

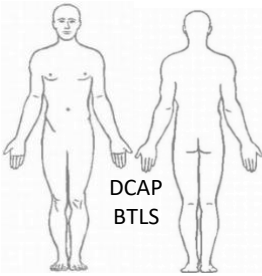
Scene Size-Up	BSI/Actions Taken	Scene Safe	Number of Patients: _____	Additional Help	Manual C-Spine
	<input type="checkbox"/> BSI (<i>list all used</i>) <input type="checkbox"/> Hand Hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Stage/clear	<input type="checkbox"/> MOI _____ <input type="checkbox"/> NOI _____	<input type="checkbox"/> ALS <input type="checkbox"/> Aeromed <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated

Primary Assessment

Gen Impr.	Age: _____ Biol gender: _____ Position: _____	Sick (or) Not Yet Sick?
LOC	AVPU: <input type="checkbox"/> Alert x _____ (person/place/time/event) <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive	GCS Total: _____ (E __ V __ M __)

	ASSESS	INTERVENE	REASSESS	Notes:
Airway	<input type="checkbox"/> Open <input type="checkbox"/> Obstructed <input type="checkbox"/> Partially Obstructed ----- <input type="checkbox"/> Silent <input type="checkbox"/> Snoring <input type="checkbox"/> Gurgling <input type="checkbox"/> Stridor	<input type="checkbox"/> None Required <input type="checkbox"/> Head-Tilt/Chin-Lift <input type="checkbox"/> Jaw Thrust <input type="checkbox"/> Suction <input type="checkbox"/> OPA/NPA (size _____) <input type="checkbox"/> Other _____	<input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input type="checkbox"/> Unchanged Notes:	<div style="border: 1px solid black; height: 300px; width: 100%;"></div>
Breathing	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate ----- <input type="checkbox"/> Approx normal rate <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Agonal ----- <input type="checkbox"/> Shallow <input type="checkbox"/> Deep <input type="checkbox"/> Non-labored <input type="checkbox"/> Labored	<input type="checkbox"/> None Required <input type="checkbox"/> O ₂ via NC (____lpm) <input type="checkbox"/> O ₂ via NRB (____lpm) <input type="checkbox"/> O ₂ via BVM (____lpm) <input type="checkbox"/> Other _____	<input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input type="checkbox"/> Unchanged Notes:	
Circulation	<input type="checkbox"/> Major Bleeding Present PULSE <input type="checkbox"/> Present <input type="checkbox"/> Absent radial/carotid/femoral/brachial <input type="checkbox"/> Regular <input type="checkbox"/> Irregular strong/weak/bounding/thready SKIN <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Mottled warm/cool/cold/hot <input type="checkbox"/> Dry <input type="checkbox"/> Clammy <input type="checkbox"/> Moist <input type="checkbox"/> Wet <input type="checkbox"/> Diaphoretic	<input type="checkbox"/> None Required <input type="checkbox"/> CPR <input type="checkbox"/> AED <input type="checkbox"/> Trendelenburg <input type="checkbox"/> Direct Pressure <input type="checkbox"/> Tourniquet <input type="checkbox"/> Other _____ Notes:	<input type="checkbox"/> Unable to control bleeding <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input type="checkbox"/> Unchanged Notes:	
Transport decision (where, when, how?):				

Secondary Assessment

C/C: Onset Provocation Quality Radiation <u>Severity</u> Time: S/S Allergies Meds Prev Hx Last oral intake Events prior	<u>Exam Findings</u> <div style="text-align: center;">  </div> <u>Interventions</u>	<u>REassessments</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Time</th> <th>HR</th> <th>RR</th> <th>BP</th> <th>GCS (E,V,M)</th> <th>*Notes/other assessments</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p style="text-align: right; font-size: small;">*Others: ETCO₂, FSBG, pain rating, skin signs</p>	Time	HR	RR	BP	GCS (E,V,M)	*Notes/other assessments																																																												
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