



Level of Consciousness

Alert: A&O x 4 = can answer Person, Place, Time & Event
 A&O x 3 = can answer Person, Place & Time
 A&O x 2 = can answer Person & Place
 A&O x 1 = can answer Person only

Verbal: V = responds only to verbal stimuli
 Pain P = responds only to a painful stimuli
 Unresponsive: U = there is no response to any stimuli

PATIENT'S NAME: _____
 Date of accident: _____

ASSESSMENT INTERVALS: every 15 minutes until condition is stable, then hourly, when condition remains stable - every 4 hours

PUPIL SIZE (mm)	PULSE (per 60 seconds)	RESPIRATIONS	PUPILS	Level of Consciousness	SKIN	TIME										
						Rate	Rhythm	Character	Rate	Rhythm	Character	Rate	Rhythm	Character		
8 ●			Character			Colour	Temp.	Moisture								
									L Size (mm)	React						
											R Size (mm)	React				
7 ●																
6 ●																
5 ●																
4 ●																
3 ●																
2 ●																
1 ●																
Comments:																

Your Name: _____
 Address: _____
 Witness Name: _____

Signature: _____
 Organisation: _____
 Phone #: _____

Witness Ph Number: _____
 Date: _____

Patient Monitoring and Vital Signs Chart

Name _____ Address _____ Time/Date of Accident _____ am/pm _____ 20
 Age _____ Sex M/F
 Emergency Contact: Name: _____ Relationship _____ Tel #: _____

Symptoms: Tell me how do you feel? What makes it worse or better? Describe the pain. When is it? Does it radiate?
 Provoked/Fall/Injury? How severe is it on a scale of 1-10? When did it first start? Have you ever had anything like this before? How else do you feel?
 Reality
 Sensory/Perception
 Orientation
 Timing

Allergies: What are you allergic to? What is the reaction?

Medications: Are you on, or should you be on, any medications? What for? Prescription/ non-prescription. Dose? Frequency? Expiry date?

Previous Medical History: Have you been to the doctor in the last 12 months? Do you have any medical conditions we should know about?

Contact Lenses _____ Tetanus Y / N When _____
 Last Amount/ 24 hrs _____
 Food _____
 Liquid _____
 Bowel _____
 Urination _____
 Menstruation _____
 Vomit _____
 Events Leading Up to: _____

- Physical Examination:** Head to Toe revealed..... Any signs you noticed? Any pertinent negatives?
- 1 Take Charge
 - 2 Self • Others
 - 3 Safe Approach
 - 4 Signs • Damage • MOI •••
 - 5 Primary Survey
 - 6 Airway
 - 7 Breathing
 - 8 Circulation
 - 9 Deadly Bleeding
 - 10 Shock
 - 11 Environ Protection
 - 12 Rest & Reassure
 - 13 Pain Relief
 - 14 Recheck Primary
 - 15 Secondary
 - 16 Head to toe
 - 17 Vital signs
 - 18 Medical history
 - 19 Plan
 - 20 Treat / Eval / Refer

Scene Description: (who, what, where, how, Primary Survey findings)		
Did the casualty lose consciousness? Y or N If yes, how long for?		
Assessment	Anticipated Problem	Treatment Plan