UMS UNIVERSITI MALAYSIA SABAH HUMS HOSPITAL UNIVERSITI MALAYSIA SABAH

HUMS/ED/PHEMFORM

JABATAN/KLINIK: NO SIRI:
NO. TEL : TARIKH:

PRE-HOSPITAL EMERGENCY CARE FORM

EMT : YANKEE 1 / YANKEE 2 / YANKEE 3 / IFT

CALLER'S NAME :_____

PHONE NO. : _____

DATE : _____ **TIME :** _____
CALL-TAKER (Primary Triage) :

CALL PRIORITY : 1 / 2 / 3 / 4

CHIEF COMPLAINT

NATURE OF CASE

☐*Medical* ☐*Trauma* ☐*Obstetric* ☐*Psy* ☐*Others*

ADDRESS / INCIDENT LOCATION:

LANDMARK:

TEAM IDENTIFICATION:

AMO's Name : _____

Nurse's Name : _____

PPK's Name : _____

Doctor's Name : _____

Driver's Name : _____

Other Crew : _____

PATIENT'S IDENTIFICATION :

NAME : ……..

AGE : ..... **GENDER** : ☐*Male* ☐*Female*

RACE : ☐*Malay* ☐*Chinese* ☐*India*

☐*Others:* ……

IC / PASSPORT NO :……..

CONTACT NO : ……..

ALLERGIES : ☐*Unknown* ☐*Yes* ☐ *No*

PAST MEDICAL ILLNESS:
☐ *None* ☐ *Stroke*
☐ *Hypertension* ☐ *Renal Disease / ESRF*
☐ *Heart Disease* ☐ *Asthma / COAD*
☐ *Diabetes* ☐ *Unknown*
☐ *Epilepsy* ☐ *Others* ……..

MEDICATION:
☐ *None* ☐ *Diabetic* ☐ *GTN* ☐ *Antihypertensive*
☐ *Antiplatelet/ Warfarin* ☐ *Steroid* ☐ *Inhaler* ☐ *Antiepileptics*
☐ *Others* ☐ *Unknown*

LAST MEAL: ……..

RESPONSE TIME PARTICULARS:

TIME	*CALL COMPLETE*	
	ENROUTE **(9-1)**	
	AT SCENE **(9-2)**	
	TRANSPORTING **(9-4)**	
	AT HOSPITAL **(9-6)**	
MILEAGE	*DISPATCHED FROM HOSPITAL*	
	AT SCENE	
	AT HOSPITAL	
VEHICLE NO.		

INITIAL PATIENT ASSESSMENT

Consciousness Level	Airway	Speech Quality	Breathing	Heart Rate	Capillary Refill
○ *Alert*	○ *Patent / Speaking*	○ *Full Sentence*	○ *Normal*	○ *Normal*	○ *Normal*
○ *Voice*	○ *Partial blocked*	○ *< 5 words*	○ *Tachypnoeic*	○ *Tachy*	○ *> 2 sec*
○ *Pain*	○ *Blocked*		○ *Slow*	○ *Brady*	
○ *Unresponsive*			○ *Gasping*	○ *Absence*	
			○ *Absence*		

GLASGOW COMA SCALE

Eye Opening	Verbal	Motor
○ *4. Spontaneous*	○ *5. Orientated*	○ *6.Obeyes Command*
○ *3.To Voice*	○ *4. Confused*	○ *5. Purpose Movement*
○ *2. To Pain*	○ *3. Inappropiate*	○ *4. Withdraws to Pain*
○ *1. None*	○ *2. Incomprehensible*	○ *3. Flexion to Pain*
	○ *1. None*	○ *2. Extension to Pain*
		○ *1. None*

Total GCS : ……/15

PUPILS

○ *P.E.A.R.L.*
○ *Pinpoint*
○ *Dilated*
○ *Sluggish*
○ *Non-reactive*
☐ *Size : RE=*
LE=

ECG RHYTHM

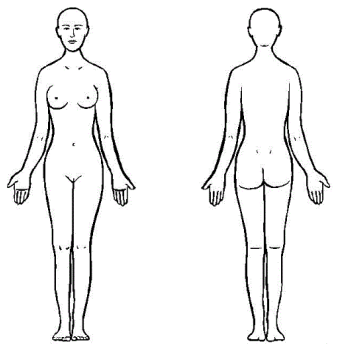
○ *NSR*
○ *Asystole*
○ *Tachy*
○ *Brady*
○ *VT*
○ *VF*
○ *PEA*
○ *SVT*

Pre-Ambulance Care

○ **CPR**
○ *Yes*
○ *No*
○ *Time :……..*

History / Physical Exam / Findings

TIME	INITIAL *Time Taken :……Hrs.*	TRANSPORTATION *Time Taken :…….. Hrs.*	ON ARRIVAL *Time Taken :…….. Hrs.*
Respiratory Rate	/ min	/ min	/ min
Pulse Rate	/ min	/ min	/ min
BP	mmHg	mmHg	mmHg
SPO_2	%	%	%
Glucometer	mmol	mmol	mmol
Pain Score			



Temp: ˚C, **LMP :**

INTERVENTIONS / TREATMENT

☐ *Airway Cleared*
☐ *Oral / Nasal Airway*
☐ *LMA. Size ……..*
☐ *Intubation, ETT size …… anchor at …….. @..... Hrs.*
☐ *Suction*
☐ *O_2 @ ……..LPM, Via ……..*
☐ *Artificial Ventilation Method*

☐ *CPR in progress by:* ○ *Citizen* ○ *JPAM/EMRS/Other First Responder* ○ *Other*
☐ *CPR Started @ ……..* ○ *Time from arrest until CPR: ……..... Minutes*
☐ *ECG Rhythm (tracing attached): …….. (Basic Lead or 12 Lead)*
☐ *Defibrillation/Cardioversion No. Times ( ) @ …… Hrs.*
○ *Manual* ○ *Semi-automatic*
☐ *Bleeding Controlled Method: ……..*
☐ *Spinal Immobilisation Neck and Back*
☐ *Limb Immobilisation by* ○ *Fixation* ○ *Traction* ○ *Pelvic Binder : ……..*
☐ *Restraint Applied, Type ……..*

MEDICATION ADMINISTERED

○ *Adrenaline* ○ *GTN* ○ *Hydrocortisone* ○ *Salbutamol*
○ *Dextrose 50%* ○ *Dextrose 10% 100mls* ○ *Diazepam* ○ *Syntometrine*

○ *Acetylsalacylic Acid (ASA) : Dose ……...mg, @.....Hrs.*
☐ *Nebulizer / MDI Administered : ……..*
☐ *IV Fluid …….* ○ *Cannula Size ……..*
☐ *Other*

O&G

☐ *Baby Delivered @ Time …….. ……* ○ *Boy* ○ *Girl*
○ *Alive* ○ *Stillborn* ○ *Placenta Complete / Incomplete @ Time ……*
☐ *Other :*

DECLARATION

☐ **REFUSAL FOR TREATMENT/TRANSPORTATION**

I hereby refuse treatment/transportation and I acknowledged that such treatment / transportation was advised by the ambulance crew. I hereby release such persons from liability for respecting my expressed wishes.

☐ **LODGE POLICE REPORT**

I hereby understood and agree that the above name was determined with no sign of life by the ambulance crew and I was advised to lodge a police report.

Name & Signed : ……
(Patent / Parent / Guardian / Family Member / Appointed Representative)

No. I/C or Passport :……..

Witness : ……
(Ambulance Crew)

CASE OUTCOME

☐ *Case brought to:* ○ *HUMS* ○ *HQE* ○ *HQE II* ○ *HWKKS* ○ *Other Gov. Health Facilities*
☐ *Treated as Outpatient & Discharged*
☐ *DRY RUN*
○ *Brought by JPAM/Bomba/Other Responder/Private Hospital*
○ *Brought by Relative / Own Transport / Passerby*
○ *Refused Treatment/Transport*
○ *No Patient At Scene*
○ *Prank Call*

☐ *DEATH*

TRIAGE :

○ **Red Zone**	○ **Yellow Zone**	○ **Green Zone**
○ **Others :**		

Team Leader & Signature:

Accepted By Doctor at ETD :