

Incident Date: / /

Incident Location:

Responder One Name:

Responder Two Name:

Time at Patient: :

Surname:

Forename:

Address:

Post Code:

Tel:

Relatives Aware: YES NO

Patient Age:

Date of Birth: / /

Gender: MALE FEMALE

PRIMARY SURVEY

Scene Safe: YES NO

Assess Response: RESPONSIVE UNRESPONSIVE

Airway: CLEAR OBSTRUCTED VOMITED

Breathing: NORMAL NOT BREATHING NORMALLY

Bleeding: EXTERNAL INTERNAL

Shock Management: CAPILLARY REFILL <2 >2

Tissue Colour: NORMAL PALE
 CLAMMY FLUSHED CYANOSED

Temperature: HOT WARM NEUTRAL COLD

SECONDARY SURVEY

Patient History

Chief Complaint:

History of Chief Complaint: PMH, Medications, Allergies.

Time of First Symptoms: : >24 Hours

Other Relevant Information:

Stroke FAST (Face, Arm, Speech Test) Assessment

FACIAL WEAKNESS: YES NO UNABLE TO ASSESS

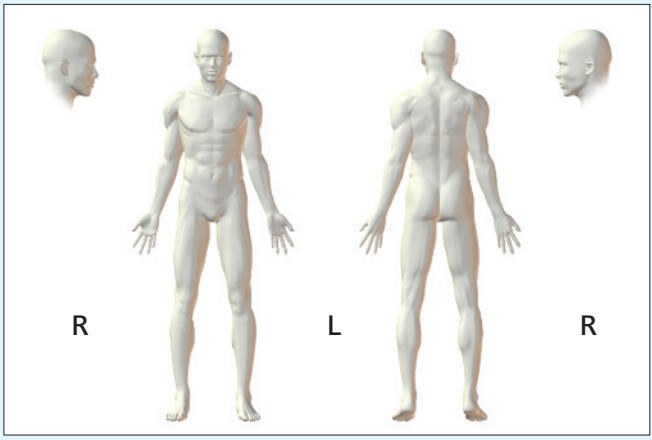
AFFECTED SIDE: LEFT RIGHT

ARM WEAKNESS: YES NO UNABLE TO ASSESS

AFFECTED SIDE: LEFT RIGHT

SPEECH DIFFICULTIES: YES NO UNABLE TO ASSESS

PHYSICAL ASSESSMENT



SHOW:
Deformity **Open Wounds** **Pain** **Tenderness**
Swelling **Fracture** **Abrasion** **Incision**
Loss of Functionality **Contusion** **Laceration** **Puncture**

Burns: %

OBSERVATION CHART

Time 1st Obs: :

Level of Response: RESPONSIVE UNRESPONSIVE

Airway: CLEAR OBSTRUCTED NOISY VOMITED

Breathing: NORMAL SHALLOW DEEP REGULAR IRREGULAR
 RESPIRATION RATE

Circulation **Site** RADIAL PULSE CAROTID
 STRONG WEAK REGULAR IRREGULAR
 PULSE RATE

Temperature: HOT WARM NEUTRAL COLD

Tissue Colour: NORMAL PALE CLAMMY FLUSHED CYANOSED

Pupils: NORMAL REACTIVE NORMAL REACTIVE
LEFT RIGHT

Time 2nd Obs: :

Level of Response: RESPONSIVE UNRESPONSIVE

Airway: CLEAR OBSTRUCTED NOISY VOMITED

Breathing: NORMAL SHALLOW DEEP REGULAR IRREGULAR
 RESPIRATION RATE

Circulation RADIAL PULSE CAROTID PULSE STRONG WEAK
 REGULAR IRREGULAR
 PULSE RATE

Temperature: HOT WARM NEUTRAL COLD

Tissue Colour: NORMAL PALE CLAMMY FLUSHED CYANOSED

Pupils: NORMAL REACTIVE NORMAL REACTIVE
LEFT RIGHT

CPR

Time CPR Commenced: :

AUTOMATED EXTERNAL DEFIBRILLATION

SEMI AUTO FULLY AUTO

Time of First Shock: : TOTAL NO OF SHOCKS:

OXYGEN

Mask Type: LOW FLOW HIGH FLOW

Time 1st Administered: :