

## SEND WITH MESSENGER

DATE	TIME	AM / PM
LOCATION	SHEET NO.	GRID REF
	PLACE NAME	
	TERRAIN	
DESCRIPTION		
CASUALTY	NAME	AGE
	ADDRESS	
	EMERGENCY CONTACT	RELATIONSHIP
INJURIES	1 LOCATION ON BODY INJURY	
	2 LOCATION ON BODY INJURY	
	3 LOCATION ON BODY INJURY	
	4 LOCATION ON BODY INJURY	
FIRST AID PROVIDED	1	
	2	
	3	
	4	
OUR PLAN	STAY	EVACUATE TO
	SEND OTHERS TO	SHELTER AT
	GRID REF	
	NAME	

GIVE YOUR PHONE NUMBER &  
STAY AT THE TELEPHONE

## ASSESSMENT

DANGER - RESPONSE - AIRWAY - BREATHING - CIRCULATION  
ASK - LOOK - LISTEN - FEEL - MOVE - ACT - TREAT

ASK FOR A FULL ACCOUNT OF THE ACCIDENT.  
NAME, AGE, ADDRESS, NEXT OF KIN, OCCUPATION

Symptoms?  
Allergies?  
Medication?  
Past medical history?  
Last meal?  
Events?

Onset?  
Provocation?  
Quality?  
Radiation?  
Severity?  
Time?

### EXAMINATION

**HEAD - SCALP:** BLEEDING, SWELLING, DEPRESSIONS  
**EYES:** VISION, PUPILS, REDNESS, DISCHARGE  
**EARS:** HEARING, DISCHARGE  
**NOSE:** AIRWAY, BLEEDING, DISCHARGE  
**MOUTH:** BLEEDING, SMELL, TEETH & GUMS, TONGUE, JAW, LIPS  
**THROAT:** REDNESS, ULCERATION, PUS  
**NECK:** GLANDS, TENDERNESS, SWELLING  
**COLOUR:** PALE, BLUE, RED

**HEART -** PULSE RATE, STRENGTH AND REGULARITY  
 CIRCULATION (NAIL BED TEST)  
 WARMTH AND COLOUR OF FINGERS AND TOES  
 ANKLE SWELLING

**CHEST -** BRUISING OR DEPRESSION  
 BREATHING MOVEMENTS AND SOUND  
 STERNUM INTACT

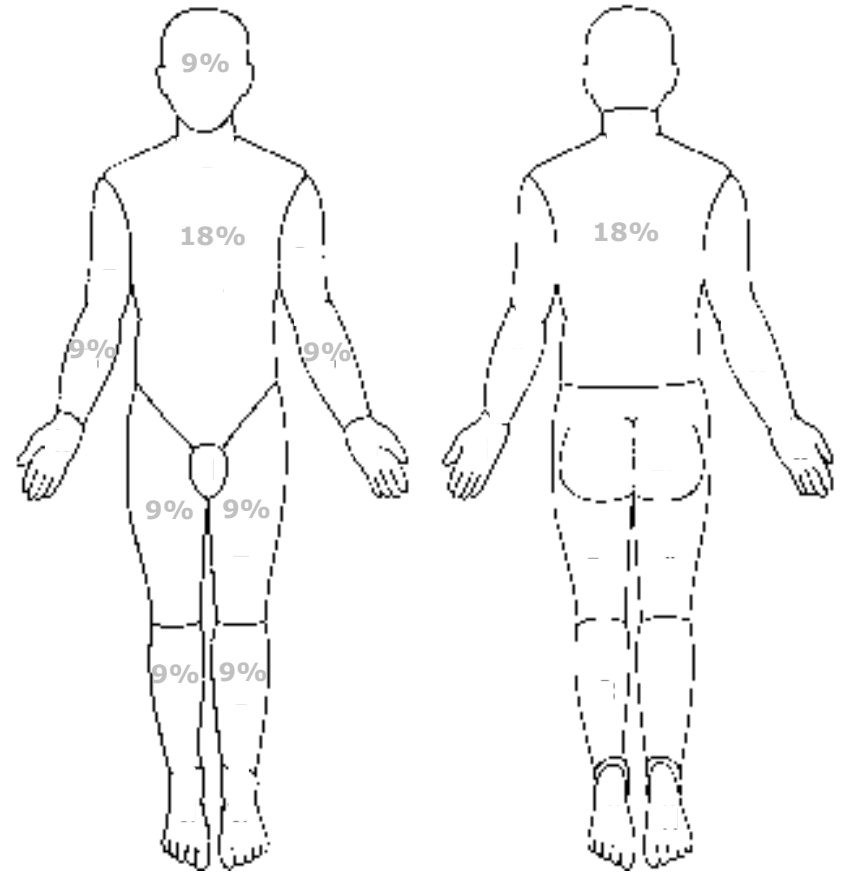
**ABDOMEN -** SURGERY SCARS, DISTENSION, SWELLING  
 TENDERNESS, FIRMNESS, MASSES OR SWELLING.

**PELVIS -** STABILITY AND PAIN WHEN PRESSING ON HIPS  
 BRUISING  
 BLEEDING FROM GENITALS / ANUS

**LIMBS -** COMPARE PAIRS  
 MOVEMENT, TENDERNESS, SWELLING, DEFORMITY,  
 COORDINATION

# OBSERVATION CHART

DATE	NAME						
TIME	+10	+20	+30	+40	+50	+60	
EYES	OPEN	4	4	4	4	4	4
	OPEN TO VOICE	3	3	3	3	3	3
	OPEN TO PAIN	2	2	2	2	2	2
	NO RESPONSE	1	1	1	1	1	1
MOVEMENT	OBEYS COMMANDS	6	6	6	6	6	6
	RESPONDS TO PAIN	4	4	4	4	4	4
	NO RESPONSE	1	1	1	1	1	1
SPEECH	NORMAL	5	5	5	5	5	5
	CONFUSED	4	4	4	4	4	4
	INAPPROPRIATE WORDS	3	3	3	3	3	3
	INCOMPREHENSIBLE	2	2	2	2	2	2
	NO RESPONSE	1	1	1	1	1	1
TOTAL							
PULSE	OVER 110						
NOTE:	101 - 110						
WEAK (W)	91 - 100						
STRONG (S)	81 - 90						
REGULAR (R)	71 - 80						
OR IRREGULAR (I)	61 - 70						
	BELOW 61						
BREATHING	OVER 40						
	31 - 40						
	21 - 30						
	11 - 20						
	BELOW 11						
MEDICATION GIVEN							



USE THIS AREA TO CALCULATE  
BURNS COVERAGE AND MAKE  
NOTES OF INJURIES