

PATIENT CASE REPORT (PCR) FORM

PART – 1

REFERRING HOSPITAL INFORMATION:

Referring Hospital Name.....

Treating doctor Name.....Reg No:.....

Contact Number Date

RECEIVING HOSPITAL INFORMATION:

Receiving Hospital Name:.....

Receiving doctor Name:.....Reg No:.....

Contact Number

Date and time of acceptance of patient on transfer

PATIENT INFORMATION:

Name: Age: Gender (M / F):

Phone/mobile No.: MLC – Yes/No
MLC Number & date (if applicable):

Diagnosis:

COVID 19: Positive / Negative

Reason for Referral:

Current Vitals (To be filled by referring doctor and counter checked by Medical Crew of AA):-

Neurological status : Patient Conscious / Unconscious; **GCS :** ____/ 15;

BP: ____ / ____ mmHg; **Pulse Rate :** ____/ min.; **SPO2 :** ____%; **Temp. :** ____°F/°C

Resp. Rate : ____ breaths/ min; **CVP (if measured):** ____ cm of H2O.

Any other significant clinical findings -

Current Investigation Reports (if present):- ABG report (date and time)

ph:____; P_{O2}:____; P_{CO2}:____; HCO₃:____; SpO₂:____; Na⁺:____ ; K⁺:____

Other significant investigation- _____

Current medications / IV fluids

Patient is on: Room Air / O₂ Support @ ____ Lts./min; **Ventilator support:** Yes/No

Details of Ventilator settings:

IV Access: Single/Multiple; Central Line / IV Cannula ; **Arterial Line :** Present / Absent

1. IV Fluids _____ @ _____ ml/hr.
2. Medication Infusion _____ @ _____ ml/hr / mcg/hr / mg/hr.
3. Medication Infusion _____ @ _____ ml/hr / mcg/hr / mg/hr.
4. Any Sedatives _____
- 5, Others _____

Classification of Patient based on Priority for Transfer: Urgent / Priority / Routine

TRANSFER TYPE: ROAD AMBULANCE/AIR AMBULANCE (AA)

Services required during AA Transfer (recommended by referring doctor): Any equipment, supplies, or medication with dosage that may be required in transit by the patient.

- 1.
- 2.
- 3.

Name and Signature of the Referring Doctor:

Name and Signature of medical crew representing AA:

DOCUMENTS ATTACHED:

Discharge Summary	Yes/No
Fitness to Fly Certificate	Yes/No
COVID 19 RT PCR Report	Yes/No
Consent form	Yes/No
Indemnity Bond	Yes/No
Medico Legal Case Report	Yes/No
Medical records including:	
a. Medical history	Yes/No
b. Records relating to the patient’s emergency medical condition	Yes/No
c. Preliminary diagnosis	Yes/No
d. Treatment provided	Yes/No
e. Results of any tests	Yes/No
f. Any informed consent required for the procedures	Yes/No
g. Any additional information given to the receiving facility	Yes/No

FITNESS TO FLY

Patient Name: Mr / Mrs

Age & Sex

Nationality

Diagnosis.....

Surgery Done

.....

Surgery Planned

Current Vitals: Pulse..... Temp..... BP..... O2 Saturation.....

O2 requirement: Yes/No ; Rate- L/min
continuous/intermittent

Ventilator settings (If on ventilator): PEEPFiO2.....TV.....

Current Medications.....

COVID 19 – Positive / Negative – (RTPCR report to be attached)

Whether patient’s condition is contagious / infectious: Yes/No

The patient is fit to be transferred in an Air Ambulance with medical escorts
from.....to.....on.....

Signature / Date / Stamp

Treating Doctor

Medical Crew

CONSENT FORM FOR AIR AMBULANCE TRANSPORT

Date: _____ Time: _____ Place: _____

Name of the Patient: _____ Age/Sex: _____

Name of the attendant: _____ Relationship with the Patient: _____

Address: _____ Ph. _____

Clinical Diagnosis: _____

Reason for Transfer: _____

Transporting from: _____; Transporting to : _____

Doctor Accompanying: _____; MLC No. (if any): _____

I, _____, hereby give my consent for transport / transfer of my patient as stated above, by 'Air Ambulance' at my own risk, without any liability to the doctors / staff of Aviators Air Rescue Pvt. Ltd.

I am fully aware of the risks of transportation of a critically ill patient, including death during transportation.

The treatment in an Air Ambulance is only an emergency measure and does not match the full in-hospital treatment.

I also give consent for the use of emergency drugs, sedatives, anti-anginal, anti-arrhythmic medications and any other emergency drugs/procedure to be carried out on my patient, if needed and as applicable according to the clinical condition, during 'Air Ambulance' transportation; which may include airway intubation and mechanical ventilator initiation, CVP line insertion, temporary pacemaker insertion, DC cardio-version, use of external pacemaker and cardio-pulmonary resuscitation etc; as I understand that these could be vital / necessary for survival / treatment of my patient.

I also give my consent for the treatment of patient at any hospital, other than the planned recipient hospital, in case of the diversion of aircraft due to bad weather or any other emergency.

Name and Signature of the Attendant (along with Relationship to patient):

Indemnity Bond / Risk Bond

I, the undersigned _____ hereby indemnify to hold harmless AVIATORS AIR RESCUE PVT LTD against any liability arising out of any bodily injury and / or death, damage or loss that I may suffer/experienced and also from any damages, payments, expenses, which AVIATORS AIR RESCUE PVT LTD may incur directly as a result of accepting me on its Air Ambulance flight on Date:_____ from _____ to _____.

I hereby further indemnify AVIATORS AIR RESCUE PVT LTD for any payments that AVIATORS AIR RESCUE PVT LTD makes to meet the emergency management of the patient, in case of diversion of flight or return back of the flight to the original location of the referring hospital for the said purpose.

Patient:

Signature / Date: _____

Patient's Attendant / Next of Kin.....

Signature / Date: _____

MEDICAL MANIFEST FOR AA OPERATIONS			
<i>DATE OF AMT</i>	<i>FROM</i>	<i>TO</i>	
<i>REFERRING ENTITY</i>			
<i>TYPE OF AMT PAYLOAD</i> (Tick as appropriate)	<i>PATIENT(S), ORGAN, BLOOD, TISSUE, MEDICAL SUPPLIES, MEDICAL PERSONNEL</i>		
<i>DESCRIPTION OF AMT PAYLOAD</i> As appropriate name of patient(s) and ailment, OR Type of organ, blood, tissue, OR name(s) of medical personnel being transferred, OR medical supply description)	<i>NAME</i>	<i>AGE</i>	<i>SEX</i>
<i>NAME AND QUALIFICATION OF ACCOMPANYING MEDICAL PERSONNEL</i>			
<i>NAME AND SIGNATURE OF THE DOCTOR REPRESENTING THE REFERRING ENTITY</i>	<i>NAME AND SIGNATURE OF THE PILOT IN COMMAND ACCEPTING AA FLIGHT</i>		

In triplicate – one copy AA operator, one copy referring entity and one copy in aircraft.