

CONFIRMS EXACTLY TO OTTAWA BASE HOSPITAL PATCH FORM

(CLEARLY GIVE YOUR NAME AND LEVEL BEFORE STARTING PATCH)

SCENE: AGE: SEX: WEIGHT:

DISTRESS None Mild Moderate Severe

CHIEF COMPLAINT

VSA Witnessed

MINUTES BEFORE CPR:

DURATION OF CPR:

SYMPTOMS (O P Q R S T):

PAST MEDICAL HISTORY

Cardiac Seizure

Respiratory IDDM / NIDDM

CVA / TIA PSYCH

Hypertension CA

ALLERGIES

ASA / NSAIDs Codeine

Sulfa Narcotics

Penicillin Viagra (contra)

MEDICATIONS

Nitrates Puffers ACE

Digoxin Diuretics BB

ASA Psych CCB

VITAL SIGNS REQUIRED FOR PATCH				OTHERS				
TIME	BP	PULSE	RESP	SKIN	GCS	SPO ₂	BGV	PUPILS

PHYSICAL EXAM

HEAD & NECK (JVD), CHEST (LUNG SOUNDS), CARDIOVASCULAR, ABDOMEN (DISTENSION), EXTREMITIES (EDEMA), OTHER (BACK, PELVIS, CVA EXAM)

RX ALREADY GIVEN

Airway Device Immobilization

Oxygen IV Access

Medications IV Fluids

DESIGNED BY DARRYL WILTON, PARAMEDIC

ACP CRITICAL PATIENT PATCH GUIDE

SHK	NO SHK	ETT #	ETT cm	AMBU	PETCO ₂	SPO ₂	IV #
FIRE / PCP / PAD	FIRE / PCP / PAD						
TIME	RHYTHM	TREATMENT	DOSE				
	VF VT PEA A SVT AV	EPI LID ATR AD SHK PC					

ACP/OBHP PHYSICIAN PATCH

RX PRESCRIBED

PATCH: 739-8350 OGH/ER: 737-8000

DESTINATION:

ETA:

OBTAIN NAME OF PHYSICIAN:

PATCH: # # # # # # # #

TIME: # # # # #