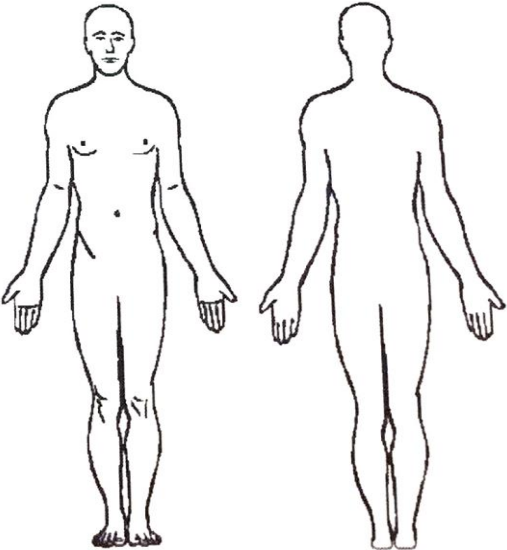


<b>Patient Name</b>			<b>Sex</b>
<b>Age</b>	<b>DOB</b>	<b>Weight</b>	<b>Height</b>
<b>Emergency contact</b>		<b>Contact Phone</b>	
Have you identified yourself? Do you have the patient's consent (if alert/oriented)? Do you have PPE on?			
<b>SUBJECTIVE</b>	<b>SCENE/MECHANISM OF INJURY</b> Trauma/Environmental/Medical. If trauma, describe how fast/high/when, dispersal of force, location of impact, etc. MOI spine?		
	<b>SYMPTOMS</b> AVPU? Describe onset, cause, quality & character, region & radiation, severity (1-10) and timing of chief complaints as they apply to MOI.		
	<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.		
	<b>EVENTS</b> Patient's description of what happened before, during, after MOI. Amnesia?		
<b>OBJECTIVE</b>	<p><b>PHYSICAL EXAM</b> AVPU; skin color; discoloration; bleeding; swelling; deformity; circulation, motor, and sensory function; tenderness; crepitus; instability; quality of breathing. For trauma, do quick 'frisk' down body feeling &amp; looking for blood. Fully palpate skull, spine, rib cage, extremities, articulate joints.</p> <div style="text-align: center;">  </div>		

<b>Patient name</b>						
OBJECTIVE	<b>VITAL SIGNS</b> Note normal vitals for subject if possible, monitor and note changes over time					
	Time	Pulse	Resp	AVPU	Skin Quality	Other
ASSESSMENT	<b>CURRENT ASSESSMENT</b> What you think is wrong & how urgent is each issue.					
	<b>ANTICIPATED PROBLEMS</b> What you think could go wrong in the future & how critical could it become.					
PLAN	<b>TREATMENT PLAN</b> What you are going to do.					
<b>SPINE ASSESSMENT</b> Note pass or fail for each test.      Time:					<b>Evac Plan:</b>	
<b>General Exam</b>						
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?				
<b>Motor Exam</b>						
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				
<b>Sensory Exam</b>						
P	F	Distinguish between pin prick and light touch on hands				
P	F	Distinguish between pin prick and light touch on feet				