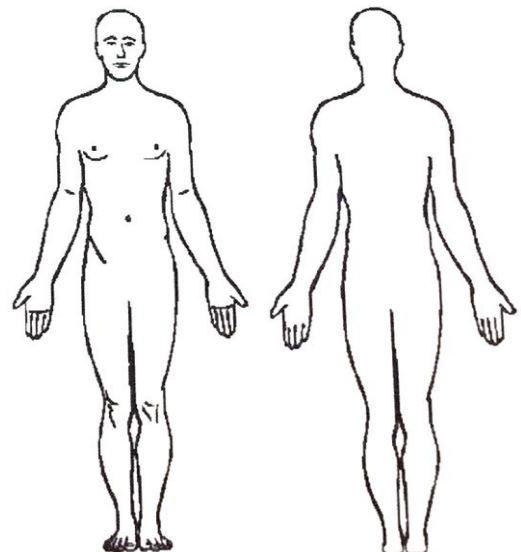


Have you identified yourself? Do you have the patient's consent (if alert/oriented)? Do you have PPE on?			
Patient Name			Sex
Age	DOB	Weight	Height
Emergency Contact			Contact Phone
SUBJECTIVE	<b>SCENE DESCRIPTION/MECHANISM OF INJURY</b> Trauma/Environmental/Medical. If trauma, describe how fast/high, dispersal of force, location of impact, etc. MOI spine?		
	<b>SYMPTOMS</b> Describe onset, cause, quality & character, region & radiation, severity (1-10) and timing of chief complaints as they apply to MOI. AVPU?		
	<b>ALLERGIES</b> Local or systemic. Cause, severity, and treatment.		
	<b>MEDICATIONS</b> Drug, dose, reason, last taken.		
	<b>PAST MEDICAL HISTORY</b> Related to current MOI. Had this before?		
	<b>LAST INS AND OUTS</b> Time and content of last meal, hydration, electrolytes, urine, stool, vomiting.		
OBJECTIVE	<b>EVENTS</b> Patient's description of what happened before, during, after MOI. Amnesia? Was there a preceding medical event that led to the MOI?		
	<b>PHYSICAL EXAM</b> AVPU; quality of breathing; skin color; discoloration; bleeding; swelling; deformity; tenderness; crepitus; instability; circulation, motor, and sensory function (CSM). For trauma, do quick 'frisk' down body feeling & looking for blood. Fully palpate skull, spine, rib cage, abdomen, extremities, and articulate joints.		



Patient name						
OBJECTIVE	VITAL SIGNS Note normal vitals for subject if possible, monitor and note changes over time					
	Time	Pulse	Resp	AVPU	Skin Quality	Other
ASSESSMENT	CURRENT ASSESSMENT What you think is wrong & how urgent is each issue.					
	ANTICIPATED PROBLEMS What you think could go wrong in the future & how critical could it become.					
PLAN	TREATMENT PLAN What you are going to do.					
SPINE ASSESSMENT Note pass or fail for each test. Time:					Evac Plan:	
General Exam						
P	F	Reliable patient? Alert and oriented?				
P	F	No neck or spine pain?				
P	F	No midline spine tenderness?				
P	F	No shooting, tingling, electric pain in arms or legs?				
Motor Exam						
P	F	Resist squeeze & spread 1st & Ring finger				
P	F	Resist press down and up on hand or fingers				
P	F	Resist press down on foot or big toe				
P	F	Resist press up on foot or big toe				
Sensory Exam						
P	F	Distinguish between pin prick and light touch on hands				
P	F	Distinguish between pin prick and light touch on feet				