

EMERGENCY ASSESSMENT FORM

BASIC RESCUER

SCENE SIZE-UP

- Scene Safety # of Victims _____
- Call 911 PPE Consent ABCD 'S
- Injury Illness
- Unknown (treat as Injury)
- Hazards (traffic, chemicals, fire, blood)

DESCRIPTION OF INCIDENT

Date _____

Location _____

Description _____

PAIN ASSESSMENT

Chief Complaint _____

Provoke _____

Quality _____

Region/Radiate _____

Severity _____

Time _____

HEAD-TO-TOE ASSESSMENT

If neck pain, stop - stabilize head & neck together.

Deformity, Open Wounds, Tenderness, Swelling

- | | | | |
|-----------|---------|-------------|---------|
| 1. Neck: | D O T S | 5. Abdomen: | D O T S |
| 2. Head: | D O T S | 6. Pelvis: | D O T S |
| 3. Ears: | D O T S | 7. Back: | D O T S |
| 4. Chest: | D O T S | 8. Extrem.: | D O T S |

PATIENT ASSESSMENT (reassess every 5 minutes)

Time	ABCD'S Intact	Skin Temp	Color	Moisture	Response
		warm, cool	flushed, pale, bluish	dry, sweaty	alert/altered/unresponsive

PATIENT INFORMATION

Name _____

M F Age _____ Tel # _____

Address _____

Contact Person _____

Relationship _____

Tel # _____

MEDICAL HISTORY

Symptoms _____

Allergies _____

Medications _____

Past History _____

Last Oral Intake _____

Events Prior _____