

ACCIDENT/INCIDENT REPORT

Patients Information: Age: _____ Male/Female Date: M _____ D _____ Y 200 _____

- Full Name
- Address:
- Phone: () _____
- Emergency Contact:
- Physician:
- Insurance info:

Rescuer Name:

- Phone: () _____
- Mechanism of Injury/Illness,**
- Time of incident**
- Pain/complaint:**

Location / Quality / Severity / Duration / Radiate / Refer Timing? Context? Modifying factors Reoccurring? Improve?

- Other related events or indicators:

- Group members with similar complaint?

Patients' chief complaint?

Traumatic

Illness/Medical

Relevant Medical History?

Use plain language when asking questions.

- Allergies?**

- Medication?**

(Dosage /Frequency /Purpose)

- Previous medical care?**

Medical ID tag?

- Genitourinary?**

Male /Female?

- Skin?**

Infections, dryness etc.

- Cardiovascular /Respiratory?**

- Neurological?**

Stroke, Epilepsy, etc.

- Musculo-skeletal?**

- Psychiatric?**

Emotional stress, illness, etc.

- Endocrine?**

Diabetes, thyroid etc.

- Food /Drink?**

- Bowel /Urination**

- Menstruation**

Pregnancy?

- Eyes/ears/nose /throat?**

- Dental?**

- Contacts?**

- Constitutional?**

Weight change, fatigue, stress etc.

- Current, recent infection?**

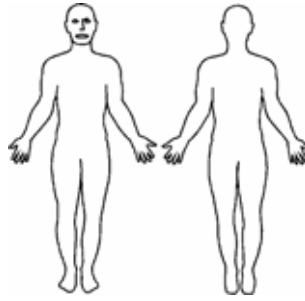
and/or susceptible

- Immunization**

Recent travel?

- Other**

Non-medical reason?



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

✓ Check applicable boxes and record details in adjacent space.

Detailed Assessments (complete applicable sections)

Vital Signs:

- 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					
* See table - reverse						
Respiration	Rate					
	Character					
Pulse	Rate					
	Character					
*Pupils	Left					
	Size(mm)/React					
	Right					
	Size(mm)/React					
Skin	Colour					
	Temp					
	Moistness					
Core Temp.	°C	°C	°C	°C	°C	°C
	Circle one: Oral	°F	°F	°F	°F	°F
	Rectal					
	Tympanic					
Other:						
vomit, incontinence, convulsions, etc						

Circulation /Sensation

Distal to any Injury:

Trauma

- Describe details

- Closed injury:
- Indicators of fracture/ sprain/ dislocation? Point tenderness?
- Discolouration/ swelling?
- Angulation?
- Tetanus year?
- Open wound:
- Visible bone /tendon /ligament/organ etc.? Irremovable Debris? Pain on flex/extend?
- Discharge /swelling? Tender /swollen lymph nodes?

CNS (Central Nervous System)

- If Apparent Deficiencies – Repeat relevant aspect(s) of examination(s) to confirm.

- 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
- Pain
- Referred/Radiating Pain
- Rebound Tenderness

Environmental

- Cold
- Heat
- Altitude
- Poison
- Lightning

