Aims

To ensure complete and appropriate documentation for all patients dealt with by the retrieval service

Background

Complete documentation is essential for all patients dealt with by the retrieval service for several reasons:

- Good clinical practice
- Clinical governance
- Medico-legal implications
- Evidence of level of retrieval service activity
- Facilitate follow-up of patients
- Future research and audit

Application

EMRS team members

Policy

Air transportation of critically ill and injured patients is high risk clinical activity. Ventilated patients transported by air at higher risk of episodes of unrecognised complications such as desaturation, hypotension and awareness. Accurate and complete documentation provides evidence that these complications have not occurred. Documentation also allows a comprehensive database of patients to be built, essential for service justification and future research.
**EMRS patients**

As a minimum, patients escorted by the retrieval service should have a standard patient data sheet completed in full. All available fields should be completed with a tick or circle to indicate a positive answer or appropriate numerical value. If a procedure has not been undertaken then leave blank (see example below).

Fig 1. Sample run sheet (1)

**Definitions**

To avoid confusion, standard definitions should be used for fields on the run sheet
**Source of referral** – Choose only one of these options. This should be who receives the first call the rural general / hospital practitioner makes regarding the patient.

**Location of pickup** – This should be the location where team pickup actually occurs

**Activation time** – time of phone call that results in EMRS decision to retrieve patient. Advice calls or discussions prior to this should be recorded separately

**EMDC call time** – time 1st phone call made to ambulance service

**EMDC decision** – time decision made regarding mode of transport, timing etc.

**Team ready** – time team are ready in PPE with equipment either at SECC for Helimed5 / SaR or time of arrival of EMRS team at airport for King Air

**Airborne time** – time aircraft 1st leaves ground

**On scene** – time of arrival at patient (not touchdown of aircraft)

**Depart scene** – time of leaving community hospital (or primary scene) with or without patient

**Arrive hospital** – time of arrival at destination hospital

**Back at SECC** - time of arrival back at base

**Additional Request**- with “Y” or “N” . Answer yes if another (third or more) call is received whilst both duty teams are on a mission, up to the point where the team have completed the mission and equipment restocking,

**Delay reason** – free text section for description of any delays in retrieval process

**Transport** – Circle main transport used for both outward and return part of retrieval. Ground transfers between aircraft and hospital do not count as “road vehicle”. If more than one mode of transport is used then indicate numerically in which order they were used

*Interventions*

**Airway**

**Reason for intubation** – primary reason for RSI e.g. reduced GCS, predicted
clinical course. If a patient has been intubated prior to EMRS arrival, document as “Intubated prior to EMRS Arrival”

**Grade** – best Cormack & Lehane laryngoscopy view achieved

**Outcome** – the final definitive airway achieved in the patient. “Successful” denotes any oral or nasal tracheal tube placed by whatever method.

**Complication during intubation** –

- **Desaturation** - fall of >10% from starting value. i.e. 88% from 99% or 83% from 94% starting
- **Hypotension** - fall to less than 90mmHg systolic of fall >10mmHg if starting <90mmHg
- **Number of attempts** - each time the laryngoscope is removed and patient re-oxygenated counts as 1 attempt

**Oxygenation**

Circle mode of ventilation
Numerical values for FiO₂, TV, Resp rate and PEEP

**IV Access**

Circle appropriate responses and free text locations.

**Drug/ Fluid**

Complete drugs, dose, route and time of administration.
Further area on back of sheet if required

**Interactions**

Complete tick box of all interventions utilised during mission
Observations

At Referral - should be the first complete set of observations given to the retrieval team
EMRS Arrival- should be first complete set of observations made by the retrieval team
Before departure - should be the last complete set of observations made by the retrieval team at the rural location or primary scene
At handover – should be last complete set of observations made prior to handover of patient at destination hospital
Initial triaged to – this is the initial decision about the correct destination for the patient

Handover

The following documentation should be photocopied at the receiving hospital:

- Run sheet
- Printout of physiological parameters from MRX monitor
- Notes from referring hospital.

One set of copies should be given to the clinicians in the receiving hospital. One set should be put in the “follow up to be completed” box at the base.

Individual doctors may also wish to keep copies for their own records. For retrieval registrar’s this is mandatory.

Verbal handovers to staff in receiving hospitals should be given with everyone’s full attention and should be comprehensive but brief (max 30 seconds). Preparation and structure are required for an effective handover.

Urgency

As per definitions in SOP-Activation

Advice only calls

Complete documentation for all Advice only calls or cases where activation has not occurred. This includes ticking the indications for non activation on the back of the run sheet.
Complications during transfer

Found on back of run sheet.

Fig 3. Sample run sheet (2)