NIGHTCLUB PATIENT REPORT FORM

Quad Medical Ltd
Event Medical Provider
www.quadmedical.co.uk

Date		**Event**	
Time		**Venue**	
QML Staff			

Patient First Name:	**Last Name:**	**D.O.B:**	**Age:**
Address:			
Email Address:		**Telephone:**	
N.O.K/Accompanying Adult Details:			

		TIME												
A+B	Respirations Breaths/min	≥25												3
		21–24												2
		18–20												
		15–17												
		12–14												
		9–11												1
		≤8												3
A+B	SpO_2 Scale 1 Oxygen saturation (%)	≥96												
		94–95												1
		92–93												2
		≤91												3
	SpO_2 Scale 2† Oxygen saturation (%) Use Scale 2 if target range is 88–92%, eg in hypercapnic respiratory failure †ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2												3
		95–96 on O_2												2
		93–94 on O_2												1
		≥93 on air												
		88–92												
		86–87												1
		84–85												2
		≤83%												3
	Air or oxygen?	A=Air												
		O_2 L/min												2
		Device												
C	Blood pressure mmHg Score uses systolic BP only	≥220												3
		201–219												
		181–200												
		161–180												
		141–160												
		121–140												
		111–120												
		101–110												1
		91–100												2
		81–90												3
		71–80												
		61–70												
		51–60												
		≤50												
C	Pulse Beats/min	≥131												3
		121–130												2
		111–120												
		101–110												1
		91–100												
		81–90												
		71–80												
		61–70												
		51–60												
		41–50												1
		31–40												
		≤30												3
D	Consciousness Score for NEW onset of confusion (no score if chronic)	Alert												
		Confusion												3
		V												
		P												
		U												
E	Temperature °C	≥39.1°												2
		38.1–39.0°												1
		37.1–38.0°												
		36.1–37.0°												
		35.1–36.0°												1
		≤35.0°												3
NEWS TOTAL														
Monitoring frequency														
Escalation of care Y/N														
Initials														

Initial Assessment

Presenting Complaint			
History of Presenting complaint			
Time		**Patient Allergies**	
Safeguarding concerns? (If yes please complete referral)			**Y/N**
Past Medical History			
Airway			
Breathing			
Circulation			
Disability			
Exposure			
Initial NEWS & Plan			

NEWS GRADED RESPONSE STRATEGY

NEWS SCORE	Frequency of monitoring	Clinical Response
0	Hourly or if patient condition changes	Continue routine NEWS monitoring with every set of observations
Low 1- 4	Hourly or if patient condition changes	Place NEWS in context of clinical presentation if patient appears unwell despite low NEWs then increase monitoring as appropriate
Medium Total: 5 Or ≥3 in any parameter	Increase Frequency to every 15 mins and record half hourly a	1. Registered person or event lead must assess the patient 2. Check blood glucose
High ≥7	Increase frequency to continuous observations & document minimum 15 min intervals	1. Clinical lead must assess patient 2. Check blood glucose 3. Consider immediate transfer to hospital

Red Flags Signs & Symptoms : Patients presenting with the following be considered for immediate transfer to hospital

- Chest pain which is suspected to be cardiac in origin - Seizures - More than 2 poisoned clubbers per venue medic - Body temperature 38 degrees and above not settling after 15 minutes rest - Body temperature greater than 40 degrees at any time - Heart rate greater than 140 bpm not settling within 15 minutes - Systolic blood pressure less than 90mmHg or greater than 180mmHg - Blood pressure Diastolic greater than 110mmHg on 2 separate occasions at least 5 minutes apart - Confusion, significant agitation not settling within 15 minutes - Trismus (lock Jaw) which compromises the airway in patients with reduced GCS – Mechanism of injury or Trauma - Any clinical concerns from the medical staff caring for the patient

Continuation of Narrative Documentation

Time		QML Staff

Discharge Safety Information

NEWs Score 0 – 1 Observations done within 15 mins of discharge		**Patient alert and orientated, obeying commands**		**Patient assessed as able to safely mobilise independently**		**No Ongoing Safeguarding Concerns**	
Aftercare advice given and understood (Please detail advice)							
Discharged into the care of				**Relationship**			

Discharge Destination (please circle): Welfare Home Venue Security Hospital Other:

Declined Aid (Self Discharged)

Decision to be made	
Information provided to make the decision	
Can the patient retain the information provided to them ?	
Can the person demonstrate they understand the consequences of their decision ?	
Can the patient communicate their decision?	

If the patient does not have capacity: The assessor must record that the lack of capacity to make the decision is caused by the impairment or disturbance in the functioning of the person's mind or brain, and not due to other factors (such as outside influence or coercion, a history of being an indecisive person or the decision being significant and the person needs more time to consider it).Please see JRCALC flowsheet.

This is to certify that at my own insistence, and against the advice of
QML Staff Name(s): Position:
I have been informed by them of the dangers of discontinuing my care at this time. I release the company and its employees and all those involved in my care, from liability for any adverse results caused by my discontinuation of their service prematurely.

Patients Name: Patient Signature: Time: Date:
Witness Name: Witness Signature: