

Triage Score

1 2 3 4 5

Pre-Hospital Assessment Sheet



Date:	Time in:	Patient Name:	Age:	Sex:
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Presenting Problem:

Allergies:	Medications:
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Medical History

None Known Asthma Diabetes Epilepsy
 Not Available Cardiac Hypertension Medi Alert
 Anti-Depressants (Used Recently Yes / No) Other

Mark injuries on the diagram using the legend

<ul style="list-style-type: none"> A Abrasion Bl Bleeding Bu Burns C Contusion D Deformity F Fracture L Laceration P Pain S Swelling T Tenderness 		Airway	Normal	Abnormal
		Breathing	Normal	Abnormal
		Pulse	Normal	Abnormal
		Perfusion	Normal	Abnormal
		Pt Aggressive / Agitated	No	Yes
		BSL mmol/L		

Time	AVPU / GCS	Pupil L Size	Pupil R Size	Pupil Reactive	Pulse per minute	Resp Rate per minute	BP	Temp	SpO2	Pain Score
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Recommended clinical criteria to trigger immediate senior clinician review

Any decrease in level of consciousness or new confusion	< 50 or > 100	< 12 or > 22	< 100 or > 140 systolic	< 35.5°C or > 38°C	< 95% on Room Air
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Eye opening Response 4 - Spontaneous 3 - To Sound 2 - To pain (not to face) 1 - No Response	Verbal Response 5 - Orientated 4 - Confused 3 - Inappropriate Words 2 - Incomprehensible Speech 1 - No Response	Motor Response 6 - Obeys Commands 5 - Purposeful movement to stimuli 4 - Withdraws to pain 3 - Flexion 2 - Extension 1 - No Response	
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Treatment Provided

Time	Medication / Fluids / O ₂ / Intervention	Dose	Route	Response	Given by Sign & Print

Comments:

Discharged: Returned to Event Leaving the Venue Ambulance (Car # _____)

Patient Friend / Contact Name:

Contact Phone Number:

Time Discharged from Medical:
Case Discussed with:

Treatment completed by:
(Sign and Print name)