Patient Care Report
Medical First Response

Department/Agency/Municipality	Date: yyyy/mm/dd	EMS Event #	MFR Event#	MFR – Arrived On Scene Hrs

MFR Unit #	Incident Location	AMPDS (Event Code)

Patient Information

Pt ___of___ | Gender: ☐ M ☐ F ☐ U | Patient's Age Range: ☐ Infant(0-1) ☐ Child(1-8) ☐ Youth(8-18) ☐ Adult(18-65) ☐ Senior(65+)

Chief Complaint

Responder Impression Code (RIC): ☐ Red ☐ Yellow ☐ Green ☐ Black ☐ White

Patient Location/Position

General Comments

Assessment

Level of Consciousness	Airway	Breathing	Circulation	Skin Colour	Skin Temp	Skin Condition
☐ Alert ☐ Responds to voice ☐ Responds to pain ☐ Unresponsive	☐ Patent ☐ Partial obstruction ☐ Full obstruction	☐ Normal ☐ Laboured ☐ Shallow ☐ Absent	☐ Strong ☐ Weak ☐ Absent ☐ Regular ☐ Irregular	☐ Pink ☐ Pale ☐ Cyanotic (Blue/Gray) ☐ Flushed	☐ Hot ☐ Warm ☐ Cool ☐ Cold _____ ˚C	☐ Dry ☐ Wet/Moist **Pupil Reaction** ☐ Equal/Reactive ☐ Unequal/Non-reactive

Vitals *(additional information may be recorded on reverse side)*

Time	Pulse	Resp Rate	BP	Pupil	SpO2	BGL
				mm		
				mm		
				mm		

Area of Injury/Illness

☐ Head ☐ Face ☐ Neck
☐ Shoulder ☐ Arm ☐ Hand
☐ Abdomen ☐ Pelvis ☐ Buttocks
☐ Groin ☐ Leg ☐ Foot
☐ Chest ☐ Other:_____

Describe Injury/Illness:

Treatment

Airway	Breathing	CPR	AED
☐ Suction ☐ Head tilt ☐ Jaw thrust ☐ OPA ☐ Other:	☐ BVM ☐ Pocket Mask ☐ Nasal cannula ☐ Non-rebreather _____ LPM	☐ Bystander CPR ☐ MFR CPR ☐ Pulse returned Total Time of CPR_____ min (prior to EMS arrival)	☐ Public Device ☐ MFR Device ☐ Shocks delivered Total Shocks: _____

Trauma Treatment

☐ Bleeding Control ☐ Manual C- Spine
☐ Backboard ☐ C-collar
☐ Splint ☐ KED
☐ Other: _____

History & Treatment *(additional information may be recorded on reverse)*

Allergies/Medication

Responder (Print Name) ☐ SFA ☐ FMR ☐ EMR ☐ EMT ☐ EMT-P | Signature

PCR Peer Reviewed ☐ Yes ☐ No | Reviewers Name

Escalation Required ☐ Yes ☐ No If Yes, Reason:

Alberta Medical First Responder Program – Terms and Conditions found at www.albertamfr.ca.
Submit completed forms by pdf to: mfr@albertahealthservices.ca or Mail: **c/o Alberta MFR** 10710-97 Street, Grande Prairie T8V-7G6 Fax 780 513 5288
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