



Emergency First Response® Illness and Injury Assessment Record Sheet



- ▶ **STOP** – Assess and observe scene.
- ▶ **THINK** – Consider your safety and form action plan.
- ▶ **ACT** – Check responsiveness and **ALERT** EMS.
Treat patient in position found when safe to do so.
- ▶ **Perform a primary assessment and monitor patient using the Cycle of Care.**
- ▶ **Explain Assessment Procedure to Patient – Wear Gloves if available.**
- ▶ **As you record information on this sheet for EMS, provide measured rates per minute and descriptive terminology.**

To help guide your assessment, remember that:

- ◆ The average pulse rate for adults is between 60 and 80 beats per minute.
- ◆ The average pulse rate for children is between 70 and 150 beats per minute. Toddlers will be on the higher end of this average and older children will be on the lower side.
- ◆ The average pulse rate for infants is between 100 and 160 beats per minute.
- ◆ Average breathing rate for adults is between 12 and 20 breaths per minute. Patients who take less than eight breaths per minute, or more than 24 breaths per minute probably need immediate medical care.
- ◆ The average breathing rate for children is between 18 and 40 breaths per minute. Toddlers will be on the higher end of this average and older children will be on the lower side.
- ◆ The average breathing rate for infants (less than one year old) is between 30 and 60 breaths per minute.
- ◆ Average skin temperature is warm and skin should feel dry to the touch.
- ◆ Noticeable skin color changes may indicate heart, lung or circulation problems.

Patient Information

Name _____

Male Female Date of Birth (Day/Mon/Yr) ____/____/____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____ Phone _____

Medical Alert Tag? Type _____

Patient Condition at Beginning of Emergency Responder Care

Conscious Unconscious

Patient Position Prior to Care

Standing Sitting Lying

Summary – Primary and Secondary Care Provided

CPR
 Defibrillation
 Serious Bleeding Management
 Shock Management
 Spinal Injury Management
 Conscious Choking Assistance
 Emergency Oxygen Use
 Illness Assessment
 Injury Assessment

Bandaging
 Splinting
 Other _____

Patient Referred to:

EMS Personnel Hospital
 Personal Physician None
 Other _____

Illness Assessment

SAMPLE – Signs and Symptoms

1. How do you feel now? _____

2. Patient's pulse rate _____ (use carotid or radial pulse; count beats for 30 seconds, multiply by two)
3. Describe patient's pulse: Rapid Strong Weak
4. Patient's respiration rate _____ (count respirations for 30 seconds, multiply by two; avoid telling patient you are counting respirations.)
5. Patient's breathing is: Rapid Slow Labored Wheezing Gasping
6. Patient complains of: Shortness of breath Dizziness/Lightheadedness Chest pain Numbness Tingling in arms/legs
7. Patient's skin is: Warm Hot Cool Clammy Wet Very dry
8. Color of patient's skin is: Pale Ashen (gray) Red Blue Yellowish Blotches Black and Blue

SAMPLE – Allergies

1. Is the patient allergic to any foods, drugs, airborne matter, etc? Yes No
If yes, what is he/patient allergic to? _____

2. Ask the patient if he has ingested or taken anything he may be allergic to: Yes No
3. Stung or bitten by organism? Yes No

SAMPLE – Medications

1. Ask the patient: *Do you take medication?* Yes No
If yes, what type and name? _____
2. Ask the patient: *Did you take your medication today?* Yes No
If yes, How much did you take and when? _____
3. If possible, collect all medication to give to EMS personnel and/or get name of the doctor who prescribed the medication.

Illness Assessment (continued)

SAMPLE – Preexisting Medical Conditions

1. Ask the patient: *Do you have a preexisting medical condition?* Yes No
2. If yes, *what type?* _____

SAMPLE – Last Meal

1. Ask the patient: *Did you eat recently?* Yes No
2. If yes, *what did you eat?* _____

SAMPLE – Events

1. Ask the patient: *What events led to your not feeling well?*

2. *What were you doing when you began to feel ill?*

3. *When did the first symptoms occur?*

4. *Where were you when the first symptoms occurred?*

5. Has the patient been exercising? Yes No

Attach additional Responder notes on separate sheet.

Injury Assessment

History _____

What happened: _____

How did the injury happen? _____

When did the injury occur? _____

Injury Location (Follows Injury Assessment Order. Use Injury Key to denote condition.)

- | | |
|---|--|
| <input type="checkbox"/> Head _____ | <input type="checkbox"/> Right Arm _____ |
| <input type="checkbox"/> Forehead, Cheeks, Chin _____ | <input type="checkbox"/> Right Hand _____ |
| <input type="checkbox"/> Ears/Nose _____ | <input type="checkbox"/> Left Arm _____ |
| <input type="checkbox"/> Tracking Eyes _____ | <input type="checkbox"/> Left Hand _____ |
| <input type="checkbox"/> Pupils – Size _____ | <input type="checkbox"/> Rib cage _____ |
| Equal/Unequal _____ | <input type="checkbox"/> Spinal Column _____ |
| Reaction to Light _____ | <input type="checkbox"/> Abdomen – Left/Right Side _____ |
| <input type="checkbox"/> Skull, Neck _____ | <input type="checkbox"/> Hips _____ |
| <input type="checkbox"/> Shoulder Blades _____ | <input type="checkbox"/> Right Leg _____ |
| <input type="checkbox"/> Shoulders _____ | <input type="checkbox"/> Right Foot _____ |
| <input type="checkbox"/> Collarbones _____ | <input type="checkbox"/> Left Leg _____ |
| | <input type="checkbox"/> Left Foot _____ |

Injury Condition Key

- A = Abrasion
- B = Bleeding
- Bu = Burns
- C = Contusion (injury to tissues; no bone or skin broken)
- D = Deformity
- F = Fracture
- L = Laceration (deep/jagged cut)
- P = Pain
- S = Swelling
- T = Tenderness

Emergency Responder Care Given

Additional Responder Notes

