



EMERGENCY DOCTOR'S ADMISSION ASSESSMENT

Name: Mr. Kiran Taware Age: 56 Sex: M/F Date: 5/10/2024 Time of arrival: 10.00 am

Patient Identification Mark i. Note on neck

MLC: Yes / No If Yes, MLC No. Not applicable Name of Police _____ Police Station: _____

Status on arrival: Conscious, Oriented Triage Score: 1 2 3 4 5

Time of Assessment: 10.03 am Done by: Name: Dr. Sangeeta Borkar, Emp ID D1389

Any Communicable Disease: _____ Isolation: Yes / No

Chief Complaints: Fever with chills, Bilateral pedal oedema since 1 week

Allergy: No Severe pain in abdomen, abdominal distension, with bilious vomiting since yesterday evening.

PRIMARY SURVEY

Airway - Patent / Not Patent

- OPA NPA LMA ETT CRICO Tracheostomy

Tube Size Fixed at _____ cm, time _____

- C Spine Protection

Breathing - On Room Air

O2 _____ lit/min via Nasal Prongs Face Mask NRBM Bag Valve

Ventilation: Mode FiO2 I:E

Circulation - All peripheral pulses Felt Not Felt

Pulses not felt _____

Disability - Pupils - Size

	Rt	Lt	GCS
Reacting	<u>Bilaterally equal</u>	<u>(4)</u>	<u>15/15</u>
	<u>4</u>	<u>4</u>	<u>E</u>
			<u>M</u>
			<u>V</u>

Exposure - Outside lines: None

- Central Line Arterial Line IV Cannula - Position _____

- Catheter RT Tubes Any other _____

- U NO 6 NO