

EMT Trauma Assessment

Responder Information

Name:

Unit Number:

Date:

Time of Assessment:

Patient Information

Name:

Age:

Gender: Male Female Other:

Location of Incident:

Time of Incident:

Initial Assessment

Level of Consciousness (AVPU):

- Alert
- Verbal
- Pain
- Unresponsive

Chief Complaint:

Apparent Life-Threatening Conditions:

Airway:

- Clear
- Obstructed

Breathing:

- Normal
- Shallow
- Labored
- Absent

Circulation:

- Pulse Present
- No Pulse

Major Bleeding:

- Present
- Absent

Shock Signs

- Present
- Absent

Rapid Trauma Assessment**Head:**

Inspection / Palpation:

Pupil Response:

- Equal
- Unequal

Neck:

JVD:

- Present
- Absent

Tracheal Deviation:

- Present
- Absent

Chest:

Breath Sounds:

- Normal
- Diminished
- Absent

Deformities:

Abdomen:

Distention:

- Yes
- No

Tenderness:

- Yes
- No

Pelvis:

Stability:

- Stable
- Unstable

Extremities:

Deformities:

PMS (Pulse, Motor, Sensory):

Vital Signs:

Blood Pressure:

Pulse Rate:

Respiratory Rate:

Oxygen Saturation:

Glasgow Coma Scale (GCS):

Patient History:

Allergies:

Medications:

Past Medical History:

Last Oral Intake:

Events Leading Up to Injury / Illness:

Treatment Provided:

Airway Management:

Breathing Support:

Circulation Support:

Hemorrhage Control:

Splinting / Bandaging:

Other Interventions:

Transport Decision:

Destination Facility:

Reason for Choice:

Transport Mode: Ground Air

Responder's Signature:

Date: