

INCIDENT ID / CASE ID PATIENT NAME SEX M / F AGE ... SOCIAL STATUS.....

CONTACT NUMBER OF VICTIM: 1)..... 2).....

PRESENTING SYMPTOMS a) Type of Emergency
 b) MCI
 c) (IF OTHERS SPECIFY).....

PATIENT'S CONDITION IN BRIEF

PRE HOSPITAL CARE
1)
2)
3)
4)

PULSE	BP	PUPIL		LOC				RBS	Spo2
		LT	RT	A	V	P	U		

MEDICAL DIRECTION (IF ANY) (a) Medicines Used.....Qty.....
 Medical Consumables Used:.....

ERCP Name:

REASON FOR REFUSAL :

SOURCE HOSPITAL DESTINATION HOSPITAL TIME OF HAND OVER /.....
 ASSET HANDOVER (IF ANY) a)..... b).....

NAME AND SIGNATURE OF PERSON WHO RECEIVED ASSETS (IF APPLICABLE).....

EMP IDSIGN SIGN/THUMB IMPRESSION OF PATIENT / ATTENDANT

SIGN OF HOSPITAL STAFF

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Presenting Symptoms	
1	Unconscious
2	Bleeding
3	Difficulty in mobility
4	Shock
5	Pregnancy pains
6	Difficulty in breathing
7	Difficulty in vision
8	Difficulty in speech
9	Loose motions
10	Disarticulation/amputation
11	Chest pain
12	Swelling/oedema
13	Vomiting
14	Abnormal behavior
15	Convulsions
16	Anaphylactic shock
17	Semi Conscious
18	Others

Type of Emergency	
1	Trauma (Vehicular)
2	Trauma (Non Vehicular)
3	Assault/Violence
4	Burns/Fire
5	Industrial
6	Animal Bite/Attach
7	Poisoning (Accidental)
8	Cardiac/Cardiovascular
9	Stroke/Cerebro Vascular Accidents
10	Epilepsy
11	Respiratory
12	Diabetic
13	Abdominal
14	Pregnancy Related
15	Neonatal
16	Pediatric
17	Fevers (all types) and infections
18	Allergic Reactions
19	Unconscious Patient
20	Behavioral
21	Intentional Self harm - Suicide attempt
22	Environment
23	Hazmat (Hazardous Materials)
24	Disasters (Natural/Manmade)
25	Others

A	Alert
V	Response to Verbal Stimuli
P	Response to Painful Stimuli
U	Unresponsive

Reasons for not serving victim	
1	Hoax Call
2	Prevented by onlookers
3	Refusal to be attended
4	Victim already shifted
5	Victim dead after arrival
6	victim dead before arrival
7	Others