Patient Assessment

Patient Name: Date: Time:

Airway

Breathing

Circulation

Disability

Environment

Focused Exam

- Head/Neck
- Shoulders/Clavicle
- Chest/Sternum
- Abdomen
- Pelvis/Hips
- Legs/Feet
- Arms/Hands
- Back Cervical Thoracic Lumbar Sacrum Coccyx

Get Vitals

- Time
- Level of Responsiveness (AVPU)
- Heart Rate/Rhythm/Quality
- Respiration Rate/Rhythm/Quality
- Skin Color/Temp/Moisture

History

- Chief Complaint
- MOI (Mechanism of Injury)
- **S**ymptoms
  - **O**nset
  - **P**rovoke/Palliate
  - **Q**uality
  - **R**adiate (Leads to where?)
  - **S**everity (1-10)
  - **T**rend (When did it start)
- **A**llergies
- **M**edications
- **P**ertinent History
- **L**ast Intake/Output
- **E**vents Preceding

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SOAP Note

Date: Time:

Patient

Name: Age:

Address: M or F

Phone: Notify:

Relation: Phone:

Subjective

(moi c/c opqrst)

Objective

(Patient Exam SAMPLE History)

Vital Signs

Time	AVPU	HR/Character	RR/Character	SCTM

Assessment

Plan

Rescue Request

Location	Quadrangle/Coordinates Area Description
On The Scene Plans	Stay Put Evacuate to trail to road to local shelter Will send some members out Notes:
Equipment Needed	Food Water Shelter Stove and Fuel Sleeping Bags Climbing Hardware Rope Notes:
Weather	Temp: Hot Warm Cold Freezing Precip: Dry Intermittent Rain Rain Snow Notes:
Type of Evacuation	Lowering Operating Carry Out Rigid Stretcher Helicopter None until specialized medical assistance Notes:
Remaining Party Members	Name Notify Phone
Notes	

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Vital Sign Record

Time	Heart Rate		Respiratory Rate		Skin	LOR	BP
Date Hour	Beats Per Minute	Character: Strong Weak Regular Irregular	Breaths Per Minute	Character: Deep Shallow Noisy Labored	Color Temperature Moisture	AVPU	Blood Pressure

Focused Spine Exam: Date_____ Time_____ Patient Assessment/History Complete_____

Reliable (A+0x3, Sober, No Distract Injury)_____ CSM (4 Extremities)_____ No Spine Tenderness_____

DBB 11/01/07