



Extended Care Paramedic

Title Patient's Family Name
FAMILY NAME

Date of Birth
D D M M Y Y Y Y

Patient's Given Name
GIVEN NAME

Age (Y) (M) if <2yrs
M
F

Allergies
Yes No Unknown

Current Medications
Yes No Unknown

Impression

ECP Procedures

Gastrostomy Tube
Catheter Type: IDC SPC
Size
S U

Flush/unblock
Replace

Urine Analysis + -

Leukocytes
Nitrates
Glucose
Blood
Proteins
Ketones

Urinary βHCG

Musculoskeletal + -

Ottawa ankle
Ottawa knee

Backslab
S U

Site

Reduce dislocation

Site

Falls assessment
Results attached
MMSE |

Wound Care

Location

Measurements (mm)

L W D

Dressing
S U

Tissue Glue
Sutures

Size
No.

Time	Pharmacology administered by ECP			Dose	Route

Time	Glasgow Coma Score			Pulse	Blood Pressure		SPO2	O/R	Temperature	BGL mmol/L	Pain Score 0-10	Respiratory Rate
	Eye	Vb	Mt		Systolic	Diastolic						
	+	+	=									
	+	+	=									
	+	+	=									

Paramedic Name Employee Number Signature
PARAMEDIC NAME EMPLOYEE NUMBER SIGNATURE