WHO EMERGENCY UNIT FORM: GENERAL

☐ Mass Casualty

Hospital Registration Number: ____ Date: DD/MM/YY Time of Arrival: __ __ : __ __ (24h)

Patient Surname: ____ Age: ____
First Name: ____ INF / CH / AD

Gender: ☐Male ☐Female ☐ Other: ____ Date of Birth: DD/MM/YY Weight: ____ kg

Occupation: ____ ☐ Unknown

Patient Residence (at least City and Sub-district): ____ ☐ Unknown

Arrival Mode: ☐Ambulance ☐Car/Truck (*circle* Private or Taxi)
☐ Motorized 2/3-wheeler (*circle* Private or Taxi)
☐ Public Transport ☐ Walk ☐ Other: ____

Number of prior facilities: ____
Referred from: ____

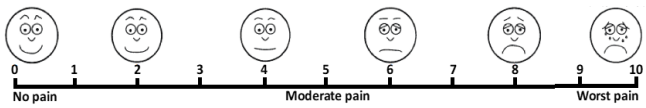
☐Ambulatory Non Ambulatory: ☐ Acute ☐ Chronic

Contact Person: ____ Phone: ____ Relation: ____

CHIEF COMPLAINT:

INITIAL VS at __ __ : __ __ (24h)
Temp: ____ BP: ____ / ____ Pulse: ____ RR: ____
SpO_2: ____ % on ____ Pain score: ____ / 10

Triage Category:



TREATING PROVIDER ASSESSMENT: Date: DD/MM/YY **Time** __ __ : __ __ (24h) ☐ **Dead on arrival**

HIGH RISK SIGNS

☐ Abnormal AVPU ☐ HR <55 or >130 (adult) ☐ Temp >39˚C or <36˚C ☐ SpO_2 <90% on RA
☐ Stridor, voice change or unable to swallow ☐ Respiratory distress (grunting in child, retractions, cyanosis)
☐ Poor perfusion, weak pulse, capillary refill >3s ☐ Vomits everything, can't drink or feed

PRIMARY SURVEY: (see Reference Card for normal findings, only mark NML if all key elements are normal)

Airway
☐ NML

☐ Angioedema ☐ Stridor ☐ Voice changes
☐ Oral/Airway burns
Obstructed by: ☐ Tongue ☐ Blood ☐ Secretions ☐ Vomit ☐ Foreign body

Airway: ☐ Repositioning ☐ Suction ☐ OPA ☐ NPA ☐ LMA ☐ BVM ☐ ETT

Breathing
☐ NML

Spontaneous Respiratory Rate: ____
Chest Rise: ☐ Shallow ☐ Retractions ☐ Paradoxical
Trachea: ☐ Midline ☐Deviated to ☐L ☐R
Breath Sounds: ☐ L____ ☐ R____

Oxygen: ____ L
☐NC ☐Mask ☐NRB
☐BVM ☐CPAP/BIPAP
☐Ventilator
☐Bronchodilator

Chest needle or tube (circle):
☐ L – Size: ____ Depth: ____ cm
☐ R – Size: ____ Depth: ____ cm
☐ **3- sided dressing**

Circulation
☐ NML

Skin: ☐ Warm ☐ Dry
☐ Pale ☐ Cyanotic ☐ Moist ☐ Cool
Capillary refill: ☐ <3 sec or ____ sec
Pulses: ☐ Weak ☐ Asymmetric____
JVD: ☐ Yes ☐No

Access: ☐IV: Loc ____ Size ____
☐CVL: Loc ____ Size ____ ☐IO: Loc ____ Size ____
☐IVF: ____ mLs ☐NS ☐LR ☐Other ____
☐Blood ordered ☐Epinephrine given

Disability
☐ NML

☐ A ☐ V ☐ P ☐ U
☐ **Moves all extremities** or ☐ Deficit: ____
Pupils: Size: L ____ R ____
Reactivity: L ____ R ____

Blood Glucose: ____
(Abnormal if < 3.5 mmol/dl)

☐ Glucose ☐ Naloxone
☐ Antiepileptic
☐ Others:

HISTORY OF PRESENT ILLNESS:

(Symptoms, time course, exacerbating and alleviating factors, prior episodes & prior interventions, including any primary health care)

REVIEW OF SYSTEMS: (See Reference Card for normal findings. Do NOT mark normal unless all key elements are normal.)

☐ NML	General:	☐ NML	Reproductive:
☐ NML	HEENT:	☐ NML	Skin:
☐ NML	Resp:	☐ NML	MSK:
☐ NML	CV:	☐ NML	Heme:
☐ NML	GI:	☐ NML	Neuro:
☐ NML	Pelvis/GU/Rectal:	☐ NML	Psychiatric:

Form to be used with WHO Reference Card. See who.int/emergencycare for more information.

PAST MEDICAL HISTORY: History obtained from:

Medications: ☐ Unknown

Allergies: ☐ Unknown

Last Menstrual Cycle: G___P___ ☐ Unknown

Past Medical: ☐ HTN ☐ DM ☐ COPD ☐ Psych ☐ Renal Disease ☐ Unknown
Other:

Pregnant? (circle) Yes / No ☐ Reported ☐ Testing done

Vaccinations up to date? ☐ Unknown ☐No ☐Yes

Substance Use: ☐ Tobacco ☐ Alcohol ☐ Drugs ☐ IV Drugs ☐ Unknown

Past Surgeries (type & date)**:** ☐ Unknown

Family History:

Safe at home?

PHYSICAL EXAM: (See Reference Card for normal findings. Do NOT mark NML unless all key elements are normal. Specify L or R if needed.)

☐NML	**General**		☐NML	**Cardiac**	
☐NML	**Neuro/Psych**		☐NML	**Abdominal**	
☐NML	**HEENT**		☐NML	**Pelvis/GU/ Rectal**	
☐NML	**Neck**		☐NML	**Lymph**	
☐NML	**Respiratory**		☐NML	**MSK**	
			☐NML	**Skin**	

DIAGNOSTICS: (Labs, Imaging)

CBC: Hbg, WBC, Plt, Hct ☐ Result pending

Lytes/Cr/glucose: Na, Cl, BUN, K, HCO3, Cr, Glucose ☐ Result pending

UPT: ☐ Pos ☐Neg

Malaria: ☐ Pos ☐Neg

HIV Rapid: ☐ Pos ☐Neg

Blood type:

ECG: Rate:
Sinus rhythm? ☐ Y ☐ N
Ischemia? ☐ Y ☐ N
Interpretation:

Other labs/imaging:

Urine Dip: Glu: Ket: Blood: Nitr: Leuk: Prot:

ADDITIONAL INTERVENTIONS:

Fluids and Medications Given — **Time** (24h)

- ☐ IVF: mLs ☐NS ☐LR ☐Other
- ☐ Blood products (specify number of units given):
- ☐ Opioid Analgesia:
- ☐ Other Analgesia:
- ☐ Sedation/Paralytics:
- ☐ Antimicrobials:
- ☐ Tetanus:
- ☐ Other:

Procedures (include time and outcome) — **Time** (24h)

- ☐ Intubation:
- ☐ Chest Tube:
- ☐ Lumbar Puncture:
- ☐ Simple / Complex Laceration Repair:
- ☐ Other:

ASSESSMENT (include summary and differential) **AND PLAN** (imaging; meds/interventions; consults with time called/arrived and recs):

REASSESSMENT at ___:___ (24h) ☐ **Condition same**
Temp: Pulse: BP: / RR: SpO_2: % on Changes:

DISPOSITION: Checklist completed: ☐ Y ☐ N ED departure (date & time): DD/MM/YY ___:___ (24h)

Diagnoses/Impressions (list all)**:**

- ☐ **Admit to:** ☐ Ward ☐ ICU ☐ OT
- ☐ **Discharge:** Plan discussed with patient? ☐ Yes ☐ No
- ☐ **Transfer to**:
- ☐ **Left without being seen or before treatment complete**
- ☐ **Died of** (specify cause - NOT cardiopulmonary arrest):

VS at Dispo at: ___:___ (24h)
Temp: Pulse: BP: / RR: SpO_2: % on

Accepting Provider:

Emergency Unit Provider Name/Title (include handovers)	**Signature and Date**

Chart to be used with WHO Reference Card. See who.int/emergencycare for more information.