

This card is intended to help prehospital providers to use the WHO prehospital standardized clinical form in their practice. It is presented as a section of the form followed by brief instructions on how to complete that section. Where items are obvious, we have not provided explanatory text.

Whenever possible, use the blue spaces to offer additional information in free text.

WHO PREHOSPITAL FORM

☐ MASS CASUALTY

Caller name		Date		Call Received	
Caller phone		<input type="checkbox"/> Scene call	<input type="checkbox"/> Inter Facility Transfer	En route to Scene	
Patient name		Run number		Arrived at Scene	
Date of birth/age		Scene location & type		Transporting	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Residence <input type="checkbox"/> School <input type="checkbox"/> Public Building <input type="checkbox"/> Health Facility <input type="checkbox"/> Street <input type="checkbox"/> Other		At Facility	
Patient address				In Service	
Occupation					
Chief complaint <input type="checkbox"/> Injury			Initial VS	Time	
			HR	RR	BP
			Temp	RBS	SpO2 % on
Care in progress on arrival			Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

MASS CASUALTY: Check box if patient is part of a mass casualty incident

SEX: Biological sex, differs from patient defined gender category.

PATIENT ADDRESS: Be as specific as possible. At a minimum, enter the city and sub-district. Note if homeless.

OCCUPATION: Be as specific as possible (e.g., farm labourer or farm manager instead of farming)

SCENE LOCATION & TYPE: Be as specific as possible, using landmarks if necessary. At a minimum, enter the city and sub-district

CHIEF COMPLAINT: Always in the patient's own words. Tick if injury.

CARE IN PROGRESS ON ARRIVAL: Describe any care that has been or is being provided on your arrival

INITIAL VITAL SIGNS: Always take a complete set of vital signs if possible and list time in 24-hour format

NORMAL VITAL SIGNS – FOR ALL: SpO2 >92% on room air, temp 36°C - 38°C

Paediatric: **Adult:** HR 60-100 bpm, RR 10-20, SPB >90

AGE	RESPIRATORY RATE	AGE	PULSE RATE RANGE
<2 months	40-60 breaths per minutes	0-1	100-160
2-11 months	25-50 breaths per minute	1-3	90-150
1-5 years	20-40 breaths per minute	3-6	80-140

*Record O2 saturation and amount/route of O2, eg. 94% on 2L by NC

PREGNANT: always consider pregnancy in women and girls of child bearing age.

PAIN SCORE: Ask the patient to choose the face that best represents the pain they are experiencing. Remember that treating pain does not obscure diagnosis later.

HIGH RISK SIGNS

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

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

HIGH RISK SIGNS: Check each appropriate box if patient meets that criterion.

TRIAGE CATEGORY: Record colour designation using standardized triage tool.

TRIAGED FOR: Record main reason for choice of triage category (colour designation).

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

Primary Survey		Interventions for Abnormal Primary Survey	
Airway: Normal (NML) if: •Patent (they can speak normally) •NO signs of obstruction, stridor, angioedema or burns		•Repositioning: Head-tilt/chin-lift or jaw thrust •OPA/NPA (oro-/naso-pharyngeal airway) •LMA (laryngeal mask airway) •BVM (bag valve mask) •ETT (endotracheal tube)	
Breathing: Normal if: •Rate normal •Effort normal, sounds clear	Abnormal - •Decreased breath sounds •Crepitations •Rhonchi •Wheezing	Supplemental Oxygen. Record flow rate L/min •NC (nasal cannula) •BVM (bag valve mask) •NRB (non-rebreather mask) •CPAP/BiPAP (continuous or bi-level positive airway pressure)	
Circulation: Normal if: •Warm & dry •Pulse strong & symmetric (upper & lower extremities)	Abnormal - •JVD (jugular venous distention) •Prolonged capillary refill (>3 sec) •Pale/cyanotic/moist/cool skin	Access (document site and size) •IV (intravenous) •IVF (intravenous Fluids) •IO (intraosseous) •NS (normal saline) •LR (Lactated Ringers)	
Disability: Normal if: •Alert (A) •Oriented to person/place/time •No focal neuro deficit •Blood glucose: > 3.5 mmol/L •Pupils equal and reactive	Abnormal - •Responds only to Verbal (V), Pain (P), or is Unconscious(U) •Motor or sensory deficit •Blood glucose: <3.5mmol/L •Large, pinpoint or unequal. Fixed, slow or nonreactive (NR). Enter size then reactivity.	GCS Eye Opening 4 – Spontaneously 3 – To verbal command 2 – To pain 1 – No response GCS Verbal 5 – Talking and oriented 4 – Confused 3 – Inappropriate words 2 – Incomprehensible sounds 1 – No response	GCS Motor 6 – Obeys commands 5 – Localizes pain 4 – Withdraws to pain 3 – Flexes to pain 2 – Extends to pain 1 – No response *Qualified GCS: Check box if patient sedated, intubated or vision obstructed.

SAMPLE	Signs/symptoms <input type="checkbox"/> Unknown	
	Allergies <input type="checkbox"/> Unknown	
	Medications <input type="checkbox"/> Unknown	
	Past medical <input type="checkbox"/> Unknown	
	Past surgeries <input type="checkbox"/> Unknown	
	Last ate (hrs) <input type="checkbox"/> Unknown	
	Events (and ROS) <input type="checkbox"/> Unknown	

Medication: include prescription medicines, traditional medicines, herbs, supplements. Bring all medications to the facility.

Past Medical History: Note key medical and surgical conditions

Events (and Review of Symptoms):

- Describe the signs and symptoms and their duration
- Note activity at time on onset
- Note if anything makes the symptoms better or worse
- Ask about any history of similar episodes and any prior evaluations interventions
- Note if the patient has taken anything for the symptoms

IF INJURY

<input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Self-inflicted <input type="checkbox"/> Fall <input type="checkbox"/> Hit by falling object <input type="checkbox"/> Stab/Cut <input type="checkbox"/> Gunshot <input type="checkbox"/> Sexual assault <input type="checkbox"/> Other blunt force trauma <input type="checkbox"/> Suffocation, choking, hanging <input type="checkbox"/> Drowning: Life vest: Y / N <input type="checkbox"/> Burn caused by _____ <input type="checkbox"/> Poisoning/toxic exposure _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	Road traffic incident: <input type="checkbox"/> Driver <input type="checkbox"/> Car <input type="checkbox"/> Airbag <input type="checkbox"/> Passenger <input type="checkbox"/> Bike <input type="checkbox"/> Seatbelt <input type="checkbox"/> Pedestrian <input type="checkbox"/> Motorbike <input type="checkbox"/> Other restraint <input type="checkbox"/> Ejected <input type="checkbox"/> Other _____ <input type="checkbox"/> Extricated _____
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If Injury:

- Check appropriate boxes that describe the mechanism. If burn or poison/toxin, write the cause.
- If road traffic incident: check appropriate boxes for the incident, and use of helmets, seatbelts or airbags. Check box if the patient was ejected from the vehicle or had to be extricated. Document what was hit or crashed with. Where known, document number of persons involved, estimated speed, severity of damage.

PHYSICAL EXAM

<input type="checkbox"/> NML	General	_____	<input type="checkbox"/> NML	Pelvis/GU	_____
<input type="checkbox"/> NML	HEENT	_____	<input type="checkbox"/> NML	Neurologic	_____
<input type="checkbox"/> NML	Respiratory	_____	<input type="checkbox"/> NML	Psychiatric	_____
<input type="checkbox"/> NML	Cardiac	_____	<input type="checkbox"/> NML	MSK	_____
<input type="checkbox"/> NML	Abdominal	_____	<input type="checkbox"/> NML	Skin	_____

PHYSICAL EXAM: Normal (Do NOT mark normal unless all key elements are normal). If not examined, write "not done."

General: Well developed, well nourished, awake, alert

Head/Eyes/Ears/Nose/Throat (HEENT): Normocephalic, atraumatic. Pupils: equal and reactive, ocular movements intact, conjunctivae normal. This section includes the neck: trachea midline, neck supple, good range of motion (ROM)

Respiratory: Normal effort, no added breath sounds, normal expansion, atraumatic

Cardiac: Normal rate and rhythm, strong pulses, normal sounds

Abdominal: Soft and non-tender, bowel sounds normal

Pelvis/Genitourinary (GU)/Rectal: Pelvis-Stable, no pain to palpation. GU/Rectal-External genitalia normal, no blood at meatus, normal urine colour, atraumatic, normal rectal tone, no rectal bleeding.

Neurologic (Neuro)/Psychiatric: Oriented x3, cranial nerves (CN) intact, no focal weakness or sensory deficits. Calm, normal mood.

Musculoskeletal (MSK): Range of motion normal, no trauma or deformity, normal distal pulses, atraumatic

Skin: Warm, intact, normal capillary refill, atraumatic

ABNORMAL PHYSICAL EXAM FINDINGS (specify right or left when needed to clarify findings)

General: Distressed, malnourished, diaphoretic, uncooperative, sedated, lethargic

Head/Eyes/Ears/Nose/Throat (HEENT): Bleeding from ears, skull fracture, penetrating head/face injury, scalp haematoma, scalp/face laceration, signs of basilar skull fracture (Raccoon's/Battle's sign, cerebrospinal fluid leak). Unequal pupils, eye injury. C-spine tenderness, haematoma, superficial neck injury, limited ROM, neck crepitation, penetrating neck injury (through platysma)

Respiratory: Respiratory rate low or high, absent breath sounds, decreased breath sounds, crackles, wheezes, crepitations, paradoxical chest wall movement, sucking chest wound, subcutaneous emphysema/crepitus, penetrating injury, tenderness, superficial injury

Cardiac: Irregular heart rate, bradycardia, tachycardia, asymmetric pulses

Abdominal: Distension, tenderness, rebound, tense, evisceration, mass, penetrating abdominal injury, abnormal bowel sounds

Pelvis/GU/Rectal: Unstable, pain at palpation, superficial injury, penetrating injury, rectal bleeding, flank ecchymoses, superficial injury, penetrating injury

Neuro/Psychiatric: Disoriented, sensory or motor deficit (right / left, arm/leg), abnormal gait or coordination, seizure activity. Suicidal, homicidal, hallucinations, depressed, anxious

MSK: Joint swelling, decreased ROM, extremity deformity, open fracture, spine tenderness, spine deformity, superficial injury, penetrating injury

Skin: Laceration, bruising, rash

Medications given <input type="checkbox"/> Bronchodilators <input type="checkbox"/> Epinephrine <input type="checkbox"/> Aspirin <input type="checkbox"/> Seizure medication <input type="checkbox"/> Analgesia <input type="checkbox"/> IV fluid infusion <input type="checkbox"/> Other	Procedures <input type="checkbox"/> Wound Bandaging <input type="checkbox"/> Burn Dressing <input type="checkbox"/> Splinting/reduction <input type="checkbox"/> Pelvic stabilization <input type="checkbox"/> ECG <input type="checkbox"/> Other
ASSESSMENT (include brief summary and differential) AND PLAN:	
REASSESSMENT at (time) HR RR Temp SpO2 % on RBS Pain	<input type="checkbox"/> Unchanged
REASSESSMENT at (time) HR RR Temp SpO2 % on RBS Pain	<input type="checkbox"/> Unchanged
REASSESSMENT at (time) HR RR Temp SpO2 % on RBS Pain	<input type="checkbox"/> Unchanged
Presumptive Diagnoses	

ADDITIONAL INTERVENTIONS

MEDICATIONS: Specify type of medication and time, dose, route. Specify any fluids given - fluid, route, volume. Sign here.

PROCEDURES: Include outcome in the free text area. if you have done ECG, describe findings here. Specify limb splinted and how, location of fracture reduced and method, location of any wounds or burns dressed and how this was performed.

ASSESSMENT & PLAN: include summary & differential diagnosis, and the plan

REASSESSMENT: Time, vitals and clinical condition for at least two different assessments during transport. Indicate the changes in the right column. Tick unchanged if no changes.

PRESUMPTIVE DIAGNOSES: List all working diagnoses or impressions, and injuries found

DISPOSITION

DISPOSITION	Handover time
Handover to (name, cadre & signature)	Vitals at (time) HR RR Temp BP SpO2 % on Plan discussed with patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider(s) name	Provider(s) signature & date

DISPOSITION: Write name of destination facility (including clinical area e.g. emergency unit, ward) and time of handover to facility based staff

Handover to: Write name, cadre of provider receiving handover and obtain signature

Vitals at Disposition: Enter final set of vital signs taken before handover and time taken

Providers(s): List names of all prehospital providers involved in care with signatures and date.