

START

- X:** Bleeding out?
- A:** Airway intact?
- B:** Breathing?
- C:** Blood sweep/pulse?
- Decide:** is spinal MOI?
Trauma or **Medical**
- E:** Environment Threat

SPINAL

If **Sober** & **no Pain** on palpation & **no** distracting **Injury** & **no** **Neural deficit** & **no** numbness (CSM) & **is** **Alert** and oriented x3, **Let go.**

Location

Tag#	Date	Time
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Patient Name

Sex	Age	Contact
M F		

Chief Complaint/Position Found

MOI/NOI

TAKE SPINAL PRECAUTIONS

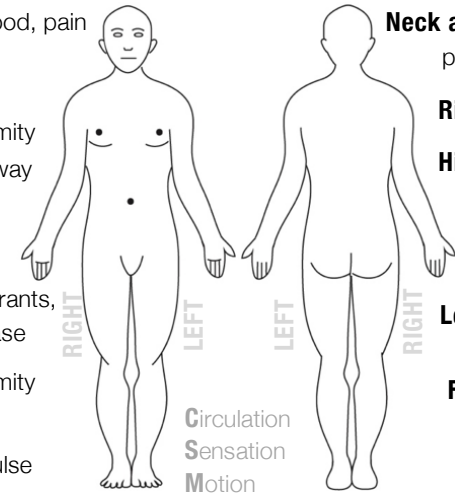
VITAL SIGNS

24 hour	Time					
AVPU	LOC					
120/80	BP					
60-100	HR					
15-30	RR					
95-100	O₂					
Clear, =	Lungs					
SCTM	Skin					
PERRL	Eyes					
98.6	Temp					
≤2	Refill					

Pain: Onset Provokes/Palliates Quality Radiates/Refers Severity Time/Duration

TRAUMA

- Skull:** soft, deformity, blood, pain
- Ears:** blood or CSF
- Eyes:** PERRL, blood
- Nose:** blood, CSF, deformity
- Jaw:** pain, deformity, airway
- Sternum:** blood, pain, deformity
- Abdomen:** check 4 quadrants, blood, pain, pain on release
- Arms:** blood, pain, deformity
- Hands:** blood, pain, deformity, CSM, radial pulse



- Neck and Spine:** blood, pain, displacement
- Rib Squeeze:** pain
- Hip Squeeze:** pain
- Kidneys:** pain
- Back:** blood
- Legs:** blood, pain, deformity
- Feet:** blood, pain, deformity, CSM, pedal pulse

Observations

NOTES MEDICAL

Signs and symptoms	
Allergies	
Medications	
Past medical history	
Last in/out	
Events prior	

