Alberta Health Services
Medical First Response

# Patient Care Report

## Agency Details

| Department/Agency/Municipality | Date of Event | MFR Unit # | MFR Event# | AHS EMS Event # |
|---|---|---|---|---|
| | yyyy/mm/dd | | | |

| MFR Arrived On Scene (24 Hrs) | Incident Location | AMPDS (Event Code) |
|---|---|---|
| | | |

## Patient Information

Pt ___of___

**Gender:** ☐ M ☐ F ☐ U

**Patient's Age Range:** ☐ Infant(0-1) ☐ Child(1-8) ☐ Youth(8-18) ☐ Adult(18-65) ☐ Senior(65+)

**Chief Complaint**

**Responder Impression Code (RIC):** ☐ Red ☐ Yellow ☐ Green ☐ Black ☐ White

**Patient Location/Position and General Observations**

## Assessment

| Level of Consciousness | Airway | Breathing | Circulation | Skin Colour | Skin Temp | Skin Condition |
|---|---|---|---|---|---|---|
| ☐ Alert | ☐ Patent | ☐ Normal | ☐ Strong | ☐ Pink | ☐ Hot | ☐ Dry |
| ☐ Responds to voice | ☐ Partial obstruction | ☐ Laboured | ☐ Weak | ☐ Pale | ☐ Warm | ☐ Wet/Moist |
| ☐ Responds to pain | ☐ Full obstruction | ☐ Shallow | ☐ Absent | ☐ Cyanotic (Blue/Gray) | ☐ Cool | **Pupil Reaction** |
| ☐ Unresponsive | | ☐ Absent | ☐ Regular | ☐ Flushed | ☐ Cold | ☐ Equal/Reactive |
| | | | ☐ Irregular | | ____˚C | ☐ Unequal/Non-reactive |

## Vitals *(additional information may be recorded on reverse side)*

| Time | Pulse | Resp Rate | BP | Pupil | SpO2 | BGL |
|---|---|---|---|---|---|---|
| | | | | mm | | |
| | | | | mm | | |
| | | | | mm | | |

## Area of Injury/Illness

☐ Head ☐ Face ☐ Neck
☐ Shoulder ☐ Arm ☐ Hand
☐ Abdomen ☐ Pelvis ☐ Buttocks
☐ Groin ☐ Leg ☐ Foot
☐ Chest ☐ Other: _____

**Describe Injury/Illness:**

## Treatment

| Airway | Breathing | CPR | AED |
|---|---|---|---|
| ☐ Suction | ☐ BVM | ☐ Bystander CPR | ☐ Public Device |
| ☐ Head tilt | ☐ Pocket Mask | ☐ MFR CPR | ☐ MFR Device |
| ☐ Jaw thrust | ☐ Nasal cannula | ☐ Pulse returned | ☐ Shocks delivered |
| ☐ OPA | ☐ Non-rebreather | Total Time of CPR_____ min (prior to EMS arrival) | Total Shocks: _____ |
| ☐ Other: | _____LPM | | |

## Trauma Treatment

☐ Bleeding Control ☐ Manual C- Spine
☐ Backboard ☐ C-collar
☐ Splint ☐ KED
☐ Other: _____

## History & Treatment *(additional information may be recorded on reverse)*

## Allergies / Medication

| Responder (Print Name) | Signature | ☐ SFA ☐ FMR ☐ EMR ☐ PCP ☐ ACP |
|---|---|---|
| | | |

PCR Agency Review ☐ Yes ☐ No

Reviewers Name

Escalation to MFR Admin Team Required? ☐ Yes ☐ No If Yes, Reason:

Submit an Electronic PCR at www.AlbertaMFR.ca or;
send completed paper PCRs by pdf to: MFR@ahs.ca or;
Mail to: **Alberta MFR** 10710-97 Street, Grande Prairie T8V-7G6 or;
Fax (780) 513- 5288