

Patient Report

Incident Report No. _____



PATIENT DETAILS (1 patient per form)

Name: _____	Post Town: _____	Postcode: _____	Country: _____
D.O.B.: __/__/__		<input type="checkbox"/> Male	<input type="checkbox"/> Female

PATIENT CONDITION (on initial examination)

A Abrasion (Graze) B Burn C Contusion (Bruise) D Dislocation # Fracture H Haemorrhage HC Heart Condition L Laceration O Other P Pain S Swelling SP Suspected Spinal		Symptoms <input type="checkbox"/> Disorientated <input type="checkbox"/> Faint <input type="checkbox"/> Fitting <input type="checkbox"/> Hyperventilating <input type="checkbox"/> In Shock <input type="checkbox"/> Nauseated <input type="checkbox"/> Pale <input type="checkbox"/> Sweating <input type="checkbox"/> Weak <input type="checkbox"/> Vomiting	Level of Consciousness <input type="checkbox"/> Alert <input type="checkbox"/> Voice (responds to) <input type="checkbox"/> Pain (responds to) <input type="checkbox"/> Unresponsive
		Airway <input type="checkbox"/> Clear <input type="checkbox"/> Partially Obstructed <input type="checkbox"/> Obstructed	Breathing <input type="checkbox"/> Present <input type="checkbox"/> Absent

DETAILS OF TREATMENT GIVEN <input type="checkbox"/> Rest <input type="checkbox"/> Reassurance <input type="checkbox"/> Warmed <input type="checkbox"/> Cooled <input type="checkbox"/> Raised Legs <input type="checkbox"/> Bag & Mask <input type="checkbox"/> Manual Suction <input type="checkbox"/> Other* * Give Details...	<input type="checkbox"/> Cleaned <input type="checkbox"/> Plaster <input type="checkbox"/> Ice Applied <input type="checkbox"/> Dressing Applied <input type="checkbox"/> AED <input type="checkbox"/> Oxygen Therapy <input type="checkbox"/> Spinal Board / Collar <input type="checkbox"/> None	ALLERGIES / PAST MEDICAL HISTORY _____ _____ _____ _____
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PATIENT RELEASE <input type="checkbox"/> No further action <input type="checkbox"/> Advised to attend doctor Patient / Parent / Guardian Signature: _____ Declined Treatment <input type="checkbox"/> Patient / Witness Name: _____ Patient / Witness Signature: _____	PATIENT HANDOVER <input type="checkbox"/> Land Ambulance <input type="checkbox"/> Air Ambulance Duty of Care handed over to: <input type="checkbox"/> SAR / Ambulance <input type="checkbox"/> Friend <input type="checkbox"/> Relative Other: _____ Name: _____ Signature: _____
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DETAILS OF ALL LIFEGUARDS INVOLVED

	Name	Signature	Paid / Vol (P & V)
1			
2			
3			
4			
5			
6			

All injuries that incapacitate a worker to be absent from or unable to do work that they would reasonably be expected to do as part of their normal work for more than 7 days, must be kept recorded and reported to the HSE within 15 days of the incident. To report the incident go to www.hse.gov.uk/riddor and complete the appropriate online report form or call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5.00pm)