　　　　　　　　　　　　　　救急救命処置（特定行為等）

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　検証No.　　　　　　　―　4

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　消防本部　　　　　　　　　　救急隊

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 気道確保 | 挿管以外 | 指示要請時刻 |  | | | | 指示時刻 | |  | | | | | 開始時刻 | | |  | | | | | | | 完了時刻 | | | |  | |
| 実施の有無 | ○ | | | | 実施場所 | |  | | | | | 実施者名 | | |  | | | | | | | 資格 | |  | | | |
| 結　　　果 | ○ | | | | 使用器具 | | （　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | |
| 気管挿管 | 指示要請時刻 |  | | | | 指示時刻 | |  | | | | | | | 開始時刻 | |  | | | | | | 完了時刻 | | | |  | |
| 気管挿管適応 | ○ | | | | 実施場所 | |  | | | | | | | 実施者名 | |  | | | | | | 資格 | | |  | | |
| 結　　　果 | ○ | | | | 詳　　細 | | 実施回数　　回 | | | | | | | サイズ　　　　mm | | | | | カフ　　　　ml | | | | | | | 固定位置　門歯　　　 cm | |
| 要請内容 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 指示・指導内容 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 付記 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 除細動 | 除細動 | | ○ | | | 実施回数 | |  | | | 実施者名 | | |  | | | | | | | 資　　格 | | |  | | | | | |
| １　回　目 | | | | | | | ２　回　目 | | | | | | | | | ３　回　目 | | | | | | | | | | ４　 回　目 |
| コ ン ト ロ ー ル | | ○ | | | | | | | ○ | | | | | | | | | ○ | | | | | | | | | | ○ |
| 実施前波形 | | ○ | | | | | | | ○ | | | | | | | | | ○ | | | | | | | | | | ○ |
| 実施結果 | | ○ | | | | | | | ○ | | | | | | | | | ○ | | | | | | | | | | ○ |
| 実施後波形 | | ○ | | | | | | | ○ | | | | | | | | | ○ | | | | | | | | | | ○ |
| 実施場所 | | ○ | | | | | | | ○ | | | | | | | | | ○ | | | | | | | | | | ○ |
| 指示要請時刻 | | ○ | | | | | | | ○ | | | | | | | | | ○ | | | | | | | | | | ○ |
| 指示時刻 | | ○ | | | | | | | ○ | | | | | | | | | ○ | | | | | | | | | | ○ |
| 実施時刻 | | ○ | | | | | | | ○ | | | | | | | | | ○ | | | | | | | | | | ○ |
| 評価時刻 | | ○ | | | | | | | ○ | | | | | | | | | ○ | | | | | | | | | | ○ |
| 要 請 内 容 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 指示・指導内容 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 付記 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 静　　脈　　路　　・　　薬　　剤　　投　　与 | 静脈路確保 | | ○ | | | 実施回数 | | |  | | | 実施者名 | | |  | | | | | | | 資　　格 | | |  | | | | |
| １　回　目 | | | | | | | | | | | | | | | | | ２　回　目 | | | | | | | | | |
| 穿 刺 部 位 | | ○　　　　　　　　　　　　　（　 G） | | | | | | | | | | | | | | | | | ○　　　　　　　　　　　　 （　　G） | | | | | | | | | |
| 実施場所 | | ○ | | | | | | | | | | | | | | | | | ○ | | | | | | | | | |
| 指示要請時刻 | | ○ | | | | | | | | | | | | | | | | | ○ | | | | | | | | | |
| 指示時刻 | | ○ | | | | | | | | | | | | | | | | | ○ | | | | | | | | | |
| 実施時刻 | | ○ | | | | | | | | | | | | | | | | | ○ | | | | | | | | | |
| 実施結果 | | ○ | | | | | | | | | | | | | | | | | ○ | | | | | | | | | |
| 薬剤投与 | | ○ | | | 実施回数 | |  | | | 実施者名 | | |  | | | | | | | 資　　格 | | |  | | | | | |
| １　回　目 | | | | | | | ２　回　目 | | | | | | | | | | ３　回　目 | | | | | | | | | ４　回　目 |
| 実施前波形 | | ○ | | | | | | | ○ | | | | | | | | | | ○ | | | | | | | | | ○ |
| 実施後波形 | | ○ | | | | | | | ○ | | | | | | | | | | ○ | | | | | | | | | ○ |
| 実施場所 | | ○ | | | | | | | ○ | | | | | | | | | | ○ | | | | | | | | | ○ |
| 指示要請時刻 | | ○ | | | | | | | ○ | | | | | | | | | | ○ | | | | | | | | | ○ |
| 指示時刻 | | ○ | | | | | | | ○ | | | | | | | | | | ○ | | | | | | | | | ○ |
| 実施時刻 | | ○ | | | | | | | ○ | | | | | | | | | | ○ | | | | | | | | | ○ |
| 評価時刻 | | ○ | | | | | | | ○ | | | | | | | | | | ○ | | | | | | | | | ○ |
| 要請内容 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 指示・指導内容 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 付記 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エピペン | 時間経過 | | 助言要請時刻 | |  | | | | | 助言時刻 | | |  | | | | | | 実施時刻 | | | |  | | | | | |  |
| 実施部位 | | 部 位 |  | | | | | | 実施者名 | | |  | | | | | | 資　　格 | | | |  | | | | | | |
| 助言要請内容 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 助言内容 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 付記 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 指示・助言医師 | | | (医療機関名)　　　　　　　　　　　　　　　　　　　　（氏名） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 付記その他参考事項 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |