Example of Patient Clinical Record (PCR Form)

FIR NUMBER

Welsh Ambulance Services

FIRST/CO RESPONDER INCIDENT REPORT

DATE / / **AMBULANCE INCIDENT NUMBER** **AMPDS CODE**

CALL SIGN **FIRST/CO RESPONDER PIN NUMBER**

CALL RECEIVED AT AMB CONTROL
TIME CALL RECEIVED
TIME RESPONDER MOBILE
TIME RESPONDER ON SCENE

LEFT SCENE
TIME RESPONDER CLEAR
AT HOSPITAL
HOSPITAL

PATIENT DETAILS

SEX **M** ○ **F** ○ **D.O.B** **AGE**

LOCATION OF INCIDENT

PRIMARY SURVEY

PRIMARY SURVEY TIME

RESPS ○ A ○ V ○ P ○ U

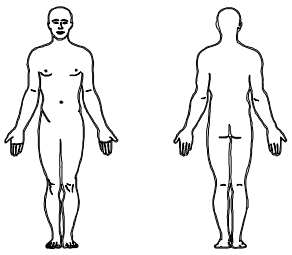
PULSE

F = FOREIGN OBJECT
C = CONTUSION
H = HAEMORRHAGE
A = ABRASION
L = LACERATION

D = DISLOCATION
 # = FRACTURE

B = BLUNT TRAUMA
P = PAIN

% BURN (SHADE AREA)



AIRWAY AND BREATHING

OPA ○ POCKET MASK ○

SUCTION ○ BVM ○

OXYGEN THERAPY

○ 28% ○ 100%

DURATION **MIN**

ENTONOX

○ yes ○ no

OTHER DRUG **ADMINISTERED BY**

CARDIAC ARREST DETAILS

WITNESSED ARREST	BYSTANDER CPR	RESPONDER CPR	DEFIB	NUMBER OF SHO
○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	

C/O

O/E

ALLERGIES

MEDICATIONS