CITY GOVERNMENT OF CABUYAO
CITY DISASTER RISK REDUCTION AND MANAGEMENT OFFICE
Province of Laguna

RESPONDER INCIDENT FORM

DATE: _____ **SHIFT:** □ 6-2 □ 2-10 □ 10-6 □ 6A-6P □6P-6A
NATURE OF INCIDENT: □ MEDICAL □ TRAUMA □ PATIENT CONDUCTION
PLACE OF INCIDENT: _____
TIME OF CALL: _____ □ AM □ PM **SOURCE OF CALL:** _____

EVENT	TIME
INCIDENT OCCURRED	□AM □PM
ENROUTE TO INCIDENT AREA/SCENE	□AM □PM
ARRIVED AT INCIDENT AREA/SCENE	□AM □PM
ENROUTE WITH THE VICTIM/ PATIENT	□AM □PM
ARRIVED AT FACILITY/ RESIDENCE/ DESTINATION	□AM □PM
BACK TO SERVICE/ HOME BASE	□AM □PM

FULL NAME: _____
BIRTHDATE: ____/ ____ /_____ **SEX:** □ M □ F **AGE:** ____ **POSSIBLE CASE:** _____
COMPLETE ADDRESS: _____
_____
_____

CIVIL STATUS: □ SINGLE □ MARRIED □ CHILD □ WIDOWED **CONTACT PERSON:** _____

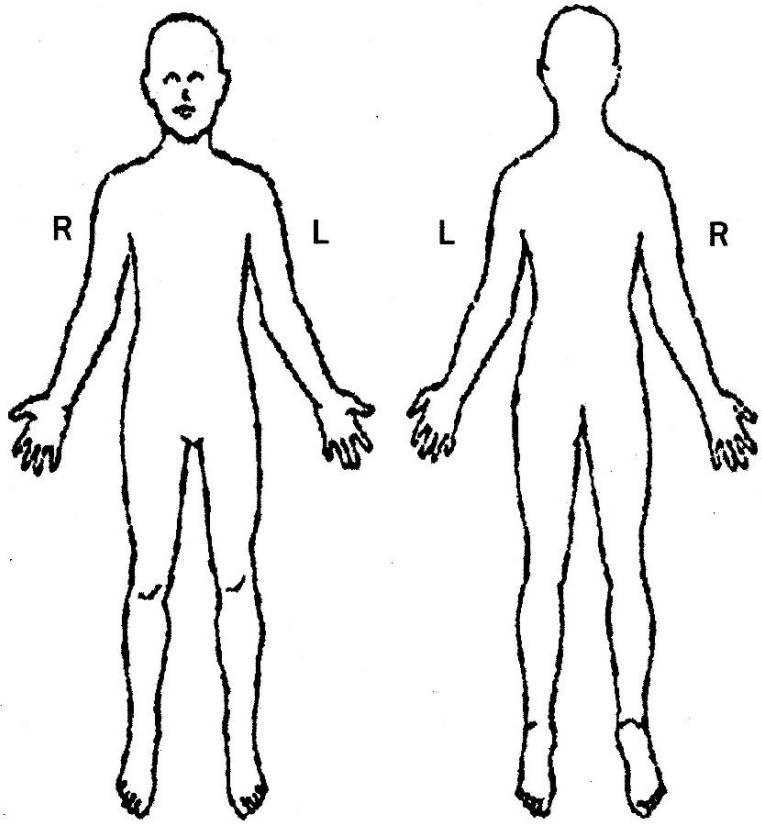
RESPONDER'S NOTES

_____
_____
_____
_____

PROCEDURES AND MANAGEMENT

AIRWAY
□ MANUAL
□ OROPHARYNGEAL/ NASOPHARYNGEAL
□ UNABLE
□ **CPR** Time Started: Time Ended:
□ **DEFIBRILLATION** # Shocks:
□ **ECG/CARDIAC MONITOR**
□ **MEDICATIONS GIVEN** Time Given: Route:
□ **OB DELIVERY**
OXYGEN FLOW RATE: LPM
□ NASAL CANNULA (NC)
□ FACE MASK (FM)
□ NON REBREATHER MASK (NRM)
□ BAG VALVE MASK (BVM - AMBUBAG)
□ **SPINE BOARD/ SCOOP IMMOBILIZATION**
□ **CERVICAL/ X COLLAR APPLICATION**
SPLINTS □ KED □ ARM SPLINT □ LEG SPLINT
□ **WOUND MANAGEMENT AND CARE**
□ **CBG/ BLOOD SUGAR TEST** RESULT: mg/dL
POSITION DURING TRANSPORT □ SUPINE □ TRENDELENBURG □ PRONE □ SITTING □ SEMI-FOWLERS □ SIDE-LYING

INJURY LOCATION DIAGRAM



VITAL SIGNS AND OTHER ASSESSMENT

TIME	NEURO	TEMPERATURE	BLOOD PRESSURE	PULSE RATE	RESPIRATORY RATE	OXYGEN SATURATION
INITIAL	A V P U	C°	mmHg	bpm	cpm	%
	A V P U	C°	mmHg	bpm	cpm	%
	A V P U	C°	mmHg	bpm	cpm	%
FINAL	A V P U	C°	mmHg	bpm	cpm	%

CURRENT MEDICATIONS (GAMOT)	MEDICAL HISTORY
□ NONE	□ HYPERTENSION □ CANCER □ SURGERY □ DM □ ASTHMA □ COPD □ SEIZURES □ NONE OTHERS:

GLASGOW COMA SCALE

EYES	VERBAL	MOTOR	TIME	GCS SCORE
4 SPONTANEOUS	5 ORIENTED	6 OBEYS COMMAND	INITIAL	
3 VERBAL RESPONSE	4 CONFUSED	5 LOCALIZED PAIN		
2 RESPONSE TO PAIN	3 INAPPROPRIATE	4 WITHDRAWS TO PAIN		
1 NONE	2 INCOMPREHENSIBLE	3 FLEXION		
	1 NONE	2 EXTENSION		
		1 NONE	FINAL	

OB ASSESSMENT

LAST MENSTRUAL PERIOD: _____

STATUS	□ ACCEPTED □ DECLINED □ FOR TRANSFER □ EXPIRED
TRAFFIC CONDITION	□ LIGHT □ MODERATE □ HEAVY □ CLEAR
WEATHER CONDITION	□ CLEAR/SUNNY □ CLOUDY □ STORMY □ RAINY

PATIENT REFUSAL SECTION
(PAGTANGGI SA KARAGDAGANG GAMUTAN O SA PAGPAPADALA SA OSPITAL)

AKO, AY NAKATANGGAP NG PAUNANG LUNAS O FIRST AID NA NAKAPALOOB SA FORM NA ITO AT HINIHILING KO NA HINDI NA MAGPATINGIN O MAGPAGAMOT PA SA OSPITAL NA INIREREKOMENDA NG MGA CDRRMO RESPONDERS. BATID KO ANG MGA PANGANIB O KAPAHAMAKAN SA PAGTANGGI NG KARAGDAGANG PAGSUSURI AT WALANG MAGING PANANAGUTAN ANG MGA CDRRMO RESPONDERS AT EMPLEYADO NITO.

PANGALAN AT LAGDA (PASYENTE O KAMAG-ANAK):_____
KAUGNAYAN:_____ PETSA: _____ ORAS: _____

PANGALAN AT LAGDA (SAKSI) _____ ORAS: _____ PETSA: _____

_____
RECEIVING HOSPITAL/ FACILITY

_____
SIGNATURE OVER PRINTED NAME OF RECEIVING MD/ RN

_____
WITNESS (PATIENT/NEXT OF KIN/ GUARDIAN)

_____
_____
_____
_____
RESPONDERS

_____
TRANSPORT OFFICER

THIS FORM IS COMPLETED AND ENDORSED BY: _____