

Appendix: D	PDN: 6012.02	Last Updated: May 1, 2009	Subject: Case Study Form	Page 1 of 5
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CASE STUDY FORM

Case Studies are worth four (4) credits each

Please Note: Case Studies are to be calls the paramedics attended and they must follow the outline below. The Paramedic should try to refer to the Patient Care Report (PCR) if possible. If the PCR is not available the Paramedic should use their best recall of the patient/run. Case Studies must be submitted by the Paramedic to their Medical Oversight Physician (MOP) for approval. If the Paramedic does not have an MOP they can send the Case Studies to the Provincial Medical Director for approval. Once the Case Study is approved it is then sent to the Registrar in order to receive credit.

*After the Medical Oversight Physician has reviewed the Case Study please return the Case Study Form to:
Emergency Health Services
Attention: EHS Registrar
239 Brownlow Ave, Suite 200 Dartmouth, NS B3B 2B2
or fax to (902) 424-1781 or E-Mail: registrarehs@gov.ns.ca*

Please note these Case Studies are not meant for an alternative to attending regular M&M's.

Paramedic ID Number: _____ Paramedic Name: _____

Address: _____ Postal Code: _____

Telephone Number(s): _____ Bases: _____

Date: _____ Signature: _____

PCR MIN # _____ Topic: _____

(if applicable)

Presentation

<p>(1) History: <i>(Briefly detail the patient's chief complaint and his or her history of their present illness or injury. Include past history, medications and allergic reactions only if relevant to your management and the patients outcome.)</i></p>

(2) Physical Findings: *(List what you saw, heard or felt.)*

(3) Management: *(What did you do for the patient and why?)*

Management in Emergency Department: *(What did the hospital staff do to the patient and why? If you had to leave before they were finished investigating or treating the patient you can usually ask one of the nurses or doctors about the patient later.)*

Outcome/Progress: *(What happened to the patient? If admitted was it to a ward, ICU, another hospital? A Quality Control Medic or your Medical Oversight Physician is able to look at the patient's medical record to help you find out the final outcome.)*

Description of Disease/Injury

(1) Cause (Etiology): *(List the causes of the illness or injury your patient had. Do not state what caused the illness or injury in just your patient but what are the causes of the illness or injury in general. For example your patient may have had congestive heart failure caused by damage from a previous MI. However, there are other causes of CHF. List them. Your patient may have had a fractured pelvis from a car accident. Here you could list the mechanism of injury that causes the different types of fractures of the pelvis.)*

(2) Usual Presentation: *(What is the usual presentation of any patient with the illness or injury that your patient had? Is it different from your patient? If so, why? For CHF you would list SOB, orthopnea, PND, ankle swelling, cyanosis, crepitations, diaphoresis, aggritation, pitting edema. If your patient with CHF presented with different symptoms or findings such as rhonchi or wheezing you need to discuss why?)*

(3) Diagnosis: *(How is the diagnosis, of the illness or injury your patient had, made? What investigations are usually done?)*

(4) Management: *(What is the usual management of the illness or injury your patient had, not what was the management of your patient.)*

