Department of University Safety

CUSERT
Carleton University Student Emergency Response Team

Patient Care Report

Confidential Once Submitted

v2.1

Call Location: _____ Date: _____ Time In: : AM PM Time Out: : AM PM

Occurrence #s: CUSERT: _____ DUS: _____ Notified By: ☐ Pt. ☐ Bystander ☐ Residence ☐ Event Staff ☐ DUS ☐ Other

Incident Location: Same as Call: ☐ _____

Pt. Name: _____ Phone #: _____

Pt. Address: _____ Student #: _____ DOB: _____ Gender: ☐

Primary Survey

LOC: A V P U ☐ **EMS:**____:____hrs

Airway ☐ Patent ☐ NPA ☐ OPA ☐ Suction

Details:

Breathing ☐ **O2:**_____LPM ☐ NRB ☐ N. Cannula

AR via: ☐ BVM ☐ Pocket Mask

☐ 4-pt Auscultation

Rate: _____/min

circle **Volume:** shallow regular deep laboured

circle **Rhythm:** regular irregular

Circulation ☐ Radial Pulse ☐ Witnessed Arrest

Time Of: Arrest _____:_____ CPR ____:____

AED # of Shocks_____ # of No Shocks _____

Pulse: strong weak | regular irregular

***Skin* Colour:** normal flushed pale cyanotic

circle **Temp:** normal warm hot cool cold

Moisture: normal moist diaphoretic

Chief Complaint

Medications/Drugs

☐ None Known

Medical History

☐ None Known
☐ Hypertension
☐ Respiratory
☐ Cardiac
☐ Diabetes
☐ Seizures
☐ Happened Before

Allergies

☐ None Known
☐ Penicillin
☐ Sulfa
☐ Codeine
☐ ASA

Last Oral Intake

Events Preceding

Time	GCS/LOA	Pulse	Respiration	BP	Skin	R	Pupils	L
:	E / V / M	RATE:_____ ☐ strong ☐ regular ☐ weak ☐ irregular	Rate/Rhythm/Volume		Colour/Temp/Moisture	____	Size (mm)	____
☐ Person ☐ Place ☐ Time						☐	PERL	☐
						☐	Sluggish	☐
:	E / V / M	RATE:_____ ☐ strong ☐ regular ☐ weak ☐ irregular	Rate/Rhythm/Volume		Colour/Temp/Moisture	____	Size (mm)	____
☐ Person ☐ Place ☐ Time						☐	PERL	☐
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:	E / V / M	RATE:_____ ☐ strong ☐ regular ☐ weak ☐ irregular	Rate/Rhythm/Volume		Colour/Temp/Moisture	____	Size (mm)	____
☐ Person ☐ Place ☐ Time						☐	PERL	☐
						☐	Sluggish	☐

GCS:	Eyes	Verbal	Motor
6	-	-	Obeys
5	-	Oriented	Localizes
4	Spont.	Confused	Withdraws
3	Verbal	Inappropriate	Flexion
2	Pain	Incompr.	Extension
1	None	None	None

REFERENCE

4-pt AUSCULTATION

R.Apx	R.Bse		L.Apx	L.Bse
☐	☐	Clear	☐	☐
☐	☐	Absent	☐	☐
☐	☐	Crackle	☐	☐
☐	☐	Wheeze	☐	☐

Discharge: Ambulance Vehicle #:_____

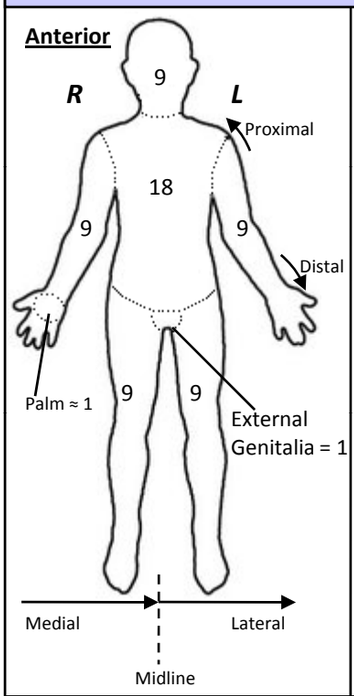
☐ Self ☐ Friend ☐ Residence ☐ Event Staff ☐ DUS ☐ Police

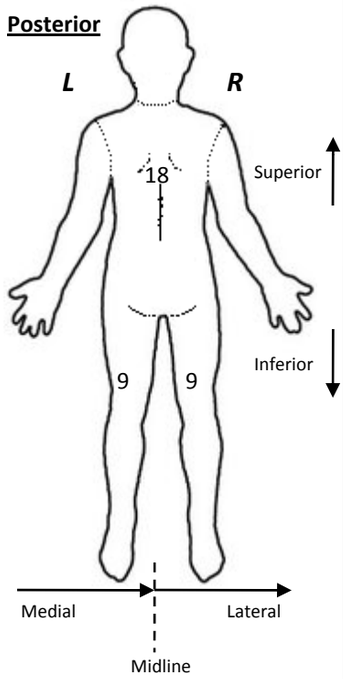
Transport Destination:

Patient Advised to see Physician: patient's initials

Treatment & Details:

Physical Reference & the Rule of Nines (Adult)





O.P.Q.R.S.T.

Onset

☐ Sudden ☐ Spontaneous
☐ Gradual ☐ Causal action/activity:

Provocation/Palliation

Quality

☐ Crushing/Pressure ☐ Pulsating/Throb ☐ Intermittent ☐ Radiating
☐ Numbness/Tingling ☐ Tender Palpation ☐ Sharp/Stabbing ☐ Dull
Other:

Radiation

Severity Circle **0 1 2 3 4 5 6 7 8 9 10** or Little Moderate Severe

Compared to previous occurrence: ☐ Less Pain ☐ Same ☐ Worse

Time

PHYSICAL EXAMINATION

Head/Neck

Chest/Abdomen

Back/Pelvis

Extremities

Treatment & Details continued:

Responder #1: *Signature:*

Responder #2: *Signature:*

Responder #3: *Signature:*

Refusal of Treatment: I hereby refuse first aid treatment and acknowledge that first aid treatment or further medical treatment was advised by CUSERT responders. I therefore release CUSERT and its responders from all liability for respecting my expressed wishes.

Patient Signature: **Date:** **Time:**

DUS Officer/Witness Name: Signature:

Address: Phone#: Stu#:

DUS Officer/Witness Name: Signature:

Address: Phone#: Stu#: