

# ADVANCED PROTOCOL INITIATION REPORT (PIR)

INCIDENT INFORMATION					
RESPONSE TEAM NAME	PROVIDER(s) NAME(s)	*INCIDENT DATE	*INCIDENT TIME	ACTIVITY	CWSAA or IEM REPORT #
			____ : ____		<input type="checkbox"/> N/A

PATIENT INFORMATION					
NAME	GENDER	*DATE OF BIRTH	AGE	CHIEF COMPLAINT	
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT SPECIFIED				
HISTORY of CHIEF COMPLAINT (Mechanism of Injury / Nature of Illness) _____					
PAST MEDICAL HISTORY <input type="checkbox"/> UNKNOWN			PREVIOUS CARDIAC HISTORY? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> UNKNOWN		
MEDICATIONS <input type="checkbox"/> UNKNOWN			ALLERGIES <input type="checkbox"/> NKDA <input type="checkbox"/> UNKNOWN		

*TIME	VITAL SIGNS					DIAGNOSTIC SIGNS		
	LOR (GCS)	RESP	PULSE	TEMP / SKIN	BP	CMS	PUPILS	SPO <sub>2</sub>
____ : ____							<input type="checkbox"/> REACTIVE <input type="checkbox"/> NON-REACTIVE	<input type="checkbox"/> EQUAL <input type="checkbox"/> UNEQUAL
____ : ____							<input type="checkbox"/> REACTIVE <input type="checkbox"/> NON-REACTIVE	<input type="checkbox"/> EQUAL <input type="checkbox"/> UNEQUAL

PROTOCOL SPECIFIC REPORTING									
NITROUS OXIDE	START PSI	END PSI	ADVANCED PROCEDURE? <input type="checkbox"/> No <input type="checkbox"/> Yes	CHEST AUSCULTATED? <input type="checkbox"/> No <input type="checkbox"/> Yes	ADVERSE EFFECTS (specify): _____ <input type="checkbox"/> N/A			PAIN SCALE (1-10) PRE-TX   POST-TX	
	FOOTWEAR REMOVED? <input type="checkbox"/> No <input type="checkbox"/> Yes	APPLIED ON-SCENE? <input type="checkbox"/> No <input type="checkbox"/> Yes	LBS. TRACTION APPLIED _____	TRACTION DEVICE <input type="checkbox"/> SAGER <input type="checkbox"/> SLISHMAN	CIRCULATION, MOBILITY, SENSATION PRE-APPLICATION   POST-APPLICATION		PAIN SCALE (1-10) PRE-TX   POST-TX		
MEDICATIONS <input type="checkbox"/> ACETAMINOPHEN <input type="checkbox"/> ASPIRIN <input type="checkbox"/> EPINEPHRINE <input type="checkbox"/> IBUPROFEN <input type="checkbox"/> LORATADINE <input type="checkbox"/> METHOXYFLURANE <input type="checkbox"/> NALOXONE	*TIME – 1 <sup>ST</sup> DOSE ____ : ____	EFFECT	*TIME – 2 <sup>ND</sup> DOSE ____ : ____	EFFECT	*TIME – 3 <sup>RD</sup> DOSE ____ : ____	OVERALL RESULT <input type="checkbox"/> NO IMPROVEMENT <input type="checkbox"/> MINIMAL IMPROVEMENT <input type="checkbox"/> MODERATE IMPROVEMENT <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT <input type="checkbox"/> RESOLVED <input type="checkbox"/> N/A			
	PAIN SCALE (1-10) PRE-TX   POST-TX		PAIN SCALE (1-10) PRE-TX   POST-TX						
AED	*TIME AED APPLIED ____ : ____	BYSTANDER CPR? <input type="checkbox"/> No <input type="checkbox"/> Yes	EFFECTIVE CPR? <input type="checkbox"/> No <input type="checkbox"/> Yes	# OF SHOCKS DELIVERED	RETURN OF SPONTANEOUS CIRCULATION?   BREATHING? <input type="checkbox"/> No <input type="checkbox"/> Yes		POST AED INCIDENT REPORT COMPLETED? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	*TIME OF INSERTION _____	# INSERTION ATTEMPTS _____	SGAD SIZE _____	SGAD TYPE <input type="checkbox"/> KING <input type="checkbox"/> i-gel <input type="checkbox"/> LMA		PRE-INSERTION GASTRIC DISTENTION PRESENT? <input type="checkbox"/> No <input type="checkbox"/> Yes			

PATIENT TRANSPORTATION		
MODE OF TRANSPORTATION	POSITION OF PATIENT	PATIENT'S HEAD POSITION
<input type="checkbox"/> T-BOG <input type="checkbox"/> LITTER <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> HELI <input type="checkbox"/> CDFL <input type="checkbox"/> WALK	<input type="checkbox"/> SUPINE <input type="checkbox"/> SEMI-RECUMBENT <input type="checkbox"/> SUP/LATERAL <input type="checkbox"/> 3/4 PRONE	<input type="checkbox"/> HEAD-UP HILL <input type="checkbox"/> HEAD-DOWN HILL

PROTOCOL REPORTING CONTROL		
DATE EMAILED	EMAILED BY (INITIALS)	DESTINATION
		<input type="checkbox"/> HOME/HOTEL <input type="checkbox"/> REFUSED <input type="checkbox"/> EMS <input type="checkbox"/> MORGUE <input type="checkbox"/> HOSP/CLINIC _____

\*TIMES are written in 24 hour format = 13:10

\*DATES are written as = dd/mm/yy

SCAN & FORWARD TO: meddirection@peakemergencytraining.com

06/2023