

**NORTHERN GENERAL HOSPITAL  
SOUTH YORKSHIRE AMBULANCE SERVICE**  
(PARAMEDIC PRACTITIONER)

**ACCIDENT AND EMERGENCY DEPARTMENT**

TIME \_\_\_\_\_

SIGN \_\_\_\_\_

OUTCOME	
CODED	
PHOTOCOPIED	
INITIAL	
DR./ENP/PP	
NOTES REQUESTED	
RELATIVES PRESENT	

PARAMEDIC PRACTITIONER XRAY

CALL SIGN

LOCATION

INC. No.

DATE

UNIT No.

A & E No.

SURNAME

FORENAME(S)

ADDRESS

POST CODE

TITLE

AGE

DOB

SEX

PATIENTS TEL No.

Occupation

Place of incident

Employer/School

Employment Category

<input type="text"/>	Time Received	<input type="text"/>	Time on scene	<input type="text"/>	Time leaving scene	<input type="text"/>	Time at hospital
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Mode of Arrival  Source of Referral

G.P. NAME

Address

Post Code

G.P. Tel. No.

Next of Kin

Telephone

Presenting Complaint

Special Case  Allergy

A & E Consultant

**THIS CARD MUST NOT LEAVE THE DEPARTMENT**

Time									
Eyes open	Spontaneously								
	To speech								
	To pain								
	None								
Best verbal response	Orientated								
	Confused								
	Inappropriate words								
	Incomprehensible sounds								
Best motor response	None								
	Obeys commands								
	Localizes pain								
	Flexion to pain								
	Flexion abnormal								
Temp	40	250							
	1 - 39	240							
2	- 38	230							
	- 37	220							
3	- 36	210							
	- 35	200							
4	- 34	190							
	- 33	180							
5	- 32	170							
	- 31	160							
6	- 30	150							
	-	140							
7	-	130							
	-	120							
8	-	110							
	-	100							
9	-	90							
	-	80							
10	-	70							
	-	60							
11	-	50							
	-	40							
SaO <sub>2</sub>	30								
Resp rate									
Pupils	R								
	L								
Arms	Normal								
	Mild								
	Severe								
	Flexion								
	Extension								
Legs	None								
	Normal								
	Mild								
	Severe								
	Extension								
Pain score	None								
	Score 1-4								
Pressure Areas	Score								
	At Risk								
Manual Handling	No help needed								
	Help Needed								
		At Risk							
		Help Needed							
		No Risk							
		Dependent							

Time \_\_\_\_\_ BP \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ RR \_\_\_\_\_

SaO<sub>2</sub> \_\_\_\_\_ PEFR \_\_\_\_\_ BM \_\_\_\_\_ GCS \_\_\_\_\_

Assessing nurse \_\_\_\_\_ Information from \_\_\_\_\_

History & condition on arrival in A&E

Nursing Plan

Patient Property Taken to Cashiers/Taken by relative/Patient looking after.

I will take responsibility for my own/the patient's property

Signature \_\_\_\_\_ Print \_\_\_\_\_

If not list property

Handed over to

Admit / Discharge information

Signature \_\_\_\_\_

Admitted to ward \_\_\_\_\_ Relatives aware \_\_\_\_\_

Fully mobile / Requires assistance, \_\_\_\_\_

Referred to \_\_\_\_\_ Time \_\_\_\_\_

District nurse referral for \_\_\_\_\_

Transport booked Ambulance / Medicar / Hospital Taxi / Relatives. At \_\_\_\_\_

Time \_\_\_\_\_ Continuous assessment

Signed

MEDICATIONS	MEDICAL ILLNESS	CLINICIAN 1			CLINICIAN 2		
		Initial			Initial		
		Signature			Signature		
		Time Seen					
ALLERGY				TET. TOX LESS THAN 10 YEARS MORE THAN 10 YEARS NOT KNOWN			

PRESENTING COMPLAINT

Referred to:				
Time				
Time Out				

Time							
Eyes open	Spontaneously						
	To speech						
	To pain						
	None						
Best verbal response	Orientated						
	Confused						
	Inappropriate words						
	Incomprehensible sounds						
Best motor response	None						
	Obeys commands						
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	- 35	200					
	3 - 34	190					
	- 33	180					
	- 32	170					
4 - 31	160						
	- 30	150					
	-	140					
	5 -	130					
6 -	120						
	110						
	100						
	90						
7 -	80						
	70						
	60						
8 -	50						
	40						
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	Severe						
Pain score	Extension						
	None						
	Pain Score 1-4						
Pressure Areas	Score						
	At Risk						
Manual Handling	No help needed						
	At Risk Help Needed						
	Dependent						
	No Risk						

Time \_\_\_\_\_ BP \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ RR \_\_\_\_\_  
 SaO<sub>2</sub> \_\_\_\_\_ PEFR \_\_\_\_\_ BM \_\_\_\_\_ GCS \_\_\_\_\_

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Signed \_\_\_\_\_