

# START

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

Location:

Date:

Name:

Time:

Tag#:

Sex: M F

Age:

Contact:

Chief Complaint:

MOI/NOI:

## TAKE SPINAL PRECAUTIONS

If **Sober** & no Pain on palpation & no distracting Injury & no Neural deficit & no numbness (CSM) & is Alert and oriented x 3, **Let go**.

**Skull:** soft, deformity, blood, pain

**Ears:** blood or CSF

**Eyes:** PERRL, blood

**Nose:** blood, CSF, deformity

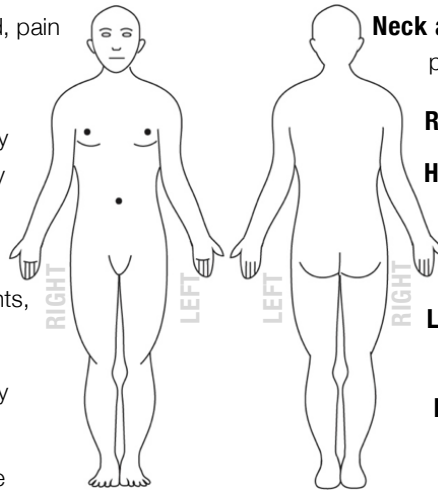
**Jaw:** pain, deformity, airway

**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

**Pain:** Onset Provokes/Palliates Quality Radiates/Refers Severity Time/Duration Circulation Sensation Motion

# TRAUMA

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

# NOTES

Signs and symptoms

Allergies

Medications

Past medical history

Last in/out

Events prior

# VITAL SIGNS

# MEDICAL

