

**East Midlands Ambulance Service NHS Trust**

**PROCEDURE FOR THE COMPLETION OF PATIENT  
REPORT FORMS (PRFs)**

Links to:

- Operational Procedures
- Policy for the Storage and Transportation of Patient Report Forms

**Owner: Medical Director**

**Lead: Head of Clinical Governance, Audit & Research**

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# Version Control

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## Document Location

The source of the document will be found in the 'Library' folder located in the EMAS public drive (S:)

## Revision History

Revision date	Previous revision date	Summary of changes
July 2006	N/A	New Procedure for new EMAS Trust
August 2007	July 2006	Working Review - No major changes
October 2008	August 2007	Review date extended
December 2008	October 2008	Working review – no changes
August 2009	December 2008	Review date amended to reflect the move to a 2 year review cycle.

## Approvals

This document requires approval from the following:

Name	Date of Approval	Version
Clinical Innovation and Development Committee	24 July 2006	1.0
Clinical Governance Committee	01 August 2007	2.0
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## PROCEDURE FOR THE COMPLETION OF PATIENT REPORT FORMS (PRFs)

### 1.0 GENERAL

- 1.1 This instruction replaces all previous guidance for the completion of Patient Report Forms (PRFs) and refers to the East Midlands Ambulance Service (EMAS) PRF reference 1993588137.
- 1.2 The Patient Report Form is to be completed by all personnel for each patient attended (including Urgent admissions and transfers, and PTS journeys where treatment is administered). A form should be generated whenever a vehicle arrives on scene at an incident.
- 1.3 Any member of the crew may complete the Patient Report Form, but the ID of the crew-member carrying out clinical observations and interventions must be clearly documented.
- 1.4 The Patient Report Form records comprehensive, accurate clinical and non-clinical information. It records details about the incident to which an operational response has been made and provides space for recording the care provided to a patient.
- 1.5 The Patient Report Form is a medical record in its own right. It is as important as hospital/doctor records and has the same legal status.  
The Patient Report Form has been designed to be scanned electronically.
- 1.6 The design of the Patient Report Form minimises the use of longhand writing, but does rely upon careful entry of characters, numbers and “marks” in the appropriate check-boxes.
- 1.7 A “mark” is defined as a cross in the check-box and should not extend over the edges of the box.

#### **Example:**

Cardiac Monitoring			Initial Rhythm						
Refused	3lead	12lead	NSR	VF	VT	ASY	PEA	ST↑	ST↓
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1.8 The scanning system will try and identify any mark placed in a boxed area therefore extreme care should be taken when completing the form.
- 1.9 Care should be taken to ensure that crosses / marks / numbers / characters are written within the box boundaries and do not cross into a second box.
- 1.10 All written characters should be entered in capital (uppercase) letters within the boxes provided.
- 1.11 The Patient Report Form is designed for “positive reporting”. This means that any entry within a box represents a positive answer i.e. it happened; it was recorded.
- 1.12 If a positive entry cannot be made it means something did not happen or did not apply, therefore leave the box blank except where there is a specific box

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for recording that it did not occur (e.g. aspirin contra-indicated / refused, Box 14).

- 1.13 Symbols such as arrows; plus/minus sign; greater than/less than must not be used within a box, (estimated BPs must be justified in the free text box)
- 1.14 Whenever any patient assessment or monitoring is carried out (therefore any attendance), the information must be entered on the Patient Report Form, irrespective of whether the patient was actually conveyed.
- 1.15 Any errors made in the check-boxes during completion of the form must be corrected by blocking out the incorrect check-box and marking the correct one.

### **Example:**

<input type="checkbox"/> Back pain	<input type="checkbox"/> Emotional/distressed
<input checked="" type="checkbox"/> Cardiac arrest	<input type="checkbox"/> Exacerbation COPD
<input checked="" type="checkbox"/> Cardiac problems	<input type="checkbox"/> Fall < 2m
<input type="checkbox"/> Catheter problem	<input type="checkbox"/> Fall > 2m

- 1.16 A single Patient Report Form is designed to show all stages of care given to the patient by first responders, Doctors and ambulance crews.
- 1.17 The Patient Report Form is made up of two self-carbonising sheets.
- 1.18 The top copy is retained, briefly, on station for monthly checks and then sent to the appropriate Audit Department.
- 1.19 The bottom copy is handed on to medical staff at the receiving hospital, or left with the patient.

## **2.0 PROCEDURE**

### **2.1 Box 1: Response Detail**

Incident No	The incident number, generated by the CAD system, <b>must</b> be entered
Call Sign	Enter vehicle call sign
Station Code No	Enter the two-figure code number of the base station from which you are working e.g. Corby = 72; Market Harborough = 05 ( <i>See Appendix 1</i> )
Incident Date	Enter the day's date.
E, Dr's E, U, Transfer	Cross one check-box to indicate type of call: Emergency, Dr's Emergency, Urgent, or Transfer
Incident Location	Give details, if different from Home Address and cross check-box if appropriate
ID 1,2,3 (AVL/PIN no.)	Enter personal AVL/PIN number, this designates an ID no. for use throughout that specific patient report form
P / T / AES / Dr / PTS / SR	Cross appropriate designation for each of ID1, ID2 and ID3 ( <i>Abbreviations: Paramedic, Technician, A&amp;E Support, PTS, Solo Responder</i> )
Signature	Each responder must sign, regardless of whether they have administered drugs or performed any interventions.
AMPDS details	Indicate dispatch code, code found, or code not given

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### 2.2 Box 2: Times

Time Originated	Enter the time the call originated at Control
Time Mobile	Enter the time the vehicle commences its journey
Time at Scene/Cancelled	Enter the time the vehicle arrives at the scene or is cancelled by Control
Time at Patient	Enter the time the first emergency personnel arrives at the patient
Time Left Scene	Enter the time the vehicle leaves the scene with the patient on board
Time at Hospital	Enter the time the vehicle arrives at destination

### 2.3 Box 3: Patient Detail

Patient's Surname	Enter patient's surname in uppercase
Patient's First Name	Write patient's first name
Patient's Address	Write patient's address
Tel. No	Write the patient's telephone number, if possible
GP	Write the name of the patient's GP, if known
Contact Details	Write the name and number of a contact for the patient
Postcode	Enter the patient's postcode, if possible
Relatives	Indicate whether relatives are aware and whether they are following

### 2.4 Box 4: Patient Detail

Age	<b>Must</b> be entered – may be estimated if necessary
D, W, M, Est	Age is in years, unless crossed for Days, Weeks, Months, or Estimated
DOB	Enter the date of birth, if known. This is to be completed as well as the age
Gender	Must be entered
Consent to Treatment	Must be obtained, indicate whether it is 'informed', 'presumed' or 'refused'
Ethnic Group	Must be entered, using one of the single letter codes listed on front cover of PRF pad

### 2.5 Box 5: Primary Observations

Initial Assessments	Cross to indicate if patient is calm, nervous, uncooperative, violent or abusive, if alcohol/drugs are suspected and/or if the situation is hostile
Airway	Cross as appropriate – at least one check-box must be completed
Trachea	Indicate central or deviation
Breathing	Cross as appropriate – at least one check-box must be completed
Circulation	Cross as appropriate – at least one check-box must be completed
Disability	Cross as appropriate – at least one check-box must be completed
Unconscious	Cross either YES or NO or ?? (Unknown), for prior to emergency personnel arrival
Duration	Enter estimated time unconscious, in minutes

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### 2.6 Box 6: FAST (Face, Arm, Speech, Test) Assessment

Facial Weakness	Cross appropriate check-box and indicate affected side
Arm Weakness	Cross appropriate check-box and indicate affected side
Speech	Cross appropriate check-box

### 2.7 Box 7: Patient Detail

Use this area to briefly describe patient's chief complaint plus the history of the presenting complaint, past medical history, known medication and allergies.	
Time of 1 <sup>st</sup> Symptom/ Incident	Enter this time after consulting with patient or carer
>24hours	Indicate if first symptom was over 24 hours ago
Enter any other relevant information, for e.g. gestation (x/40), patient's property	

### 2.8 Box 8: Observations (Sequential Readings – 1<sup>st</sup>, left column; 2<sup>nd</sup>, right column)

Time 1 <sup>st</sup> , 2 <sup>nd</sup>	Enter time each set of observations started
ID	Enter ID of personnel completing observations
Airway	Cross as appropriate
Breathing	Cross as appropriate
Resps	Enter respiratory rate
Peak Flow	Enter best of 3 peak flow rates, indicate if unable to record by crossing UTR check-box
SPO <sub>2</sub>	Cross if oxygen saturation monitor used
ETCO <sub>2</sub>	Cross if end tidal monitor used
On air (%)	Enter monitor reading, <b>without</b> oxygen
SPO <sub>2</sub>	Cross if oxygen saturation monitor used
ETCO <sub>2</sub>	Cross if end tidal monitor used
SpO <sub>2</sub> /ETCO <sub>2</sub>	Enter monitor reading, <b>with</b> oxygen
On oxygen (%)	Enter rate at which oxygen given (i.e. mask type)
Pulse	Enter pulse rate recorded, indicate if irregular
BP	Enter systolic and diastolic BP – <b>do not use symbols</b> e.g. < >, reasons for estimates must be documented, indicate if unable to record (UTR)
Temperature °C	Enter temperature reading
BM (mmol)	Enter blood sugar reading
GCS	Enter score for eyes, motor and verbal
Pain Score	Enter patient's estimate of their pain between 1-10 Enter 0 if patient has no pain Cross check-box if patient is unable to score their pain
Pupils – Left and right	Cross if pupil is normal or reacting, the size and if unable to record (UTR)

### 2.9 Box 9: RTA Detail

Details	Cross appropriate check-boxes
	Enter approximate impact speed

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### 2.10 Box 10: Detail

Nature and site of injuries	Mark the body diagram to indicate site of injuries, indicate <b>D</b> eformities; <b>C</b> ontusions; <b>A</b> brasions; <b>P</b> enetration; <b>B</b> urns; <b>T</b> enderness; <b>L</b> acerations; <b>S</b> welling
Burns %	Estimate degree of burns
Condition Assessment	Indicate <b>F</b> ractures; <b>P</b> ain; <b>I</b> nstability; <b>C</b> repitus
Vehicle/Patient detail	Indicate direction of impact and position of patient
No. of seats	Enter number of seats in the vehicle

### 2.11 Box 11: Immobilisation

C Collar	Cross if cervical collar has been applied
KED	Cross if an extrication device has been applied
Longboard	Cross if a long back board was used
Traction	Cross if a traction splint has been applied
Check-box	Cross if a check-box splint has been applied
Vacuum	Cross if a vacuum splint has been applied
Scoop	Cross if an orthopaedic stretcher has been used
Refused	Write details if patient refused immobilisation by any splint

### 2.12 Box 12: Airway Management

Suction	Cross if aspirator/suction device used
Postural	Cross to indicate postural changes (e.g. head tilt)
LMA	Cross if laryngeal mask used
OPA	Cross if oro-pharyngeal airway used
NPA	Cross if naso-pharyngeal airway used
B/V/M	Cross if bag/valve/mask ventilation was performed
Ventilator	Cross if ventilator was used
Needle Cric.	Cross if needle cricothyrotomy performed
Needle Thorac	Cross if needle thoracocentesis performed
ID	Enter ID of personnel completing intervention

### 2.13 Box 12: Intubation

Success	Cross if successful or unable
Attempts	Enter the number of attempts made for either above
Time	Enter the time the attempt was made
Tube Size	Enter the ET/LMA tube size
Extubated	Cross if appropriate
ID	Enter ID of personnel completing intervention

### 2.14 Box 12: Cannulation

Refused/Shut down	Cross if patient refused cannulation, or patient shut down
Access Route	Cross if Intra Osseous or Central Vein
Time	Enter the time the attempt was made
Attempts	Enter the number of attempts made
Success	Cross if successful, or unable
Gauge	Enter the cannula size used
Site	Write details of the site
ID	Enter ID of personnel completing intervention

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2.15 **Box 13: Cardiac Monitoring**

Refused	Cross if patient refused cardiac monitoring
3 Lead	Cross if 3 lead ECG recorded
12 Lead	Cross if 12 lead ECG recorded
NSR; VF; VT; Asystole; PEA; Raised ST; Lowered ST; Other (Specify)	Cross presenting rhythm/arrhythmia if listed. Specify any other presenting rhythm in box using ECG abbreviations shown on the cover of the PRF pad.

2.16 **Box 14: Cardiac Drugs**

For high flow oxygen, aspirin, GTN, IV analgesia, thrombolytics indicate:	
Given	Cross if patient administered drugs
Contra-indicated	Cross if drugs were contra-indicated
Refused	Cross if patient refused drugs
Taken prior to arrival	Cross if drugs were taken prior to ambulance arrival

2.17 **Box 15: Cardiac Arrest**

Aetiology	Cross appropriate check-box for cause of cardiac arrest
Arrest Detail	Cross appropriate check-box(es)

2.18 **Box 16: Defibrillation**

Manual	Cross if manual defibrillation carried out
AED	Cross if AED used
Number of Shocks	Enter the total number of shocks delivered
ID	Enter ID of personnel completing intervention

2.19 **Box 17: Times**

Time of Collapse	Enter time of collapse
Bystander CPR started	Enter time CPR started
Crew CPR started	Enter time CPR started
Time of first shock	Enter time of first shock
Time CPR stopped	Enter time of CPR stopped
Time of ROSC	Enter time of return of spontaneous circulation
Time of ROSR	Enter time of return of spontaneous respiration

2.20 **Box 18: Outcome**

Arrest Outcome	Cross appropriate check-box
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2.21 **Box 19: Clinical Impression**

Clinical Impression	Medical condition found <b>must</b> be entered – cross appropriate check-boxes
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2.22 **Box 20: Other Information**

Other information	Cross as appropriate: Child Protection Issue (CPI), Vulnerable Adult (VA), at risk of pressure sore, care pathway in place.
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### 2.23 Box 21: Prior to Ambulance arrival

Time of 1 <sup>st</sup> call for help	Enter this time after consulting with patient or carer
Call made to:	Indicate if 1 <sup>st</sup> call for help was to Ambulance Service, NHS Direct, GP, or other
First on scene:	Indicate which professional was 1 <sup>st</sup> on scene
Treatment prior to ambulance arrival:	Indicate any CPR, shocks, cannulation, intubation carried out prior to the ambulance arrival

### 2.24 Box 22: Drugs Administered

Drug Name	Enter full name of the drug (this is a legal requirement)
Refused	Cross if patient refused drug therapy
Route	Enter code numbers, list on front cover
Total Dose/Amount	Enter the numerical total amount only
Units/%	State the units, or percentage at which delivered
Time Administered	Enter time the drug was administered
ID	Enter ID of personnel completing intervention
Prior to ambulance arrival	If drug given prior to ambulance arrival, indicate by whom

### 2.25 Box 23: Recognition of Life Extinct

Enter ID of personnel recognising life extinct
Sign according to EMAS protocols, witness signature and time

### 2.26 Box 24: Patient Conveyed

Destination	Enter the code of the destination hospital ( <i>see Appendix 2</i> )
Department	Enter the department of the destination hospital
Pre-alert call made	Cross check-box if this was performed
Handed over to	Indicate to whom the patient was handed over
Print Name	Print person's name
Signature	Obtain signature from person receiving patient
Handover Time	Enter the time when the handover took place

### 2.27 Box 25: Patient Not Conveyed

Referral to other Agency or Refusal to Accept Treatment or Transport	<p>Delete sentences as appropriate.          Patient to sign and print name.          Witness to sign, print name and state relationship to patient.</p> <p>Attention should be drawn to the Patient Information on the reverse of the patient's copy of the PRF: cross the appropriate reason for the Non-Conveyance; highlight any specific advice that is appropriate for the patient.</p>
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Appendix 1

Station Code Numbers

DERBYSHIRE		LEICESTERSHIRE		LINCOLNSHIRE		NORTHAMPTONSHIRE		NOTTINGHAMSHIRE	
NAME	NUMBER	NAME	NUMBER	NAME	NUMBER	NAME	NUMBER	NAME	NUMBER
Ashbourne	21	Coalville	1	Boston	41	Brackley	71	Worksop	81
Bakewell	22	Loughborough	2	Bourne	42	Corby	72	Retford	82
Buxton	23	Melton Mowbray	3	Gainsborough	43	Kettering	73	Kings Mill	83
Chesterfield	24	Oakham	4	Grantham	44	Rushden	74	Newark	84
Eckington	25	Market Harborough	5	Grimsby	45	Wellingborough	75	Hucknall	86
Heath	27	Lutterworth	6	Holbeach	46	Northampton North	76	Eastwood	87
Ilkeston	28	Hinckley	7	Horncastle	47	Mereway	77	Arnold	88
Matlock	31	Syston	8	Lincoln	48	Daventry	78	Beechdale	89
Mickleover	32	Goodwood	9	Louth	49	Towcester	79	Stapleford	91
New Mills	33	Narborough	10	Mablethorpe	51			West Bridgford	92
Raynesway	34	Gorse Hill	11	Market Rasen	52			Wilford	93
Ripley	35			Scunthorpe	53			Carlton	94
Swadlincote	36			Skegness	54			Notts HQ	95
Willow Row	37			Sleaford	55				
Belper	38			Spalding	56			Lincs Notts Air Ambulance	60
Alfreton	39			Stamford	57			Warwickshire & Northants Air Ambulance	50
				Barton	58				
				Brigg	59				
				Goole	61				
				Cleethorpes	62				
				Lincoln HQ	63				
				Lincoln Training Centre	64				

## Appendix 2 – Hospital Codes

<b>Code</b>	<b>Hospital</b>
ACH	ACH. Alder Hey Hospital
ADD	ADD. Addenbrooke's Hospital
AEI	AEI. Royal Albert Edward Infirmary
AHD	AHD. Adelaide Hospital
AHM	AHM. BMI The Alexandra Hospital
AHX	AHX. Ashford Hospital - Middlesex
AIR	AIR. Airedale General Hospital
AMG	AMG. Wycombe General Hospital
ANT	ANT. St Anthony's Hospital
ARR	ARR. Arrowe Park Hospital
ASH	ASH. Wansbeck General Hospital
AUK	AUK. Bishop Auckland General Hospital
AYR	AYR. Ayr General Hospital
BAG	BAG. Royal City of Dublin
BAR	BAR. Barnsley District General Hospital
BAS	BAS. Basildon Hospital
BAT	BAT. Royal United Hospital Bath
BCL	BCL. BUPA Cambridge Lea Hospital
BDL	BDL. Bridlington And District Hospital
BED	BED. Bedford Hospital
BER	BER. Berwick Infirmary
BFH	BFH. Broomfield Chelmsford
BFT	BFT. Belfast City Hospital
BGH	BGH. Birmingham General Hospital
BHD	BHD. Beaumont Hospital
BHH	BHH. Rochdale Infirmary
BHL	BHL. Cardiothoracic Centre Liverpool
BHR	BHR. Royal Berkshire Hospital
BLA	BLA. Blackburn Royal Infirmary
BLD	BLD. Black Rock Clinic
BME	BME. BUPA Murrayfield
BNT	BNT. Barnet General Hospital
BOL	BOL. Royal Bolton Hospital
BOU	BOU. Royal Bournemouth General Hospital
BRC	BRC. Bristol Children's Hospital
BRD	BRD. Bradford Royal Infirmary
BRG	BRG. Bronglais General Hospital
BRI	BRI. Bristol Royal Infirmary
BRK	BRK. Brook General Hospital
BRO	BRO. Princess Royal University Hospital (Bromley)
BRT	BRT. Queens Hospital
BRY	BRY. Fairfield General Hospital
BSC	BSC. BUPA Hospital, Little Aston
BSL	BSL. Bassetlaw District General Hospital
BSM	BSM. Southmead Hospital
BTS	BTS. BMI Thornbury Hospital
BUK	BUK. Buckland Hospital
BUR	BUR. Burnley General Hospital
BUS	BUS. BUPA Bushey

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BWH	BWH. BUPA Washington Hospital
CAE	CAE. Caerphilly District Miners Hospital
CAL	CAL. Chapel Allerton
CBS	CBS. Chalybeate Hospital
CCH	CCH. Charing Cross Hospital
CGH	CGH. Conquest Hospital
CHE	CHE. Chesterfield Royal
CHG	CHG. Cheltenham General Hospital
CHH	CHH. Castle Hill Hospital Hull
CHN	CHN. University Hospitals Nottingham City Hospital Campus
CHO	CHO. Chorley Hospital
CHS	CHS. Chase Farm Hospital
CLE	CLE. Clementine Churchill Hospital
CLW	CLW. Glan Clwyd DGH Trust
CMH	CMH. Central Middlesex Hospital
CMI	CMI. Cumberland Infirmary
COC	COC. Countess of Chester Hospital
COL	COL. Colchester General Hospital
CON	CON. Conquest Hospital
COO	COO. Cookridge Hospital
CRA	CRA. Crawley Hospital
CRB	CRB. The Corbett Hospital
CRO	CRO. Cromwell Hospital
CUH	CUH. Cork University Hospital
DAR	DAR. Darlington Memorial Hospital
DCH	DCH. Derby City Hospital
DER	DER. Derby Royal Infirmary
DEW	DEW. Dewsbury District Hospital
DGE	DGE. Eastbourne DGH
DID	DID. Doncaster Royal Infirmary
DMF	DMF. Dumfries and Galloway General Hospital
DNZ	DNZ. Dunedin Hospital
DRY	DRY. University Hospital of North Durham
DUD	DUD. City Hospital
DUN	DUN. Queen Margaret Hospital
DVH	DVH. Darent Valley Hospital
EAL	EAL. Ealing Hospital
EBH	EBH. Birmingham Heartlands Hospital
ECV	ECV. Edith Cavell, Peterborough
EDG	EDG. Edgware General Hospital
EPS	EPS. Epsom Hospital
ERI	ERI. Royal Infirmary of Edinburgh
ESU	ESU. New East Surrey Hospital
EXT	EXT. The External Test Hospital
FAL	FAL. Falkirk and District Hospital
FAZ	FAZ. University Hospital Aintree
FGH	FGH. Furness General
FRE	FRE. Freeman Hospital
FRH	FRH. Friarage Hospital
FRM	FRM. Frimley Park Hospital
FRY	FRY. Frenchay Hospital

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GEO	GEO. St George's Hospital
GGH	GGH. Diana, Princess of Wales Hospital
GHB	GHB. Glen BUPA Bristol
GHS	GHS. Good Hope General Hospital
GLO	GLO. Gloucestershire Royal Hospital
GOS	GOS. The Hospital for Sick Children
GRA	GRA. Grantham And District General Hospital
GRI	GRI. Glasgow Royal Infirmary
GRL	GRL. Glenfield Hospital
GUY	GUY. Guy's Hospital
GWE	GWE. Royal Gwent Hospital
GWH	GWH. Queen Elizabeth Hospital, Woolwich
GWY	GWY. Ysbyty Gwynedd Hospital
HAI	HAI. Hairmyers Hospital
HAL	HAL. Halton General Hospital
HAM	HAM. Hammersmith Hospital
HAR	HAR. Harrogate District Hospital
HBP	HBP. BUPA Hospital, Hull & East Riding
HCH	HCH. County Hospital Hereford
HCI	HCI. HCI Clydebank
HEX	HEX. Hexham General Hospital
HGH	HGH. University Hospital of Hartlepool
HH	HH. Harefield Hospital
HHH	HHH. Hemel Hempstead General Hospital
HHW	HHW. Wellington Hospital North
HIL	HIL. Hillingdon Hospital
HIN	HIN. Hinchingsbrooke Hospital
HOM	HOM. Homerton Hospital
HOR	HOR. Horton General Hospital
HPR	HPR. Princess Royal Hospital, Hull
HRI	HRI. Hull Royal Infirmary
HSC	HSC. Harley Street Clinic
HUD	HUD. Huddersfield Royal Infirmary
HWH	HWH. Heatherwood Hospital
IND	IND. London Independent Hospital
INV	INV. Inverclyde Royal Hospital
IOW	IOW. St Mary's Hospital, Newport
IPS	IPS. The Ipswich Hospital
JCP	JCP. John Coupland, Gainsborough
JNS	JNS. Johnson Hospital, Spalding
JPH	JPH. James Paget Hospital
KCC	KCC. Kent and Canterbury Hospital
KCH	KCH. King's College Hospital
KES	KES. King Edward Seventh Hospital
KGK	KGK. King George Hospital
KGH	KGH. Kettering General Hospital
KIL	KIL. Killingbeck Hospital
KIN	KIN. Kingston General Hospital
KMH	KMH. Kings Mill Hospital
KSX	KSX. Kent & Sussex Hospital
KTH	KTH. Kingston Hospital

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LBH	LBH. London Bridge Hospital
LBP	LBP. Leicester BUPA Hospital
LCH	LCH. London Chest Hospital
LDH	LDH. Luton & Dunstable Hospital
LEB	LEB. B.U.P.A Hospital
LEG	LEG. Leicester General Hospital
LEI	LEI. Leigh Infirmary
LER	LER. Leicester Royal Infirmary
LEW	LEW. University Hospital Lewisham
LGH	LGH. Leighton Hospital
LGI	LGI. Leeds General Infirmary
LIN	LIN. Lincoln County Hospital
LIS	LIS. Lister Hospital
LLA	LLA. Llandudno General Hospital
LLD	LLD. Llandough Hospital
LNC	LNC. Leicester Nuffield Clinic
LON	LON. Royal London Hospital
LOU	LOU. County Hospital Louth
LYM	LYM. Lymington Hospital
MAC	MAC. Macclesfield District General Hospital
MAI	MAI. Maidstone General Hospital
MAL	MAL. Malton Community Hospital
MAP	MAP. Matar Private Hospital
MAT	MAT. Mater Misericordiae Hospital
MAY	MAY. Mayday University Hospital
MCH	MCH. Manchester Childrens Hospital
MDG	MDG. Monklands District Hospital
MDW	MDW. Medway Hospital
MGH	MGH. Mansfield General Hospital
MHD	MHD. Meath Hospital
MKH	MKH. Milton Keynes General Hospital
MON	MON. Montagu Hospital
MOR	MOR. Murrumbidgee Hospital
MPH	MPH. Taunton & Somerset Hospital
MRI	MRI. Manchester Royal Infirmary
NBH	NBH. Nuffield Bromhead Hospital
NCR	NCR. New Cross Hospital
NDD	NDD. North Devon District Hospital
NEV	NEV. Nevill Hall Hospital
NEW	NEW. Newcastle General Hospital
NGH	NGH. Neath Port Talbot Hospital
NGS	NGS. Northern General Hospital Sheffield
NHB	NHB. Royal Brompton Hospital
NHH	NHH. North Hampshire Hospital
NHN	NHN. Newark Hospital
NIN	NIN. Ninewells Hospital
NMG	NMG. North Manchester General Hospital
NMH	NMH. North Middlesex Hospital
NOB	NOB. Noble's Hospital
NOR	NOR. Norfolk and Norwich Hospital
NPH	NPH. Northwick Park Hospital

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NTG	NTG. University Hospital of North Tees
NTH	NTH. Northampton General Hospital
NTY	NTY. North Tyneside Hospital
NUL	NUL. Nuffield Hospital
NUN	NUN. George Eliot Hospital
NWG	NWG. Newham General Hospital
OHM	OHM. Royal Oldham Hospital
OLD	OLD. Oldchurch Hospital
PAH	PAH. Princess Alexandra Hospital
PAP	PAP. Papworth Hospital
PCH	PCH. Prince Charles Hospital
PEH	PEH. Princess Elizabeth Hospital
PER	PER. Perth Royal Infirmary
PET	PET. Peterborough District Hospital
PGH	PGH. Poole General Hospital
PHB	PHB. Priory Hospital
PHN	PHN. Park Hospital
PIL	PIL. Pilgrim Hospital
PIN	PIN. Pinderfields General Hospital
PLY	PLY. Derriford Hospital
PMS	PMS. The Great Western Hospital
PON	PON. Pontefract General Infirmary
POW	POW. Princess Of Wales Hospital
PPH	PPH. Prince Philip Hospital
PRH	PRH. Princess Royal Hospital (Haywards Heath)
QAP	QAP. Queen Alexandra Hospital
QEB	QEB. Queen Elizabeth Hospital, Edgbaston
QEG	QEG. Queen Elizabeth Hospital, Gateshead
QEQ	QEQ. Queen Elizabeth the Queen Mother Hospital
QEW	QEW. Queen Elizabeth II Hospital (Welwyn)
QKL	QKL. Queen Elizabeth Hospital (King's Lynn)
QMH	QMH. Queen Marys Hospital
RAD	RAD. John Radcliffe Hospital
RAH	RAH. Royal Alexandra Hospital
RAI	RAI. Raigmore Hospital
RCH	RCH. Royal Cornwall Hospital
RDE	RDE. Royal Devon & Exeter Hospital
RED	RED. The Alexandra Hospital
RFH	RFH. Royal Free Hospital
RGH	RGH. Royal Glamorgan
RHA	RHA. Royal Hallamshire Hospital
RHC	RHC. Royal Hampshire County Hospital
RHH	RHH. Ross Hall Hospital
RHI	RHI. Calderdale Royal Hospital
RHS	RHS. Royal Hospital for Sick Children
RHW	RHW. Wolverhampton Royal
RIA	RIA. Aberdeen Royal Infirmary
RLI	RLI. Royal Lancaster Infirmary
RLU	RLU. Royal Liverpool University Hospital
ROC	ROC. Rochdale Infirmary
ROT	ROT. Rotherham General Hospital

## PROCEDURE FOR THE COMPLETION OF PATIENT REPORT FORMS (PRFs)

RPH	RPH. Royal Preston Hospital
RSC	RSC. Royal Sussex County Hospital
RSS	RSS. Royal Shrewsbury Hospital
RSU	RSU. Royal Surrey County Hospital
RUG	RUG. Hospital of St Cross
RUS	RUS. Russells Hall Hospital
RVB	RVB. Royal Victoria Hospital
RVN	RVN. Royal Victoria Infirmary
RWW	RWW. Ronkswood Hospital
SAC	SAC. St Albans City Hospital
SAL	SAL. Salisbury District Hospital
SAN	SAN. Sandwell District Hospital
SBH	SBH. St Bartholomews Hospital
SCA	SCA. Scarborough General Hospital
SCL	SCL. St Charles Hospital
SCM	SCM. James Cook University Hospital
SCU	SCU. Scunthorpe General Hospital
SDG	SDG. Staffordshire General Hospital
SEA	SEA. Seacroft Hospital
SEF	SEF. Sefton General Hospital
SEH	SEH. Southend Hospital
SGG	SGG. Southern General Hospital
SGH	SGH. Southampton General Hospital
SGI	SGI. Salisbury General Infirmary
SHC	SHC. St Helier Hospital
SHF	SHF. Sheffield Childrens Hospital
SHH	SHH. Stepping Hill Hospital
SHJ	SHJ. Jersey General Hospital
SHL	SHL. Gilbert Bain Hospital
SIC	SIC. South Infirmary Hospital
SIN	SIN. Singleton Hospital
SJL	SJL. St James' University Hospital (Leeds)
SKH	SKH. Skegness District Hospital
SLB	SLB. St Lukes Hospital
SLD	SLD. St Laurence's Hospital
SLF	SLF. Hope Hospital
SMP	SMP. St Marys Hospital, Portsmouth
SMV	SMV. Stoke Mandeville Hospital
SOH	SOH. Selly Oak Hospital
SOL	SOL. Solihull District Hospital
SOU	SOU. Southport and Formby District General
SPH	SPH. St Peter's Hospital
SRH	SRH. Stamford and Rutland Hospital
STB	STB. Stobhill General Hospital
STD	STD. South Tyneside District Hospital
STH	STH. St Thomas Hospital
STJ	STJ. St James Hospital
STL	STL. St Luke's General Hospital
STM	STM. St Marys Hospital, Paddington
STO	STO. North Staffordshire Hospital
STR	STR. St Richards Hospital

## PROCEDURE FOR THE COMPLETION OF PATIENT REPORT FORMS (PRFs)

SUN	SUN. Sunderland Royal Hospital
SVD	SVD. St Vincent's Hospital
TGA	TGA. Tameside General Hospital
THH	THH. The Heart Hospital
TLF	TLF. Princess Royal Hospital, Telford
TOR	TOR. Torbay Hospital
TRA	TRA. Trafford General Hospital
UCG	UCG. University College Hospital Galway
UCL	UCL. University College Hospital
UHN	UHN. University Hospitals Nottingham Queens Medical Centre Campus
UHW	UHW. University Hospital of Wales
VIC	VIC. Victoria Hospital
VIG	VIG. Victoria Infirmary
VOL	VOL. Vale of Leven
WAL	WAL. Walsgrave Hospital
WAR	WAR. Warwick Hospital
WAT	WAT. Watford General Hospital
WCH	WCH. West Cornwall Hospital
WCI	WCI. West Cumberland Infirmary
WDG	WDG. Warrington District General Hospital
WDH	WDH. Dorset County Hospital
WES	WES. Chelsea & Westminster Hospital
WEX	WEX. Wexham Park Hospital
WFD	WFD. Wharfedale Hospital
WGE	WGE. Western General Hospital
WGH	WGH. Weston General Hospital
WGK	WGK. Westmoreland General Hospital
WHB	WHB. Whitby Hospital
WHC	WHC. Whipps Cross Hospital
WHH	WHH. William Harvey Hospital
WHI	WHI. Whiston Hospital
WHT	WHT. Whittington Hospital
WIG	WIG. Western Infirmary
WIR	WIR. Arrowse Park Hospital
WMH	WMH. Manor Hospital
WMU	WMU. West Middlesex University Hospital
WOR	WOR. Wordsley Hospital
WRC	WRC. Worcester Royal Infirmary
WRG	WRG. Worthing Hospital
WRX	WRX. Maelor Hospital
WSH	WSH. West Suffolk Hospital
WWG	WWG. West Wales General
WYB	WYB. Withybush General Hospital
WYT	WYT. Wythenshawe Hospital
YDH	YDH. York District Hospital
YEO	YEO. Yeovil District Hospital
YKC	YKC. Yorkshire Clinic
YSB	YSB. Gwynedd DGH
YYY	YYY. General Hospital
ZZZ	ZZZ. St Elsewhere's