

BLOOD TYPE

Date: DD / MM / YY

##

Time: HH : MM

Time:

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Hgb:

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IV/IO: (gauge/site)

Name:

Caregiver:
Relation:

TIME					
RR					
SpO2					
+ Supp O ₂					
BP					
HR					
Cap Refill					
AVPU/GCS					
Temp °C					

Fracture T Tourniquet ____ (time on extremity)
x Wound 0 Burn

Medical History - SAMPLE

Symptoms:

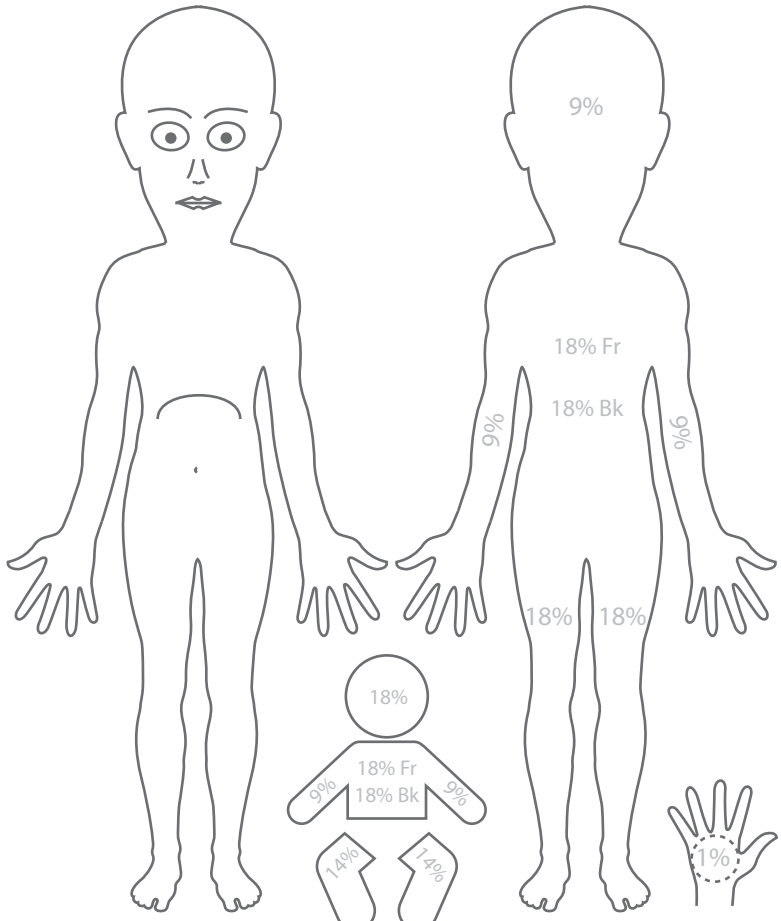
Allergies
(Blue box)

Medications:

Past Medical History:

Last Meal:

Event
(Main Problem)



Diagnoses:

Hazards/IPC:

- Discharge OT Referral
 Abandon Death Ward

- A** Suction AMBU Ventilation Nasal/Oral Airway Intubation
B Chest Seal Needle Thoracostomy Chest Drain
C Pressure Dressing Pelvic Binder Tourniquet (Location & Time)
X E-FAST X-Ray

Details:

DO NOT DOCUMENT ORDERS, ONLY INTERVENTIONS PERFORMED

Notes:

Anti-tetanus

- Vaccine
 Toxoid Ig

Allergies

Kg

Fluids

- Ringers Lactate ml Whole Blood units
Normal Saline ml PRBCs units
 ml FFP units
PLTS units

Analgesia

- Morphine mg
Tramadol mg
Paracetamol mg
Ketamine mg
 mg

Antibiotics

- Cefazolin mg
Metronidazole mg
Gentamicin mg
Clindamicin mg
 mg

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Surgery/Anaesthesia Notes (if applicable):

iSBAR

Identification

Situation

Background

Assessment

Recommendation