Department of University Safety

CUSERT
Carleton University Student Emergency Response Team

Patient Care Report

Confidential Once Submitted V 1.0

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
: ☐ Person ☐ Place ☐ Time	E / V / M	RATE:______ ☐ strong ☐ regular ☐ weak ☐ irregular	Rate/Rhythm/Volume		Colour/Temp/Moisture	____ ☐ ☐	Size (mm) PERL Sluggish	____ ☐ ☐
: ☐ Person ☐ Place ☐ Time	E / V / M	RATE:______ ☐ strong ☐ regular ☐ weak ☐ irregular	Rate/Rhythm/Volume		Colour/Temp/Moisture	____ ☐ ☐	Size (mm) PERL Sluggish	____ ☐ ☐
: ☐ Person ☐ Place ☐ Time	E / V / M	RATE:______ ☐ strong ☐ regular ☐ weak ☐ irregular	Rate/Rhythm/Volume		Colour/Temp/Moisture	____ ☐ ☐	Size (mm) 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

LUNGS

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

Discharge: Ambulance Vehicle #:______________

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

Rspndr1: ______ name ______ signature

Rspndr2: ______ name ______ signature

Treatment & Details:

Pt. Advised to see Physician:

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 express wishes.

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

DUS Officer/Witness Name: ______ Signature: ______

DUS Officer/Witness Name: ______ Signature: ______

Treatment & Details continued: