

RECEIVING HOSPITAL NOTIFICATION PATCH REPORT

CALL INFORMATION				HSN Admin Only
Call Date: mm/dd/yyyy	Call Time:	Call Number:	Vehicle #:	Transport ID:

PARAMEDIC SERVICE / LEVEL OF CARE (Circle service/level)								
Algoma	Cochrane	Manitoulin-Sudbury	Nipissing	Parry Sound	SS Marie	Sudbury	Timiskaming	WAHA
PCP	PCP	PCP	PCP/ACP	PCP	PCP	PCP/ACP	PCP	PCP

INCIDENT HISTORY	CARDIAC ARREST INFORMATION		
	Time Last Seen Well:		
	Witnessed By:	<input type="checkbox"/> Bystander	<input type="checkbox"/> EMS <input type="checkbox"/> Fire
	Initial Rhythm:		
	Current Rhythm:		
	# Analysis:	# Shocks :	# No Shocks:
	Medications Given:		
	ETCO2 value:		
	Total Resuscitation Time:	Total Downtime:	
	ROSC:	DNR:	

	<input type="checkbox"/> Acetaminophen <input type="checkbox"/> ASA <input type="checkbox"/> Dextrose (IV) <input type="checkbox"/> Dimenhydrinate <input type="checkbox"/> Diphenhydramine <input type="checkbox"/> Epinephrine 1:1000 <input type="checkbox"/> Glucagon <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Ketorolac <input type="checkbox"/> Naloxone <input type="checkbox"/> Nitroglycerin <input type="checkbox"/> Salbutamol		<input type="checkbox"/> Adenosine <input type="checkbox"/> Amiodarone <input type="checkbox"/> Atropine <input type="checkbox"/> Calcium Gluconate <input type="checkbox"/> Diazepam <input type="checkbox"/> Dopamine <input type="checkbox"/> Epinephrine 1:10,000 <input type="checkbox"/> Fentanyl <input type="checkbox"/> Haloperidol <input type="checkbox"/> Ketamine <input type="checkbox"/> Lidocaine <input type="checkbox"/> Midazolam <input type="checkbox"/> Morphine <input type="checkbox"/> Oxytocin <input type="checkbox"/> Sodium Bicarb	
	<input type="checkbox"/> 12/15 Lead <input type="checkbox"/> CPAP <input type="checkbox"/> Defibrillation <input type="checkbox"/> Supraglottic Airway <input type="checkbox"/> IV Access/Bolus		<input type="checkbox"/> Cardioversion <input type="checkbox"/> Intubation <input type="checkbox"/> Intraosseous <input type="checkbox"/> Needle Thoracotomy <input type="checkbox"/> Pacing <input type="checkbox"/> Valsalva	
	<input type="checkbox"/> Atropine <input type="checkbox"/> Glycopyrrolate <input type="checkbox"/> Haloperidol <input type="checkbox"/> Ondansetron		<input type="checkbox"/> Hydromorphone	
<input type="checkbox"/> TOR: Time: _____	<input type="checkbox"/> Transport	<input type="checkbox"/> Refusal <input type="checkbox"/> Treat & Release/Refer		

BHP # _____	Signature: _____	<input type="checkbox"/> BHP Requests Audit Review (Add notes on reverse side ☞)
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HSNCPC MEDICAL DIRECTOR QUALITY ASSURANCE REVIEW		
<input type="checkbox"/> Audit to File/No Further Action Required	Audited By: _____	Date: _____
<input type="checkbox"/> Further Review Required (Add notes on reverse side ☞)		