**Emergency Medicine ECHO case template**

NO PATIENT IDENTIFIABLE INFORMATION

Case submissions must be a patient you have seen.

Please provide only necessary information for discussion of your case and questions.

Not all sections need to be completed.

Please complete this form electronically and submit to: [ECHO@sapmea.asn.au](about:blank)

# Patient background information

* Age and Gender:
* Does the patient identify as Aboriginal and/or Torres Strait Islander?
* Family & Social support network:
* Other relevant patient background information:

# Pre-arrival notification details

# Brief history of emergency presentation

# Past relevant medical history, including past ED presentations if relevant

# Vital signs and physical examination findings

# Relevant investigation results

# Medications: (please specify dosage)

* **Current medication/s**
* **Medication changes in previous month**

# **Relevant alcohol, smoking and/or drug use**

# Interventions in ED and patient outcome

# ED team members present

# *Please provide only professional roles e.g. nurse, medical officer, and NOT the names of individuals*

# Other comments/information

# What are your questions for the Emergency Medicine ECHO Network? (Please list)