Patient Care Report

Section 1. Pre-Care Information	
Incident date (yyyy/mm/dd): 2023 /12 /28	Incident number: 000
Incident address: 123 Alison drive	Incident city: Auckland
Incident state: Auckland	Area/Zip code: 000
Incidence location type: Patient's backyard garden of her home.	
Section 2. Emergency Services	
Emergency medical dispatch performed: ☐ No ☐ Yes, pre-arrival by bystanders ☑ Yes, on-arrival by emergency services	If **yes**, elaborate on medical dispatch details performed: Epinephrine auto-injector (Epipen) was used on arrival.
Chief complaint (reported by dispatch): Patient had an allergic reaction, suspected to be due to a wasp.	
Dispatch or vehicle number: 000	Emergency service officer name: John Jackson
J. Jackson Signature	Date (yyyy/mm/dd): 2023 /12 /28
Section 3. Patient Information	
Last name: Jones	First name: Regina MI:
Date of birth (yyyy/mm/dd): 2001 /10 /12	Age: 22
Gender: ☑ Female ☐ Male ☐ Prefer not to say	SSN: 0000

Race: European	Ethnicity: New Zealand

Patient address:

☑ Same as incident (skip Section 3a)

☐ Other (complete Section 3a)

Section 3a. Patient Address

Street address:	City:
State:	Area/Zip Code:

Section 4. Patient Health Status

Previous medical history:
Has been relatively healthy prior to the incident.

Previous medications:
Not applicable

Current medications:
Not applicable

Allergies (if known):
None

Patient chief complaint:
Felt her skin began swelling, eyes itchy and difficulty breathing.

Additional notes/information:
Patient was outside gardening and got stung by a wasp, before beginning to feel poorly.

Section 5. Vital Signs

Level of Consciousness (L.O.C)	Speech
• Alert _____	• Coherent - patient was able to convey
• Voice - strained, but still able to ve	• Incoherent _____
• Pain _____	• Slurred _____
• Unresponsive _____	• Silent _____

Skin • Normal _____ • Damp - sweating _____ • Hot _____ • Cold _____	Colour • Normal _____ • Cyanotic _____ • Flushed - redness in face and limbs _____ • Pale _____
Respiration • _____ Normal • _____ Rales • 26 _____ Distressed • _____ Absent	Pulse (bpm) • _____ Normal • 128bpm _____ Rapid • _____ Slow • _____ Absent
Blood Pressure • _____ Normal • 125 (systoli _____ High • _____ Low	Additional notes/checks:
Section 6. Physical Examination	
Injury Present: • Yes (go to section 6a.) • No (skip to section 6b.)	
Section 6a. Injury	
Cause of injury:	Injury Type: ☐ Burn ☐ Blunt ☐ Penetration ☐ Other: _____ ☐ Unknown
Additional notes:	

Section 6b. Substance Use

Indicators:

- [x] None
- [ ] Smell of alcohol on breath
- [ ] Slurring or intoxicated behaviours
- [ ] Alcohol or drugs found on scene or on patient
- [ ] Patient admits to alcohol use
- [ ] Patient admits to drug use

Additional notes (i.e., substance details):

Section 7. Preliminary Diagnosis

Preliminary Diagnosis: Patient is likely to have had an anaphylactic reaction to wasps.

Additional notes and procedures:
Skin prick test to identify antibodies to the wasp venom.

Dr. Michael Harrison
Practitioner name

M. H.
Practitioner signature

Date (yyyy/mm/dd): 2023/12/28

Section 8. Patient Diagnosis

Diagnostic procedures:
Skin prick test

Resources and tools used:
Skin prick test resources, including laboratory equipment.

Results:
Presence of antibodies to wasp venom.

Diagnosis:
Patient has an allergy to wasps. Given the severity of the reaction, this is likely to be an anaphylacitc allergy.

Medical condition(s):

- [ ] Abdominal pain
- [ ] A.M.S
- [ ] Amputation
- [ ] Altered L.O.C
- [ ] Anaphylaxis
- [ ] Burns
- [ ] Cardiac Arrest
- [ ] Cardiac Chest pain
- [ ] Childbirth
- [ ] Congestive heart failure
- [ ] Coma
- [ ] CVA
- [ ] Head trauma
- [ ] Hyperthermia
- [ ] Hypothermia
- [ ] MVC
- [ ] Falls
- [ ] Full arrest
- [ ] Poisoning/overdose
- [ ] Respiratory complaints
- [ ] Seizures
- [ ] Shock
- [ ] Stroke
- [x] Other(s): wasp allergy

Additional notes:
Patient has been provided information regarding wasp allergies, including an action plan for anaphylaxis and an Epipen.

Dr. Michael Harrison
Practitioner name

M. H.
Practitioner signature

Date (yyyy/mm/dd): 2023/12/29

Section 9. Patient Consultation

- **Patient grants treatment (go to section 9a**)
- Patient refuses treatment (go to section **9b.**

Section 9a. Verification

This is to verify the patient accepts treatment and is aware of the risks of doing so.

Regina Jones
Patient name

R. J.
Patient signature

Date (yyyy/mm/dd): 2023/12/29

Michael Jones
Witness name

Witness signature

Date (yyyy/mm/dd): 2023/12/29

Section 9b.

This is to verify the patient refuses treatment and is aware of the risks of doing so.

Patient name

Patient signature

Date (yyyy/mm/dd): _____/____/____

Witness name

Witness signature

Date (yyyy/mm/dd): _____/____/____

Section 10. Treatment and Interventions

Treatment type(s): Antihistamines, oxygen, and ibuprofen to reduce pain and swelling

Treatment detail(s): Intravenous (IV) antihistamines
Oxygen provided through oxygen mask
Ibuprofen provided orally

Medication(s): Intravenous antihistamines
Ibuprofen

Libby Richardson
Treatment administrator

L.H
Signature

Date (yyyy/mm/dd): 2023/12/29

Patient response(s) to treatment:
Patient responded well to treatment.

Additional notes:

Michael Harrison
Practitioner's name

M. H.
Practitioner's signature

Date (yyyy/mm/dd): 2023/12/29

Section 10. Summary

Patient care summary:

Patient was diagnosed with an anyphalactic allergy to wasps. Patient accepted treatment, and was given intravenous antihistamines and oxygen, with oral ibuprofen when required to reduce swelling and provide pain relief. Patient also received informaiton about her allergy, was provided an Epipen and an allergy action plan in case of future anaphylaxis.

Medications:
Antihistamine
Ibuprofen

Recommendations:
Patient should recover well, but it is recommended she discusses her allergy with those around her, distributing copies of her allergy action plan and how to use an Epipen for future instances.

Follow-up: 2024/01/05

Additional notes:
Patient was discharged on the 2023/12/31

Michael Harrison
Practitioner's name

M. H.
Practitioner's signature

Date (yyyy/mm/dd): 2023/12/31