Republic of the Philippines
Province of Bulacan
Municipality of Baliwag
MUNICIPAL DISASTER RISK REDUCTION AND MANAGEMENT OFFICE
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Rescue FVE
PRE – HOSPITAL CARE REPORT

MDRRM Form No. 1, 2016

Dispatch Information

DATE: UNIT:	TYPE OF EMERGENCY CALL: ○ MEDICAL ○ TRAUMA ○ TRANSFER				INCIDENT:
DEPRT HQ:	ARR.SCENE:	DEPRT.SCENE:	ARR.HOSPITAL:	DEPRT.HOSPITAL:	ARR.:HQ:
PERSON PRESENT UPON ARRIVAL: ○ BRGY ○ POLICE ○ BFP ○ TRAFFIC ○ RELATIVE ○ BYSTANDER					

Patient Profile

Name:	Address:	Age:	Sex:
Contact No:	Site of Incident:		
CHIEF COMPLAINT/S			

Initial Assessment

LOC: ○ Alert ○ Verbal ○ Pain ○ Unconscious/Unresponsive SPINAL INJURY: ○ + ○ -

CIRCULATION: PULSE ○ Present ○ Strong ○ Weak ○ Unequal ○ Rapid ○ Thready ○ Absent BLEEDING - +
Location/s: _____ Controlled: ○ Yes ○ No
How: ○ Direct Pressure ○ Elevation ○ Pressure Point ○ Tourniquet

AIRWAY: ○ Open ○ Close ○ HTCLM ○ Modified Jaw Thrust ○ Finger Sweep ○ Abdominal Thrust ○ Back blows ○ Suction
TRACHEA ○ Normal & Stable ○ Deviated ○ JVT ○ Step-Down

BREATHING: ○ No Dyspnea ○ Dyspnea ○ Labored ○ Gasping ○ Stridor ○ Other _____ ○ Adequate
○ Inadequate ○ No Breathing ○ OPA ○ NPA ○ O2 not required O2 given at _____ LPM via ○ NC ○ NRM ○ PRM
Others _____ ○ Clear Breath Sounds ○ Breath Sounds ○ Wheezing ○ Others _____

TIME	_____	_____	_____	_____	_____	_____
VITAL SIGNS:	_____	_____	_____	_____	_____	_____
BP	_____	_____	_____	_____	_____	_____
PR	_____	_____	_____	_____	_____	_____
RR	_____	_____	_____	_____	_____	_____
TEMP	_____	_____	_____	_____	_____	_____

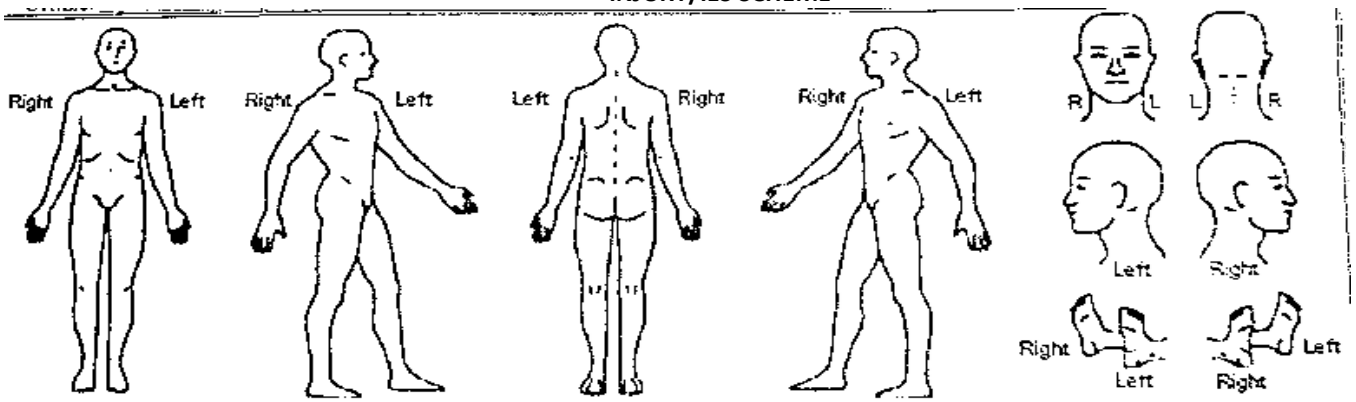
PUPIL: ○ PEARRL ○ Unequal ○ Dilated ○ Constrict ○ Sluggish ○ No Reaction TIME: _____

SKIN: ○ Warm ○ Dry ○ Cool ○ Moist ○ Pale ○ Flushed ○ Jaundice TIME: _____

PAIN ASSESSMENT: LOCATION/S: _____
Onset: ○ Sudden ○ Gradual ○ Others: _____ **Provocation:** ○ None ○ Movement ○ Others: _____
Quality: ○ Crushing ○ Stabbing ○ Aching ○ Burning ○ Tearing ○ Cramping ○ Others: _____
Radiation: ○ None ○ Localized ○ Diffused ○ Moves ○ Others: _____ **Severity (1-10):** _____ **Time:** _____

Signs & Symptoms: _____
Allergies : ○ None ○ Food _____ ○ Drug _____ ○ Others _____
Medications: ○ None ○ Drug _____ Dose _____ For _____
○ None ○ Drug _____ Dose _____ For _____
Past Medical History: _____
Last Oral Intake: When: _____ What: _____
Events Leading to Injury: _____

INJURY/IES SCHEME



GSC: _____

POINTS: _____

Narrative Report:

PCR Accomplished by: _____ **License No.: _____**
Receiving Hospital: _____ **Time of Arrival: _____**
Referred to: _____ **License No.: _____**
Receiving Physician: _____ **License No.: _____**

RELEASE OF LIABALITY

REFUSAL TO CONSENT TO TREATMENT/ TRANSPORT TO HOSPITAL / TRANSPORT TO RESIDENCE

I, the undersigned, have been advised that medical assistance on my or the patient's behalf is necessary and that my refusal to allow such assistance/request transport to another facility may result in death or endanger my or the patient's health. I have been advised of and full understand the nature of the risk I am taking by refusing medical assistance/requesting to transport to another facility. I assume all responsibility for the consequences of my decision.

I, hereby release **RESCUE FVE – MDRRMO, BALIWAG, BULACAN** and any and all persons employed by or responding with them and all liability which arises now or may arise in the future from:

- The consequences of this refusal of emergency medical care / refusal to treatment
- Transportation to hospital
- Hospital to hospital transport
- Hospital to residence transport

This liability is binding on anyone acting on my behalf, personally or on behalf of my estate.

This release is signed in consideration of the fact that I have refused emergency medical treatment/ transfer/ requested transport care offered to me or in behalf of the patient.

_____
Patient's Signature or if Minor, Parent / Legal guardian

WITNESSED BY:

_____ **Address / Contact No.: _____**
Signature over printed name

TEAM RESPONDED: _____ **TEAM LEADER: _____** **DRIVER: _____**
CREW: _____ _____ _____