



Pre-Hospital Practitioner Request for Feedback

1 Which patient do you want feedback on?

Patient Name: _____ DOB: _____

Date patient arrived at ED: _____ Approx Time: _____

Memorable features: _____
Any memorable/unique features of the case to jog your memory when we contact you.

Your working diagnosis? : _____

2 Any specific questions?

For all cases, we'll provide you with the ED Diagnosis, Management & Outcome. If you'd like feedback on any specific aspects of the case, please include it here. e.g. Would naloxone have helped?, Did you think it was CCF? Did ECG show x? Was the ankle fractured?

3 Your Details:

Please write neatly! We will ask you to verify these details when we phone you with feedback.

Name: _____

PHECC PIN: _____

Mobile Number: _____

- | | |
|--|------------------------------|
| <input type="radio"/> Advanced Paramedic | <input type="radio"/> DFB |
| <input type="radio"/> Paramedic | <input type="radio"/> NAS |
| <input type="radio"/> Student / Intern | <input type="radio"/> Other: |
| <input type="radio"/> EMT | |

4 Sign to say you've read the small print:

I've read the small print and I'm happy with it:

Sign here please

- The feedback service is run by doctors of SVUH ED.
- Our goal is 100% to support your learning and practice. The feedback process is completely confidential – unless significant clinical practice concerns are identified.
- We will collect and share and/or publish *collated* and completely non-identifiable data (for example, what kind of cases are generating requests for feedback).
- We may also contact you at a later date to obtain feedback on our feedback.

*If you have any questions about this project, please contact
Dr Andrew Patton or Dr David Menzies: EMSfeedback@svuh.ie*

(Optional) If you would like to be kept updated with the progress of our project, please include your email address here: