

Caregiver:

Patient Name:

Certification:

Course Type:

Day of Course:

PATIENT ASSESSMENT FORM

Adventure
Medical
Kits

BE SAFE

SCENE SIZE-UP

SUBJECTIVE INFORMATION

OBJECTIVE INFORMATION

Date:

Time:

Symptoms/Chief Complaint

Head-to-Toe exam:

Location:

Allergies:

To what? Degree of reaction?

Weather:

Medications:

Prescription/OTC?

Description of Scene:

Past Pertinent Injury:

Is this a re-injury?

Mechanism of injury:

Last Food/Fluids:

How much/when? Last bowel movement/urine?

Last menstrual period?

Initial Assessment Problems

& Treatment:

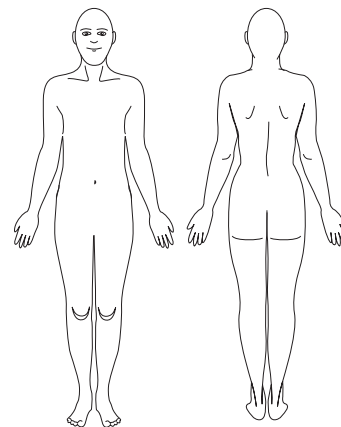
Airway/Breathing? Pulse/Severe Bleeding?

AVPU/Spine?

Events:

Events leading to injury?

Does patient remember events?



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											

EVACUATION PLANS:

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

RESOURCES NEEDED:

Medical Supplies? Equipment? Personnel?