Patient Assessment Form

Date _____   Time_____

ASSESS SCENE

Mechanics of injury – Medical / Trauma. (Circle)

_____
_____
_____
_____
_____

PRIMARY SURVEY

Danger – Personal Safety – GLOVES ON

- Is it safe?
- Call for help.

Response

- Responds to: Voice / Pain / None

Airway

- Clear of obstructions.
- Finger sweep any visible obstructions.
- Open airway head tilt, chin lift.
- Jaw thrust re/ c-spine.

Breathing

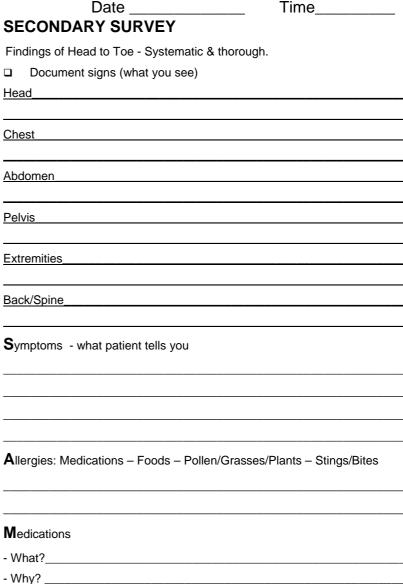- Look, listen, feel for 10 secs.
- If none – begin CPR.

Circulation

- Carotid pulse - palpate for 10 seconds.
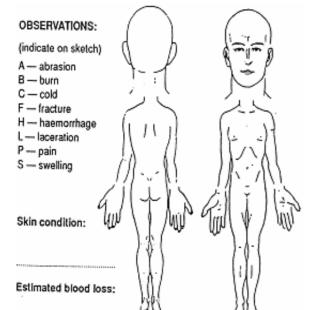- No pulse - begin CPR.
    - 30 - 2 (Adult).
    - 5 initial then 30 - 2 (Child or Drowning).
- Body sweep for life threatening bleeding.
- Control bleeding – apply pressure & elevate.

SECONDARY SURVEY

Findings of Head to Toe - Systematic & thorough.

❑   Document signs (what you see)

Head_____
_____

Chest_____
_____

Abdomen_____
_____

Pelvis_____
_____

Extremities_____
_____

Back/Spine_____
_____

Symptoms - what patient tells you

_____
_____
_____
_____

Allergies: Medications – Foods – Pollen/Grasses/Plants – Stings/Bites

_____
_____

Medications

- What?_____
- Why? _____
- Last taken? _____

Past Medical History

_____
_____
_____

Last Ins & Outs

- fluids @?_____
- food @?_____

Events Prior (to accident - eg black out, dizziness)?

_____
_____
_____
_____
_____
_____

OBSERVATIONS:

(indicate on sketch)

A — abrasion
B — burn
C — cold
F — fracture
H — haemorrhage
L — laceration
P — pain
S — swelling

Skin condition:

....

Estimated blood loss:

....

PHEC
for outdoor professionals

ACCIDENT DETAIL

Patient Name: _____ Age_____ Sex_____

Address_____ Time of Accident: _____

_____ Location of Accident**:** _____

Description of events:

Plan:

Treatment	Monitor	Evac / Outside Assistance

INITIAL CONDITION OF PATIENT:

Airway	Breathing	Pulse	LOC		Pupils	R	L
Clear	Normal	Full	**A**lert ☐		Reacting		
			Confused ☐		Fixed		
Required	Shallow	Weak	**V**erbal ☐		Equal		
Attention			**P**ain – mild ☐ - deep ☐		Size- mm		
	Deep	Irregular	**U**nresponsive - Unconscious ☐				
			for/since _____				
	ABSENT	ABSENT	- Suffered convulsions ☐				

Questions about Persons Pain

		Notes:
O – Onset	When did pain come on? How long has it lasted?	
P – Provokes	What makes pain worse/better?	
Q – Quality	Can you describe the pain? Dull, crushing, sharp,	
R – Region/Radiating	burning, tearing	
S – Severity	Where is the pain? Tell / Point to it / Anywhere else?	
T - Timing	1 – 10 pain scale – minor / moderate / severe	
	Always there? Or come and go?	

VITAL SIGNS (Every 15mins until stable then ½ hourly):

Date: Time:								
LOC	- AVPU?							
Resps	- rate - character							
Pulse	- rate - character							
L Pupil	- size - react							
R Pupil	- size - react							
Vomit / Incontinence / Convulsion								
Temp – Oral / Rectal								
Skin Colour/Perfusion								
Circulation / Sensation								

TREATMENT LOG

O2								
Drugs								
Dressing								