WHO PREHOSPITAL FORM

☐ MASS CASUALTY

Caller name		**Date**		**Call Received**	
Caller phone		☐ **Scene call** ☐ **Inter Facility Transfer**		**En route to Scene**	
Patient name		**Run number**		**Arrived at Scene**	
Date of birth/age		**Scene location & type**		**Transporting**	
Sex ☐ Male ☐ Female		☐ Residence ☐ School ☐ Public Building ☐ Health Facility ☐ Street ☐ Other		**At Facility**	
Patient address				**In Service**	
Occupation					

Chief complaint ☐ Injury

Initial VS					
HR		**RR**		**BP**	
Temp		**RBS**		**SpO2**	% on

Time

Care in progress on arrival

Pregnant: ☐ Yes ☐ No ☐ Unknown

HIGH RISK SIGNS

A/B	☐ Stridor, cyanosis, respiratory distress	**C**	☐ Poor perfusion, weak fast pulse, cap refill >3s, heavy bleeding ☐ Adult: HR <50 or >150 ☐ Child lethargy, sunken eyes, slow skin pinch, poor drinking
D	☐ Unresponsive ☐ Acute convulsions ☐ Hypoglycaemia ☐ Acute focal neurologic deficit ☐ Altered mental status with fever or hypothermia or stiff neck or headache		
Other	☐ High risk trauma ☐ Threatened limb ☐ Snake bite ☐ Poisoning, ingestion, chemical exposure ☐ Violent or aggressive ☐ Temp >39˚C or <36˚C ☐ Acute testicular pain or priapism ☐ Pregnant with high risk findings ☐ Adult severe chest or abdominal pain or ECG with ischaemia ☐ Infant <8 days ☐ Infant <2 months with temp >39˚C or <36˚C		

TRIAGE CATEGORY (circle): **RED YELLOW GREEN.** Triaged for

PRIMARY SURVEY

A **Airway** ☐NML	☐ Voice changes ☐ Stridor ☐ Oral/Airway burns ☐ Angioedema **Obstructed by** ☐ Tongue ☐ Blood ☐ Secretions ☐ Vomit ☐ Foreign body	**Airway:** ☐ Repositioning ☐ Suction ☐ OPA ☐ NPA ☐ LMA ☐ BVM ☐ ETT **C-spine stabilized** ☐Not needed ☐Done
B **Breathing** ☐NML	**Spontaneous Respiration** ☐ Yes ☐ No **Chest Rise** ☐ Shallow ☐ Retractions ☐ Paradoxical **Trachea** ☐ Midline ☐Deviated to ☐L ☐R **Breath Sounds** ☐ NML	☐ **Oxygen** L/min ☐ NC ☐ Face mask ☐ Non-rebreather mask ☐ BVM ☐ BiPAP/CPAP ☐ Other
C **Circulation** ☐NML	**Skin** ☐ Warm ☐ Dry ☐ Pale ☐ Cyanotic ☐ Moist ☐ Cool **Capillary refill** ☐ <3 sec ☐ ≥3 sec **Pulses** ☐ Weak ☐ Asymmetric **JVD** ☐ Yes ☐ No ☐ **Active bleeding** site	☐ **Bleeding controlled** Time (bandage, tourniquet, direct pressure) **Access** ☐ IV site size ☐ IO site size ☐ **IVF** ml ☐NS ☐LR ☐ Other ☐ **Pelvis stabilized** ☐ **Femur fracture stabilised**
D **Disability** ☐NML	**Blood glucose** (as needed): **Responsiveness** ☐ A ☐ V ☐ P ☐ U **GCS** (E V M) **Moves Extremities** ☐ L arm ☐R arm ☐L leg ☐R leg **Pupils** Size L R Reactivity L R	☐ **Glucose checked** ☐ **Glucose given** ☐ **Naloxone given**
E **Exposure** ☐NML	☐ **Exposed completely**	**ENTER ADDITIONAL EXAM FINDINGS ON REVERSE**

SAMPLE		
S	**Signs/symtoms** ☐ Unknown	
A	**Allergies** ☐ Unknown	
M	**Medications** ☐ Unknown	
P	**Past medical** ☐ Unknown	
L	**Past surgeries** ☐ Unknown	
E	**Last ate** (hrs) ☐ Unknown	
	Events (and ROS) ☐ Unknown	

PRIMARY SURVEY (CONT.)

IF INJURY

☐ **Intentional** ☐ **Unintentional** ☐ **Self-inflicted**
☐ Fall ☐Hit by falling object ☐ Stab/Cut ☐Gunshot ☐Sexual assault
☐ Other blunt force trauma ☐ Suffocation, choking, hanging
☐ Drowning: Life vest: Y / N ☐ Burn caused by
☐ Poisoning/toxic exposure
☐ Unknown ☐Other

Road traffic incident:
☐ Driver ☐ Car ☐ Airbag
☐ Passenger ☐ Bike ☐ Seatbelt
☐ Pedestrian ☐ Motorbike ☐ Other restraint
☐ Ejected ☐Other ☐ Helmet
☐ Extricated

PHYSICAL EXAM

☐NML	**General**		☐NML	**Pelvis/GU**	
☐NML	**HEENT**		☐NML	**Neurologic**	
☐NML	**Respiratory**		☐NML	**Psychiatric**	
☐NML	**Cardiac**		☐NML	**MSK**	
☐NML	**Abdominal**		☐NML	**Skin**	

ADDITIONAL INTERVENTIONS

Medications given
☐ Bronchodilators
☐ Epinephrine
☐ Aspirin
☐ Seizure medication
☐ Analgesia
☐ IV fluid infusion
☐ Other

Procedures
☐ Wound Bandaging
☐ Burn Dressing
☐ Splinting/reduction
☐ Pelvic stabilization
☐ ECG
☐ Other

ASSESSMENT (include brief summary and differential) **AND PLAN:**

REASSESSMENT at (time) HR RR
Temp SpO2 % on RBS Pain
☐ **Unchanged**

REASSESSMENT at (time) HR RR
Temp SpO2 % on RBS Pain
☐ **Unchanged**

REASSESSMENT at (time) HR RR
Temp SpO2 % on RBS Pain
☐ **Unchanged**

Presumptive Diagnoses

DISPOSITION

DISPOSITION

Handover time

Handover to
(name, cadre & signature)

Vitals at (time) **HR** **RR**
Temp **BP** **SpO2** **% on**
Plan discussed with patient? ☐ Yes ☐ No

Provider(s) name

Provider(s) signature & date