### Patient Assessment Form

#### ASSESS SCENE

Mechanics of injury – Medical / Trauma. (Circle)

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#### PRIMARY SURVEY

**Danger – Personal Safety – GLOVES ON**

- Is it safe?
- Call for help.

**Response**

- Responds to: Voice / Pain / None

**Airway**

- Clear of obstructions.
- Finger sweep any visible obstructions.
- Open airway head tilt, chin lift.
- Jaw thrust re/ c-spine.

**Breathing**

- Look, listen, feel for 10 secs.
- If none – begin CPR.

**Circulation**

- Carotid pulse - palpate for 10 seconds.
- No pulse - begin CPR.
  - 30 - 2 (Adult).
  - 5 initial then 30 - 2 (Child or Drowning).
- Body sweep for life threatening bleeding.
- Control bleeding – apply pressure & elevate.

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#### SECONDARY SURVEY

Findings of Head to Toe - Systematic & thorough.

- Document signs (what you see)

- **Head**

- **Chest**

- **Abdomen**

- **Pelvis**

- **Extremities**

- **Back/Spine**

- **Symptoms** - what patient tells you

- **Allergies**: Medications – Foods – Pollen/Grasses/Plants – Stings/Bites

- **Medications**
  - What?
  - Why?
  - Last taken?

- **Past Medical History**

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#### OBSERVATIONS:

*(indicate on sketch)*

- A — abrasion
- B — burn
- C — cold
- F — fracture
- H — haemorrhage
- L — laceration
- P — pain
- S — swelling

**Skin condition:**

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**Estimated blood loss:**

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**Pre Hospital Emergency Care for Outdoor Professionals**

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info@horizons.co.nz
**ACCIDENT DETAIL**

Patient Name: _______________________________________    Age_____    Sex_____

Address______________________________________________________

Time of Accident: _____________________________

Location of Accident: _____________________________

Description of events:

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**Plan:**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Monitor</th>
<th>Evac / Outside Assistance</th>
</tr>
</thead>
</table>

**INITIAL CONDITION OF PATIENT:**

<table>
<thead>
<tr>
<th>Airway</th>
<th>Breathing</th>
<th>Pulse</th>
<th>LOC</th>
<th>Pupils</th>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td>Normal</td>
<td>Full</td>
<td>Alert</td>
<td>Reacting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required Attention</td>
<td>Shallow</td>
<td>Weak</td>
<td>Confused</td>
<td>Fixed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deep</td>
<td>Irregular</td>
<td></td>
<td>Verbal</td>
<td>Equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABSENT</td>
<td>ABSENT</td>
<td></td>
<td>Pain – mild</td>
<td>Size- mm</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- deep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unresponsive - Unconscious</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>for/since</td>
<td>- Suffered convulsions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Questions about Persons Pain**

- **O – Onset**  When did pain come on? How long has it lasted?
- **P – Provokes**  What makes pain worse/better?
- **Q – Quality**  Can you describe the pain? Dull, crushing, sharp, burning, tearing
- **R – Region/Radiating**  Where is the pain? Tell / Point to it / Anywhere else?
- **S – Severity**  1 – 10 pain scale – minor / moderate / severe
  - Always there? Or come and go?

**VITAL SIGNS (Every 15mins until stable then ½ hourly):**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LOC</th>
<th>- AVPU?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resps</td>
<td>- rate</td>
</tr>
<tr>
<td></td>
<td>- character</td>
</tr>
<tr>
<td>Pulse</td>
<td>- rate</td>
</tr>
<tr>
<td></td>
<td>- character</td>
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<td>L Pupil</td>
<td>- size</td>
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<tr>
<td></td>
<td>- react</td>
</tr>
<tr>
<td>R Pupil</td>
<td>- size</td>
</tr>
<tr>
<td></td>
<td>- react</td>
</tr>
<tr>
<td>Vomit / Incontinence / Convulsion</td>
<td></td>
</tr>
<tr>
<td>Temp – Oral / Rectal</td>
<td></td>
</tr>
<tr>
<td>Skin Colour/Perfusion</td>
<td></td>
</tr>
<tr>
<td>Circulation / Sensation</td>
<td></td>
</tr>
</tbody>
</table>

**TREATMENT LOG**

| O2 |
|    |
| Drugs |
| Dressing |

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