236963321

London Ambulance Service NHS Trust

Patient Report Form (LA4)

NHS CONFIDENTIAL

CAD / Event number | Date | Call sign | Fleet number | M.I. Patient No.

Activation details

Patient's details

Last name MAKANJU
First name MATHIVANGAN
Date of birth 28/02/1964 Age 54
Male [X] Female [ ] Race
NHS No.
Home address S/L
Postcode EN3 7SD
Tel no. 07961 740439
Next of Kin RAJATHY
Relationship WIFE
Contact details AS ABOVE
GP Name DR STEVENS
Address [illegible]
At scene [ ] Visited [ ] Phoned [ ] To visit [ ] Letter [ ]
Mental Health Team / CPN / AMHP
Contact details
Name of H.V. / Primary Carer
Name of School / Nursery
Patient accompanied by

Presenting complaint

FACIAL DROOP
POST SEIZURE
Incident time / onset of symptoms
Time 0900
Date 15/03/18

Airway
Clear [X]
Partially obstructed
Obstructed

Breathing
Present [X]
Absent
Complete a sentence in one breath [X] N
Unable to assess

Circulation
B.mucosa cyanosed Y [X]
Peripheral cyanosis Y [X]
Capillary refill > 2 sec Y [X]
Distal pulse [X] N

Other
Sweating Y [X]
Vomiting Y [X]
Fitting Y [X]
Number of fits Mins
Burns %
Estimated blood loss

Observations

Time	09:30	10:10
AVPU	A	A
Resp rate	16	18
Resp depth	R	R
% O2 sats	Air 99 / O2	Air 99 / O2
Peak flow		
CO2		
Pulse rate	105	104
Pulse character	R	R
BP	132/82	147/84
Colour	PINK	PINK
BM	9.2	
Temp	36.9	
Pain 0-10	3	3
Pupils size	R 3 L 3	R 3 L 3
Pupils reactive	R ON L ON	R ON L ON
GCS	E 4 V 3 M 6 = 13	E 4 V 5 M 6 = 15
ECG rhythm		

Allergies NKDA
Known infectious

Past medical history
NIDDM
ASTHMA
HTN

Medication
METFORMIN

Medication brought in [ ] List brought in [ ]

12 Lead ECG

Normal ECG
Inferior MI
Anterior MI
Lateral MI
Posterior MI
LBBB
ST depression
T wave changes only
Other abnormality
Inconclusive ECG

FAST

		Unable to assess	Affected side
Facial weakness Unequal smile or obvious weakness	Y [X] N		R
Arm weakness One arm drifts down or falls	Y [X] N		R
Speech Word finding difficulties or slurred speech	Y [X] N		N

Chest pain (cardiac in origin)
Other symptoms / pain (cardiac in origin)
Palpitations
Asymptomatic [X] N
Shortness of breath
T-LOC

Cannulation

		Size	Time	Successful	By	
Line 1	IV / IO	g		Y N		No touch technique / Placed in emergency conditions / Flush
Line 2	IV / IO	g		Y N		No touch technique / Placed in emergency conditions / Flush N

Fluid and drug administration

Drug bag codes N

Code	Name	Amount	Dose	Route	Time	By
P A R	PARACETAMOL	1g		OR	09:45	

Total Controlled Drug amount wasted
Signed
Witnessed

Airway and Respiratory management

Y

Maintenance: Postural / Head tilt / Jaw thrust
Clearance: Suction / Manual
Airway adjunct: OP / NP / ET / SGA
ET successful Y N By — ET size — Time
SGA successful Y N By — SGA size — Time
NCr / NCr successful Y N By — Time
NTh / NTh successful Y N By — Time N

Cardiac arrest, CPR, Defib, & ROSC

Y

Arrest witnessed Y N
By other crew
On scene
During removal
In Ambulance
Cause of cardiac arrest: Cardiac / Trauma / Respiratory / Other
Initial arrest rhythm: VF / VT / Asystole / PEA
Pre-LAS CPR Y N — Time started — Effective Y N — By
Pre-LAS Defib Y N — Time started — By
LAS CPR Y N — Time started — By
LAS Defib Y N — Time of 1st LAS shock — By
Number of shocks
Paediatric electrodes used Y N

Return of spontaneous respiration Y N Time
Return Of Spontaneous Circulation Y N Time
ROSC sustained to hospital Y N N

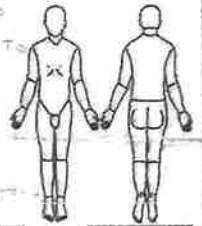
Recognition Of Life Extinct

Y
Time
Heart sounds absent
Apnoeic
Fixed dilated pupils
Asystolic rhythm strip
Confirmed dead at Hospital N

PC - FACIAL DROOP & POST SEIZURE

H.P.C - PT WAS TAKING HIS DAUGHTER TO SCHOOL NEIGHBOUR WAS BEHIND HIM, PT STOPPED HIS CAR AND GOT OUT STARTED SEIZING PT, PT FELL BY NEIGHBOUR, FELL TO THE GROUND, NEIGHBOUR PT SUSTAINED CUT TO LOWER LIP, LOOKS TO HAVE INCISORS CHIP TO (P) SIDE OF HEAD CUTS TO FRONTAL OF (R) HAND [illegible] POST AMBU. SEE ABOVE. DR SEE ABOVE. DOES SHE PT [illegible] FROM INJURY WITH NEIGHBOUR WHEN GOT ALERT [illegible] DR (D) OPA (S) - WHILE IN FULL SEIZURE, POOR [illegible] DIAPHORESIS, PALLOR [illegible] BP HAS (D) PT ALERT [illegible] PT DISCHARGED + REFUSED PT ADVISED TO SEE GP RE LOOSE TOOTH LEFT IN CASE OF -IFF+

Injury = X Burns = ■ ? Fracture = # Pain = ●



Transporting / Left scene
Pre-alert

Lifting and immobilisation
Arrive Hospital/Destination
Major Trauma
Treatment consent Y / Mental capacity N
Patient consent obtained N / Capacity lost Y N
Physical disability Y / Learning disability Y
Additional forms completed
Ambulance Personnel
1 Attend [illegible] 2 Driver [illegible] 3 Other 4 Other