London Health Sciences Centre
Southwest Centre for Prehospital Medicine

Fire - Medical Assist Report

Confidential when Completed

CALL INFORMATION:		
Incident Number:	Date DD/MM/YYYY:	Form Completed by:
Location:		
Platoon:	Vehicle:	Officer:
Time On Scene:	Patient Contact Time:	Patient Care Transferred at:

PATIENT INFORMATION:		
Name:	Sex:	Date of Birth DD/MM/YYYY:
	☐ MALE ☐ FEMALE ☐ Other	
Address:		Address same as location
		YES ☐ NO ☐

CHIEF COMPLAINT		Level of Consciousness	
☐ Medical VSA	☐ Anaphylaxis	☐ Alert	☐ Rouses to Painful Stimuli
☐ Trauma VSA	☐ Other	☐ Rouses to Verbal Stimuli	☐ Unresponsive
☐ Suspected Opioid Overdose			
PMHx: ☐ Anaphylaxis			

INCIDENT HISTORY

PATIENT CARE

CPR		DEFIBRILATION	
Time Started:	By: ☐ Fire ☐ Police ☐ Bystander	Time AED applied:	Time of ROSC:
Arrest Witnessed: ☐ No ☐ Fire ☐ Police ☐ Bystander		1st shock by: ☐ Fire ☐ Police ☐ Public AED	
Airway	☐ OPA ☐ BVM ☐ Oxygen amount provided		

INTERVENTIONS

TIME	DETAILS	HR	BP	RR	Sp02	SPCO	TEMP	SHOCK GIVEN
								☐ YES ☐ NO
								☐ YES ☐ NO
								☐ YES ☐ NO
								☐ YES ☐ NO
								☐ YES ☐ NO

CARE COMMENTS – any pertinent information related to the call

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