

ILLNESS AND INJURY ASSESSMENT RECORD SHEET

Key Points

- ✓ Stop, Think, then Act.
- ✓ Use barriers as appropriate.
- ✓ Use this record sheet in the event that Emergency Medical Services (EMS) is either delayed or unavailable.
- ✓ As you record information on this sheet for EMS, provide measured rates per minute and descriptive terminology.

✓ To help guide your assessment, remember that:

- The average pulse rate for adults is between 60 – 80 beats per minute.
- Average breathing rate for adults is between 12 and 20 breaths per minute. Patient's who take less than eight breaths per minute, or more than 24 breaths per minute probably need immediate medical care.
- Average skin temperature is warm and skin should feel dry to the touch.
- Noticeable skin color changes may indicate heart, lung or circulation problems.

Patient Information

Name _____

Male Female Date of Birth (Day/Mon/Yr) ____/____/____ English Speaking Non-English Speaking

Address _____

City _____

State/Province _____ Country _____

Zip/Postal Code _____ Phone _____

Medical Alert Tag? Type _____

Patient Condition at Beginning of Emergency Responder Care

Conscious Unconscious

Patient Position Prior to Care

Standing Sitting Lying

Summary – Primary and Secondary Care Provided

Rescue Breathing CPR Defibrillation
 Serious Bleeding Management Shock Management

Spinal Injury Management Conscious Choking Assistance
 Emergency Oxygen Use Illness Assessment Injury Assessment

Bandaging Splinting

Other _____

Patient Referred to:

EMS Personnel Hospital Personal Physician None
 Other _____

Illness Assessment

SAMPLE – Signs and Symptoms

1. How do you feel now? _____

2. What were you doing when you began to feel ill? _____

3. When did the first symptoms occur? _____
4. Where were you when the first symptoms occurred? _____
5. Patient's pulse rate _____ (use carotid or radial pulse; count beats for 30 seconds, multiply by two)
6. Describe patient's pulse: Rapid Strong Weak
7. Patient's breathing is: Rapid Slow Labored
 Wheezing Gasping
8. Patient complains of: Shortness of breath
 Dizziness/Lightheadedness Chest pain
 Numbness Tingling in arms/legs
9. Patient's respiration rate _____ (count respiration for 30 seconds, multiply by two; avoid telling patient you are counting respirations).
10. Has the patient been exercising? Yes No
11. Patient's skin is: Warm Hot Cool Clammy
 Wet Very dry
12. Color of patient's skin is: Pale Ashen (gray) Red Blue
 Yellowish Black and Blue Blotches
13. Dark-skinned patients, check for color changes on the nailbeds, lips, gums, tongue, palms, whites of the eyes and ear lobes:
 Pale Ashen (gray) Red Blue
 Yellowish Black and Blue Blotches

SAMPLE – Allergies

1. Is the patient allergic to any foods, drugs, airborne matter, etc.
 Yes No If so, what is he/patient allergic to? _____

2. Ask the patient if he has ingested or taken anything he may be allergic to:
 Yes No

SAMPLE – Medications

1. Ask the patient: *Do you take medication?*
 Yes No If yes, what type and name: _____
2. Ask the patient: *Did you take your medication today?*
 Yes No How much did you take and when? _____
3. If possible, collect all medication to give to EMS personnel and/or get name of the doctor who prescribed the medication.

SAMPLE – PreExisting Medical Conditions

1. Ask the patient: *Do you have a preexisting medical condition?*
 Yes No If yes, what type: _____

SAMPLE – Last Meal

1. Ask the patient: *Did you eat recently?*
 Yes No If yes, what did you eat? _____

SAMPLE – Events

1. Ask the patient: *What events led up to your not feeling well?*

Attach additional Responder notes on separate sheet.

Injury Assessment

History _____

What happened? _____

How did the injury happen? _____

When did the injury occur? _____

Injury Location (Follows Injury Assessment Order. Use Injury Key to denote condition.)

- | | |
|---|--|
| <input type="checkbox"/> Head _____ | <input type="checkbox"/> Patient's Face _____ |
| <input type="checkbox"/> Ears/Nose _____ | <input type="checkbox"/> Eyes _____ |
| <input type="checkbox"/> Skull/Neck _____ | <input type="checkbox"/> Shoulder Blades _____ |
| <input type="checkbox"/> Shoulder _____ | <input type="checkbox"/> Collarbones _____ |
| <input type="checkbox"/> Right Arm _____ | <input type="checkbox"/> Left Arm _____ |
| <input type="checkbox"/> Right Hand _____ | <input type="checkbox"/> Left Hand _____ |
| <input type="checkbox"/> Chest _____ | <input type="checkbox"/> Spinal Columnn _____ |
| <input type="checkbox"/> Abcomen _____ | <input type="checkbox"/> Hips _____ |
| <input type="checkbox"/> Right Leg _____ | <input type="checkbox"/> Left Leg _____ |
| <input type="checkbox"/> Right Foot _____ | <input type="checkbox"/> Left Foot _____ |

Emergency Responder Care Given

Additional Responder Notes

Injury Condition Key

A = Abrasion

B = Bleeding

Bu = Burns

C = Contusion (injury to tissues; no bone or skin broken)

D = Deformity

F = Fracture

L = Laceration (deep/jagged cut)

P = Pain

S = Swelling

T = Tenderness