

Caregiver:
Certification:

Patient Name:
Course Type:
Day of Course:

PATIENT ASSESSMENT FORM



SCENE SIZE-UP

Date: Time:

Location:

Weather:

Description of Scene:

Mechanism of injury:

Initial Assessment Problems & Treatment:

Airway/Breathing? Pulse/Severe Bleeding?
AVPU/Spine?

SUBJECTIVE INFORMATION

Symptoms/Chief Complaint

Allergies:

To what? Degree of reaction?

Medications:

Prescription/OTC?

Past Pertinent Injury:

Is this a re-injury?

Last Food/Fluids:

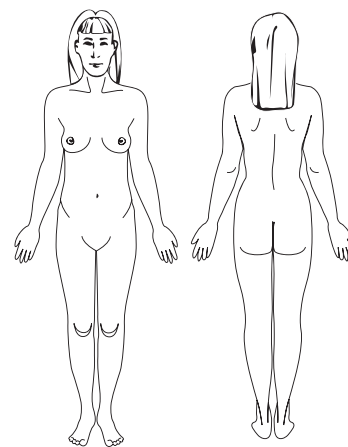
How much/when? Last bowel movement/urine?
Last menstrual period?

Events:

Events leading to injury?
Does patient remember events?

OBJECTIVE INFORMATION

Head-to-Toe exam:



General Appearance? EXTREMITIES: ROM? CSM?
HEAD:Trauma? ABDOMEN: Firm? Tender? Sounds?
NECK: Tender? Deformities? CHEST: Bruising? Crepitus?
BACK/SPINE: Tender? Bruising? Motor/Sensory function?
PELVIS: Stability? Tender?

VITAL SIGNS

PULSE: Rate/Minute, Reg/ Irreg RESPIRATIONS: Rate/Minute, Easy/Labored BLOOD PRESSURE: Systolic/Diastolic, Auscultated/Palpated SKIN: Color/ Temp/Moisture
 TEMPERATURE: Oral/Axillary/Rectal or Hot/Normal/Cold AVPU: Level of Consciousness- Awake (describe), Verbally Responsive, Pain Responsive, Unresponsive

Time											
Pulse											
Respirations											
Blood Pressure											
Skin Signs											
Temperature											
AVPU											

PROBLEMS	ANTICIPATED PROBLEMS	TREATMENT PLAN

EVACUATION PLANS:

Evac necessary? Walk-out? Carry out?
 Vehicle/Helo Transport?

RESOURCES NEEDED:

Medical Supplies? Equipment? Personnel?