

ACCIDENT/INCIDENT REPORT

Patient Medical History

- Critical history

- Allergies?
- Medication? (Dosage/frequency/purpose)
- Relevant medical history?

- Non-medical reason?
explain details:

Mechanism of Injury/illness:

- Critical history

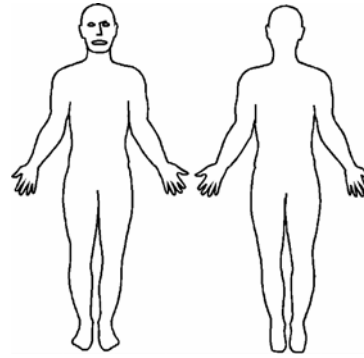
- Time
- Exact location of incident/accident

Vital Signs — attach spare sheet if necessary

Every 15 minutes until stable; then hourly; when condition remains stable - every 2 then 4, 8 and 12 hours. Attach spare sheet if necessary.

**See table on reverse*

Date Time				
*Glasgow Coma Scale	Eyes Verbal Motor			
Respiration	Rate Character			
Pulse	Rate Character			
*Pupils	Left Size(mm)/React			
* See table - reverse	Right Size(mm)/React			
Skin	Colour Temp Moistness			
Core Temp. Circle one:	Oral Tympanic Rectal	°C	°C	°C
		°F	°F	°F
Other:	Vomit, incontinence, convulsions, etc			



Number each injury site on models above & describe (List most severe first):

Pain/complaint:

- Location
- Quality/Severity
- Duration
- Radiate/Refer
- Timing? Context?
- Modifying factors
- Reoccurring?
- Other related events or indicators:

- Food/drink?
- Bowel/urination
- Menstruation
- Tetanus year?
- Contacts?

Medical/Illness

Detailed history

- Previous medical care?
Medical ID tag?
- Neurological?
Stroke, Epilepsy, etc.
- Cardiovascular/
Respiratory?
- Endocrine?
Diabetes, thyroid, etc.
- Genitourinary?
Male/Female?
- Pregnancy?
- Musculo-skeletal?
- Skin?
Infections, dryness, etc.
- Eyes/ears/nose/throat?
- Dental?
- Constitutional?
Weight change, fatigue, stress, etc.
- Current, recent infection?
and/or susceptible?
- Immunization
- Recent travel?
- Psychiatric?
Emotional stress, illness, etc.
- Environment
Cold/Heat/Altitude/Poison/Lightning
- Other

No

Traumatic Event?

- Detailed History

Open wound:

Visible bone/tendon/ligament organ, etc.? Irremovable debris? Pain on flex/extend? Discharge/swelling? Tender/swollen lymph nodes?

Closed injury:

Indicators of fracture/sprain/dislocation? Point tenderness? Discolouration/swelling? Angulation?

Yes

CNS (Central Nervous System)
*Vision/hearing/speech/smell/face symmetry
Irritability or personality changes
Co-ordination/balance (eyes closed)
Equal (and normal for the patient) strength
and/or sensation arms/hands/legs/feet*

Chest Exam:
*Look/listen/percussion
Shortness of breath Difficulty breathing
Coughing Yellow phlegm Green phlegm*

Abdominal Exam
*4 Quadrants look/listen/feel
Rigidity
Rebound tenderness*

Today's Date: D M Y20

Age: Male/Female

Patient's Full Name:

Phone: ()

Emergency contact:

Contact details:

Physician:

Rescuer Name:

Contact details:

Insurance info:



