



## Paramedic Initiated Referral/Advice

## Protocol P5

Title

Patient's Family Name

Patient's Given Name

M ☐  
F ☐

Date of Birth (DD/MM/YYYY)

Age (Y)

(M) if &lt;2 yrs

Problem/impression

Documentation including relevant past medical history, social history, assessment findings and clinical advice given.

Dear

Time	Pharmacology administered by paramedic	Dose	Route
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Referral

Successful

Unsuccessful

Referral to patient's GP

☐☐

Other referral option

☐☐

Specify

Appointment Date \_\_/\_\_/\_\_ Time \_\_:\_\_

Disposition

Private vehicle to regular GP

Private vehicle to other referral option

Private vehicle to ED

Ambulance to regular GP

Ambulance to other referral option

Self-care with advice/referral

Refused paramedic recommendations to attend ED

Allergies

Nil ☐ Unknown ☐

Yes

Current Medications

Yes ☐ No ☐ Unknown ☐

Final Observations

Time  : 

GCS + + =

RR SpO2  % Pulse  bpmBP  / Temp  °C (Tymp)BGL  mmol/LPain Scale  /10

12 Lead ECG Attached

AMT  /10

Ax Tools Positive Negative

EAR ☐ ☐Ottawa Ankle ☐ ☐Ottawa Knee ☐ ☐

FROP Com Screen high low

Wound Care Yes No

Assessment ☐ ☐Site 

Dressing

Patient Information Sheet

Patient consent to a follow up call by NSW Ambulance for quality assurance purposes

No ☐ Yes ☐

Phone number

Paramedic Name

Employee Number

Signature

If your symptoms increase or your condition deteriorates, contact your doctor or in a life threatening medical emergency call Triple Zero (000) and ask for an ambulance. Further information is provided on the back of this card.