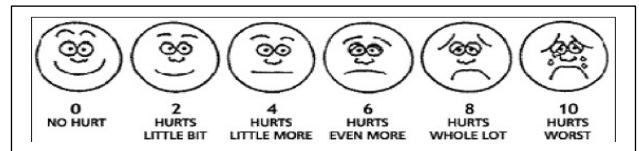


CHAP Emergency Patient Encounter Form

(Check One) (For details of interventions/treatments, see flow sheet.)



Choose the Face that Best Describes How You Feel

Is scene safe? Yes No If no, who was contacted _____

Primary Survey:

General Appearance: Sick Not Sick Stable Unstable

Life Threatening Bleed: Yes No Treatment _____

LOC: Alert Voice Pain Unresponsive Pain Level: ____/10 _____

Mechanism of Injury/Chief Complaint: _____

Circulation: (Pulse) (Check One) Normal Fast Slow Irregular CPR AED

Skin: Color _____ Temperature: _____ Moisture: _____

Airway Open? Yes No Jaw Thrust Head Tilt Suction OPA NPA Other _____

Breathing: Normal Fast Slow Working Hard: Yes No Abnormal Breath Sounds: Yes No

Rescue Breathing: Yes No

Naloxone: Yes No [if yes] Route: IM ___ Intranasal ___ Dose: _____ Number of Doses given? _____

Bleeding Treatment? (if needed) Direct pressure Tourniquet Packing

Oxygen: Start time: _____ Via: Nasal Cannula Non-Rebreather O2 Flow Rate _____ SpO2% _____

Transport Decision: Contact Physician Yes No Medevac Requested Yes No

Secondary Survey (done in controlled environment/clinic)

Consider Spinal Motion Restriction: Cervical Collar: Yes No Vacuum Splint/Spine Board: Yes No

Vital Signs: P _____ R _____ BP _____ / _____ SpO2 _____ % Time: _____

Use the CHAP Patient Encounter Flow Sheet to document further vital signs and interventions/procedures/changes/physician consult.

SAMPLE History:

Signs & Symptoms: _____

Allergies: _____

Medicines: _____

Past Medical History: _____

Last meal and fluids: _____ Content: _____

Event: _____

Additional OPQRST History: (as needed to assess pain)

Onset: _____

Provocation: _____

Quality: _____

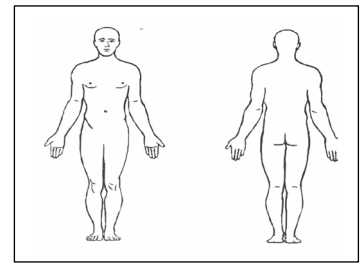
Radiation: _____

Severity: _____

Time: _____

Last Name: _____	Date: _____
First Name: _____	Time: _____
Sex: _____	Village: _____
DOB: _____	CHA/P: _____
MRN: _____	On Call Doctor: _____

Secondary Survey Exam (Head to Toe Exam)



Head: _____

Face: _____ Eyes: _____

Ears/Nose: _____ Mouth: _____

Neck: _____

Chest: _____

Abdomen: _____

*(If more than 20 weeks Pregnant :) Uterus above level of belly button? Yes No Manual Displacement? Yes No

Fundal Height: _____ Fetal Heart Tones: _____ Fetal Movement: Yes No Contractions Yes No

Vaginal Bleeding Yes No Describe: _____ (use flow sheet for repeat exam findings)

Pelvis: Stable Unstable Pelvic Splint Applied. Yes No

Arms/Legs _____ Splinting? Yes No

Back/Buttocks: _____

Assessment: _____

Package for Transport: C-Collar Yes No Transport Device: Vacuum Spine Board

Other _____

Shock Management (if needed): Lay Flat High Flow oxygen Keep Warm IV: Yes No

Medevac Information:

Medevac ordered by (Physician Name) _____

Physician Assessment: _____

Reason for Medevac: (check one) 1. Patient requires higher level of care.

2. No other means of transportation available; no road exists between village and hospital

Risk of Transfer: Explained the risk of transfer: Worsening of condition and/or increased pain. Initial _____

Accepting Organization/Provider: _____

Time and date care transferred/ Transferred care to: _____

Plan if not medevac'd: _____

Medicines: _____ Verbal Order/Read Back Yes No

Special Care/Other Care: _____

Recheck/Follow up: _____

Last Name: _____	Date: _____
First Name: _____	Time: _____
Sex: _____	Village: _____
DOB: _____	CHA/P: _____
MRN: _____	On Call Doctor: _____

- The form is designed so descriptors can be checked or circled for quick, thorough documentation.
- Details of ongoing interventions or treatments should be documented on the accompanying CHAP Patient Encounter Flow Sheet.
- Follow regional guidelines for what to do with the information recorded on this CHAP EMS PEF.

Your program/THO/department may have you transcribe the information into an Electronic Health Record (EHR) or photograph or scan the document directly into the patient chart.

CHAP PATIENT ENCOUNTER FLOW SHEET

- This can be used to document care of a single patient encounter requiring emergency care, care for an extended time or multiple interventions. (You still need to complete other documentation on a PEF or EHR.)
 - Time: Record time using AM or PM or 24 hour clock each time an assessment, intervention, or treatment is done.
 - Pulse: Include Rate (fast, slow or actual beats/min.), Rhythm (regular or irregular).
 - Resp: Include Rate (fast, slow or actual breaths/min.), Quality (working hard to breathe?), Abnormal sounds? If doing Rescue Breathing, include this in Comments, rate and how long you perform this.
 - B/P: Include results. In comments also include how taken (manually auscultation, palpation, machine).
 - Skin: Include Color (pale, gray or bluish, yellow, red, etc.), Temperature (cool, warm, hot), Moisture (wet, dry).
 - SpO2: Record % and whether on room air or Oxygen. If using Oxygen, include in Comments the flow rate and delivery system.
 - LOC: Using AVPU (Alert, Responds to Voice or Pain, Unresponsive). Describe response.
 - Interventions/Procedures/Physician Consult.

As you do things to or for the patient, document the time and describe. For example:

- Where tourniquet or bandage is placed, and rechecks for signs of bleeding again
- What type of splint applied, and results of rechecking CSM before and after
- IV: type of fluid, catheter size, location, flow rate, time started or stopped
- Oxygen: rate, delivery system (nasal cannula, non-rebreather mask, blow by, BVM)
- Medicines given: name, strength, dose, route. Any response or change in patient's condition.
- Consultation/discussion/instructions from referral doctor and others
- Rechecks of physical findings (such as lung sounds, abdominal pain, etc.)

Follow regional guidelines for what to do with the information recorded on this FLOW SHEET.

Your program/THO/department may have you transcribe the information into an Electronic Health Record (EHR) or photograph or scan the document directly into the patient chart.