



London **NHS** Ambulance Service
NHS Trust

Patient Report Form (LA4)

NHS CONFIDENTIAL

CAD / Event number **2313** Date **20/09/2014** Call sign **K255** Fleet number **8102** M.I. Patient No.

Activation details
 Location **372C 74** Call given as **20 M F UK** Dispatch time **11:28** Arrive Stand-off **11:38** LAS response on scene **11:45** Call sign **KG662** Police
 Emergency **St Margaret Church** **Male found** En route **11:29** On Scene **11:38** Also on scene Officer / T Leader
 Non Emergency **North Street** **Unconscious in** Dispatched by **MDT** Arrive Patient **11:45** Other LAS VAS
 Origin time **11:27** **Barking** **Street** Accepted by **DA** Delay code HEMS / BASICS Other NHS Ambulance Service
 Called by **KG** Vehicle activation **On again** Canceled call Time By (initials)

Patient's details
 Last name **Whitworth** Presenting complaint **Purple** Observations
 First name **Daniel** Time **11:45 11:47**
 Date of birth **22/03/1993** Age **21** AVPU **U U**
 Male Female Race **A** Resp rate **00 00**
 NHS No. Incident time / onset of symptoms **Unknown** Resp depth
 Home address **DPA** Airway Date % O₂ sats
 Postcode **DPA** Breathing Peak flow
 Tel no. **Unknown** Present Pulse rate **00 00**
 Next of Kin **Unknown** Absent Pulse character BP **00 / 00**
 Relationship **Unknown** Complete a sentence in one breath Colour **Pale / Mottled**
 Contact details **Unknown** Unable to assess BM
 GP Name **Unknown** Circulation Temp **31.2**
 Address **Unknown** Arteriosa cyanosed Pain 0-10
 At scene Walked Phoned To visit Letter Other Pupils size **R 5 L 5**
 Mental Health Team / CPN / AMHP Contact details Pupils reactive **EVIM EVM**
 Name of H.V. / Primary Carer Name of School / Nursery Patient accompanied by GCS **02 03 04**
 ECG rhythm **Asystole**

Airway and Respiratory management
 Maintenance Airway adjunct ET successful SGA successful
 Postural OP By NCR NTH
 Head tilt Suction NP NCR successful NTH successful
 Jaw thrust Manual ET SGA Time Time

Cardiac arrest, CPR, Defib, & ROSC
 Arrest witnessed Cause of cardiac arrest
 By other Respiratory Other
 By crew Initial arrest rhythm
 On scene VF / VT Pre-LAS CPR LAS CPR
 During removal Asystole Time started By
 In ambulance PEA Pre-LAS Defib Time started By
 LAS Defib Time of 1st LAS shock By
 Number of shocks Defibrillator electrodes used

Fluid and drug administration
 Code Name Amount Dose Route Time By
 Total Controlled Drug amount wasted Signed Witnessed
 Return of spontaneous respiration Time
 Return of Spontaneous Circulation Time
 ROSC sustained to hospital
 Recognition of Life Extinct Time **11:45**
 Heart sounds absent Asystolic rhythm strip
 Apnoeic Confirmed dead at hospital
 Fixed dilated pupils

OIA difficulty in finding location - (location not in square where MOT showing) contacted EOC for location update then moved forward towards the other end of road, saw 3 police cars at church. I was directed by police to the patient. patient was sitting lying forward to left side wearing a hood with his head down onto his DPA. No signs of life. CPR in progress. Signs of PM pointing to his left side of body + left upper limb. ECG monitor showing asystole. Police at scene stating there was bicaine note with patient and found what it called Drug G as liquid for with patient. Due to the nature of call, a further examination done but there was no signs of external bleeding / obvious head inj. Updated EOC left scene leaving all paperwork with police (didn't move body). Transporting / Left scene Pre-alert

Lifting and Immobilisation
 Carry chair Trolley bed
 Ortho Carry sheet
 Mangor Elk Other
 Splints
 Collar Rescue board
 KED / RED Box / Vacuum
 Traction Pelvic splint
 Tourniquet used

Arrive Hospital / Destination
 Transport arrive AVPU Clinical Handover
 Hospital / facility name Patient Handover
 Department / Ward Nurse Midwife
 Doctor Other
 Destination code Patients property bag used SPATS barcode
 Patient Hospital No.

Major Trauma
 Triage tool positive Step
 Private address
 Work Street
 GP Surgery Care home
 Police custody Other public
 Forced entry undertaken

Treatment before LAS arrival
 Patient consent obtained Mental capacity
 Physical disability Capacity tool used
 Learning disability

Ambulance Personnel
 1 Attend **A PROUI** **10549294**
 2 Driver
 3 Other
 4 Other

Additional forms completed
 LA 3 LA 5
 LA 52 LA 277
 LA 279 LA 280

Continuation sheet
 Primary code **02**
 Main illness/injury code **31**
 Secondary illness/injury code
 Patient not conveyed / referral code **9608**
 No patient code
 Event complete **11:10**

Incident Date	2019/2014	CAD/Event No.	2313	PRE (LA4) No.	232798300
Time of Verification of Death	11:45	Incident Location	01s backyard of St Margaret Church, north St Salye		
Patient Name	Daniel Whitworth		Date of Birth	22/03/1993	
Patient Address	DPA				
GP Name and Address	Unknown				

Complete the appropriate section (either A, B, C, or D) to indicate the criteria used to verify death. Section E must be completed in ALL cases.

SECTION A: Conditions unequivocally associated with death	(Tick all that apply)	SECTION C: Factors to confirm that resuscitation would be futile	Confirm ALL
Decapitation *		Longer than 15 minutes since cardiac arrest AND asystole on ECG for longer than 30 seconds	<input checked="" type="checkbox"/>
Massive cranial and cerebral destruction *		Absence of exclusion criteria: overdose / poisoning, pregnancy, drowning, hypothermia	
Hemicorporectomy or similar massive injuries incompatible with life *		No CPR prior to ambulance service arrival	<input checked="" type="checkbox"/>
Decomposition / putrefaction *		SECTION D: Discontinuation of Advanced Life Support (Indicate time)	
Incineration (full thickness burns >95 % TBSA) *		Airway secured (SGA Device / ETT) confirmed by ETCO ₂ trace	
Hypostasis	<input checked="" type="checkbox"/>	Circulatory access (IV / IO) and ALS drugs	
Rigor Mortis		Continuous asystole for longer than 20 minutes during ALS	
Confirmed submersion for longer than 1.5 hours		SECTION E: To be completed for ALL patients, EXCEPT conditions indicated * in Section A	
SECTION B: Advanced Decision/ DNA-CPR/ Terminal phase of illness		No palpable central pulse and no respirations	<input checked="" type="checkbox"/>
A valid Advanced Decision to Refuse Treatment exists and applies to the circumstances		Absence of heart sounds	<input checked="" type="checkbox"/>
A valid DNA-CPR exists and the patient has no pulse and no respirations		Fixed and dilated pupils	<input checked="" type="checkbox"/>
Evidence of the final stages of a terminal illness, where death is expected and CPR would not be appropriate		Asystole on ECG for longer than 30 seconds (PRINTED AND SUBMITTED WITH PRF)	<input checked="" type="checkbox"/>

Police Attendance (expected death)		Additional Information:	
Police advised via EOC (time):	11:27	Resuscitation stopped following advice from on-call Clinical Advisor <input type="checkbox"/> Advisor's Initials _____	
Police on scene (time):	11:26		
Police Officer (ID number): <small>NOTE: If the patient is under 18 request that police inform single point of contact (SPOC) for child death</small>	K6662 K6513		
LA279 to be completed for all unexpected deaths in patients under 18 years of age			
GP / Clinical Hub Notified (expected death)			
GP / Clinical Hub advised (time):	:		
If GP contacted, name of doctor:			
Deceased left in care of a responsible adult? <small>NOTE: Document name of responsible adult in Additional Information box</small>	Y N		
Relatives			
Relatives informed of death? <small>NOTE: If relative(s) NOT informed, advise police</small>	Y N		
Verification of Death Completed by:			
Clinician Name:	Abdellah AROUJ	Signature:	Signature
Clinical Grade:	Paramedic	Personnel Number:	10549284
Call Sign:	K250		

White (top) copy to be retained by LAS and submitted with PRF (LA4)