Diaphoretic)

**ENDO** - BGL – xx.x mmol, Rx and progression details

**URINARY** - Reg/Irreg, Frequency, Amount, Colour, Pain, Odour

**GASTRO** - Emesis(amount, frequency, contents),

Bowel motion(reg/irreg, frequency, colour, pain), Bowel sounds, Abdo assessment.

**M/SKEL** - Pt c/o, Pain, R.O.M., Deformity

**TRAUMA** - Pt c/o, 2° Survey (subheadings - Head/Neck, Chest/Back, Abdomen, Pelvis, Limbs), R.O.M., Deformity, Blood loss, Rx
Useful Acronyms

For Pain

- **D** Description
- **O** Onset
- **L** Location
- **O** Other Symptoms
- **R** Relief
- **A** Allergies
- **M** Medications
- **P** Past Medical History
- **L** Last Eaten
- **E** Events Leading To
- **P** Provokes
- **Q** Quality
- **R** Radiation
- **S** Severity
- **T** Time

Alert **Voice** Pain **Unresponsive**
Treatment

• Filled out in the treatment box as they occurred on a timeline.

• Sequential record of events that occurred throughout your interactions with the patient

• Consider timelines of treatment
Provisional Diagnosis

• Your best guess(s) given the data you have collected.
Examples of Case Cards
**Presenting complaint**: Abdo Pain

**Allergies/sensitivities**: penicillin - rash

**Communicable diseases**: Nil

**Past medical history (PHx)**: Splenic Artery Aneurysm (2008) - coil embolisation, asthma, HT

**Medication (Med)**: Lisinopril, Felodipine, Seretide

**History (Hx)**: This 68y/o pt lives in independent unit in retirement village & husband. At 1900hrs pt felt onset of lower abdo ache. Gradual & progressive ↑ in intensity. Over course of evening, pt unable to sleep. Pts husband has eaten everything that pt ate yesterday & he is not ill.

**Onset**: Stated by pts husband, led to pt sitting on couch.

**CNS**: Nil, GCS 15. PEARL. Nil dizziness. Nil head pain. Nil LOC. Nil neuro deficit.

**RESP**: Pt speaking freely. Nil SOB.

**CNS**: Radial pulse regular & strong. BP/ABD - pt % constant, non-radiating aching pain in lower abdo. ↑ severity of course of evening. Nil change in pain on palpation. Pt denies diarrhoea, vomit or nausea. Pain started after dinner & pt hasn't eaten since. Pt is post-menopausal & has approx.

**Skin**: Normal, warm, dry

**Provisional Diagnosis (PΔ)**: Generalized abdominal pain

<table>
<thead>
<tr>
<th>Time</th>
<th>Pulse</th>
<th>Resp</th>
<th>Blood pressure</th>
<th>Cap refill</th>
<th>SpO2</th>
<th>GCS</th>
<th>GCS total</th>
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<th>Units</th>
<th>Route</th>
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<td>18</td>
<td>130/90</td>
<td>02</td>
<td>09</td>
<td>45</td>
<td>15</td>
<td>4+4+10</td>
<td>Hx gathering &amp; Observations</td>
<td>3</td>
<td>milli</td>
<td>litres</td>
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<td>24</td>
<td>130/90</td>
<td>02</td>
<td>09</td>
<td>45</td>
<td>15</td>
<td>4+4+8</td>
<td>As prefers to sit for comfort</td>
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</tbody>
</table>

**Eye Opening**: 4 - Spontaneous 2 - To Pain 3 - To speech 1 - Nil

**Verbal Response**: 5 - Oriented 2 - Incomprehensible sounds 4 - Confused 1 - Nil

**Best Motor Response**: 6 - Obey commands 3 - Flexion to pain 2 - Extension to pain 4 - Withdraws to pain 1 - Nil

**Capillary Refill**: 02 - Under 2 seconds 01 - Over 2 seconds 00 - Nil

**Accepted Unit Abbreviations**: g Grams L Litres mg Milligrams mL Millilitres microg Micrograms

**ECG Analysis**: Sinus Rhythm

**Initial BGL (mmol/L)**: 3.5

**Final BGL (mmol/L)**: 9.15

**Initial and final summary**

**Temperature**: 37.2°C

**Initial SpO2**: 80-89

**Initial Systolic BP**: 80-89

**Initial Diastolic BP**: 100-120
Presenting complaint: Rib Pain

Allergies/sensitivities: Nil

Communicable diseases: Nil Known

PHx (Past medical history) Med (Medications) Hx (History) O/A (On arrival) O/E (On examination) PA (Provisional diagnosis)

I. Pain: Pt had an eventful evening of watching TV alone, but felt very anxious for unknown reason. Pt attempted sleeping at 10pm, but noticed aching pain in chest. Pain intensity throughout night. Pt unable to sleep properly. Pt called LOCUM this am; LOCUM called SAAS.

II. PMHx: Anxiety, major depressive disorder, self-harm, ix of suicidal attempt (med'n OD).
   STH-alcoholic: Attempting withdrawal, lives alone, no family, daily cannabis use
   MED: Cymbalta, Android 3 pt intermittent compliance

III. CNS: Pt appears very anxious, GCS 13, dizziness, head pain, equal grip strength, neurological deficits. Pt is sl slurred, has low level of self care. Pt has strong body odour and claims he hasn't showered in 5/7 due to not needing to. Claims he eats well. ECG and SAAS could not find any food in his house.

IV. Resp: Pt speaking freely. Nil cough. AER L & R clear

V. CV: Radial pulse regular & strong BP: Pt 46, aching pain in chest specifically on ribs. RR 10 on palpation, movement & deep inspiration. Nil history of recent injury. Nil JVD.

VI. BGL: 4.5 mmol/L GASSTRO: Nil nausea, nil vomit, nil issues & bladder/bowel

VII. ABC: Nil normal, warm, dry

RPA (if applicable): Pleuritic pain & anxiety

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<th>Time</th>
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<th>Resp</th>
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<th>Cap refil</th>
<th>SpO2</th>
<th>GCS E</th>
<th>GCS V</th>
<th>GCS M</th>
<th>GCS total</th>
<th>Pupils</th>
<th>Pain /10</th>
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<td>62</td>
<td>22</td>
<td>160/90</td>
<td>02</td>
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<td>0523</td>
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<td>110/70</td>
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<td>4 + 4</td>
<td>04</td>
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</tbody>
</table>

Treatment / event / drug / observation:
- Hx gathering & Observations
- CTN ASPIRIN
- Compact chair → Stretcher
- 12 lead ECG performed
- PENTHANE
- Analgesia
- RAH ED

Dose | Units | Route
--- | --- | ---
400 | Micrograms | SL
300 | Milligrams | Oral
3 | Millilitres | Inhal

Eye Opening: 4 - Spontaneous 2 - To Pain 3 - To speech 1 - Nil
Verbal Response: 5 - Orientated 2 - Incomprehensible sounds 4 - Confused 1 - Nil 3 - Inappropriate words
Best Motor Response: 6 - Obey commands 3 - Flexion to pain 5 - Purposeful movement 2 - Extension to pain 4 - Withdraws to pain 1 - Nil
Capillary Refill: 02 - Under 2 seconds 01 - Over 2 seconds 00 - Nil
Accepted Unit Abbreviations: g Grams L Litres mg Milligrams ml Millilitres ug Micrograms
**Presenting complaint:** S.O.B

**Allergies/ sensitivities:** Tetanus Toxoid - anaphylaxis

**Communicable diseases:** Pseudomonas

<table>
<thead>
<tr>
<th>PHX (Past medical history)</th>
<th>Meds (Medications)</th>
<th>HX (History)</th>
<th>O/A (On arrival)</th>
<th>O/E (On examination)</th>
<th>PA (Provisional diagnosis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMHx - Sickle cell anaemia, Chronic bronchitis, Asthma, CO2 Retainer, Anxiety, Hypothyroidism</td>
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<td>SHx - Retired, Widow lives with daughter &amp; son-in-law (supportive), Food allergy, Smoker</td>
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<td>OCCASIONAL ETOH consumption, independent of ADLs, but not socially involved</td>
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<td>FHx - Mother died of lung Ca</td>
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<td>Meds - Oxazepam, alprazolam, Thyroxine, Lercanidipine, Ventolin</td>
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<tr>
<td>Hx - This 67y/o pt lives at home &amp; family. Pt OlC from LMHS. 3620302 pneumonia. Pt TsOB, Tachyphoeic. Vomiting &amp; constant nausea since. Pt reluctant to seek medical attention. Finally agreed to Elf to hosp. today. Pas family called SABS.</td>
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<tr>
<td>N/A - Met by pts family led to pt lying in bed. ICP single responder in attendance.</td>
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<td>CBC - 18000 Hb, 3.9, 1.5, 2.5, 120000WBC, 100000PLT, 100000LYMPH, 100000MONO, 100000EOSINO, 100000MOOSM</td>
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<tr>
<td>RESP - Pt visibly SOB, short &amp; rapid respirations &amp; Tachypnoea, speaking in broken sentences. Pt requires minimal support. No consolidation in all lung fields. SATS 78% on air (usually 92%), pt % Constant, Non-productive cough</td>
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<td>CVS - radial pulse initially weak &amp; regular, 1/10000 strength post fluid admin</td>
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<td>ABDO - Knees, Ni vomit, Ni diarrhoea, Ni pain</td>
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<td>INTEG - Pale, mild sweating, warm, dry mucous</td>
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<td>Nl Hx of recent trauma</td>
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<td>PA (if applicable) - Pneumonia &amp; dehydration</td>
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**Time** | **Pulse** | **Resp** | **Blood pressure** | **Cap refill** | **SpO2** | **GCS E V M** | **GCS total** | **Pupils** | **Pain / 10** | **Treatment / event / drug / observation** | **Dose** | **Units** | **Route** |
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**Eye Opening:** 4 - Spontaneous  2 - To Pain  3 - To Speech  1 - Nil

**Verbal Response:** 5 - Orientated  2 - Incoherent sounds  4 - Confused  1 - Nil

**Best Motor Response:** 6 - Obey commands  3 - Flexion to pain  5 - Purposeful movement  2 - Extension to pain  4 - Withdraws to pain  1 - Nil

**Capillary Refill:** 02 - Under 2 seconds  01 - Over 2 seconds  00 - Nil

**Accepted Unit Abbreviations:** g Grams  L Litres  mg Milligrams  mL Millilitres  mcg Micrograms

**ECG Analysis:**

**Sinus Tachy in Leads III, II, I**

**Direction of impact:**

**MVC patient position:**

**Patient position:**

---

Inspirational achievement.
Presenting complaint: FALL - HIP PAIN

Phx (Past medical history): DEMENTIA, HEART DISEASE, KIDNEY & BLADDER DISORDER, PERIPHERAL OEDENMA, SKIN CA, ARTHRITIS, GOVT

Hx (History): 70 y/o pt (I.R 2) HIP PAIN POST FALL. Pt lives in high level care, was seen in bed @ 6am by nurse, then found on floor of bathroom. Supine @ 07.15 hrs. Pt cant recall fall. 7 loc. Sx: Called 01A. SAA & nursing staff led to pt laying supine on bathroom floor.

O/A: Pt unable to recall fall. LOC & DIZZINESS. LIMB STRENGTH L>R. Pt (I.R 2) HIP PAIN, ↑ ON PALPATION. R) LEG SHORT & ROTATED. C/W:

Pain /10:

- O2:
  - Pulse: 5820
  - Resp: 160/70
  - SpO2:
  - GCS:
    - E: 2
    - V: 0
    - M: 2
    - GCS total: 4
  - Pupils: L + + + , R + + +
  - Pain /10:
    - 2 0 9 9 4 6 4 1 4 2 + + +
    - Treatment / event / drug / observation:
      - HANDOVER FROM NURSE
      - OBS
      - PENTHATINE
      - OBS
      - SPINAL BOARD → STRETCHER → SLINT & HARM CONTROL
      - TRANSPORT → LMHS
      - OBS

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Accepted Unit Abbreviations:
- g Grams
- L Litres
- mg Milligrams
- mL Millilitres
- microg Micrograms
Handover
Who Do We Handover to??
Handovers

“Clinical handover refers to the transfer of information from one health care provider to another when:

– a patient has a change of location of care, and/or
– when the care of a patient shifts from one provider to another”.

(Australian Council for Safety and Quality in Health Care – May 2005)
Handovers

• You are on show as a professional
• Should be succinct when delivering the report of your findings
• Must paint a complete picture, but should not be long winded
• Should echo your written report
Handover Includes.....

- Age
- Sex
- Chief complaint
- History
- Signs
- Treatment
- Any other pertinent information
Welcome to:

ISBAR
‘Know the Plan, Share the Plan, Review the Risks’

Identify
Situation
Background
Assessment
Recommendation
Identify
Yourself and role. Patient with three identifiers.

Situation
What is going on with the patient?

Background
What is the clinical background/context?

Assessment
What do I think the problem is?

Recommendation
What do I recommend?
Check back for shared understanding.
Example of ISBAR Handover

I  Hi, my name is John Smith. I am a paramedic. This is 74 year old, Mrs Mary Murray. Her date of birth is: 20/01/38.

S  Mary had a fall at home this morning injuring her left leg.

B  She was feeling dizzy, then woke up on the floor with a painful leg. She denied any chest pain. It’s unclear how long she was unconscious as there were no witnesses. Mary lives alone at home and is normally independent. She has a history of atrial fibrillation, type 2 diabetes and hypertension. She has no allergies. Her current medications are warfarin, metformin, perindopril and atorvostatin. I brought these meds in from her kitchen bench.

A  When we arrived her vital signs were all stable with a GCS of 15 and BSL 4.0. Her left leg was shortened and externally rotated and very painful to move. We gave her methoxyflurane for pain relief, and supported the left hip.

R  The methoxyflurane was given now 20 minutes ago so I suggest that you monitor her for pain and her BSL will need to be watched.
Questions?
Take Home Message:

• Only document what you KNOW!

• Cover all body systems with reasonable depth and fill in ALL the boxes.

• Always use proper medical language and accepted abbreviations.