

CASUALTY CARD

(1 COPY TO STAY WITH CASUALTY + 1 COPY TO STAY WITH CARE PROVIDER)

Incident Report: ETHANE (exact location, type of incident, hazards, access, number of casualties, emergency service required)

Patient Handover: ATMIST (age, time, mechanism, injury, symptoms/signs, treatment)

Exact location/Grid Reference:

Time & details of Emergency Call:

Age:
Time of Incident:
Mechanism:

Casualty Name:
Date of Birth:
Address:

Primary Survey (Time: _____)

C

C-spine

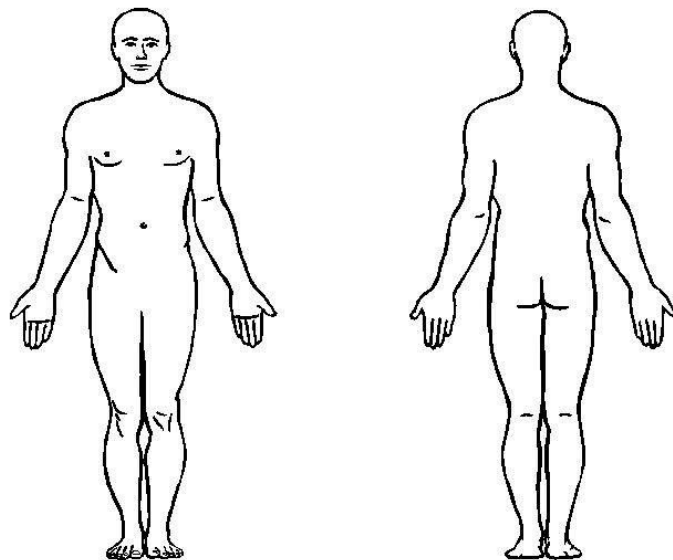
A

B

C

D

E



Vital observations:

<u>Time</u>	<u>AVPU/ GCS</u>	<u>Radial Pulse?</u>	<u>Heart Rate</u>	<u>Resp Rate</u>	<u>O2 Sats</u>	<u>Cap Refill</u>	<u>Pupils</u>	<u>Pain Score</u>

<u>Eyes</u>	<u>Voice</u>	<u>Motor</u>
4. Opens Spontaneously	5. Orientated, normal speech	6. Obeys Commands
3. Opens to voice	4. Confused, disorientated	5. Localises to pain
2. Opens to pain	3. Incoherent words	4. Withdraws from pain
1. Does not open	2. Incomprehensible sounds	3. Abnormal flexion to pain
	1. No speech/noise	2. Extends to pain
		1. No movement

<u>NEXUS: to clear C-spine</u>
No posterior midline tenderness
No neurological deficit
GCS 15
Not intoxicated
No distracting injury

Casualty Name:

Date of Birth:

Past Medical History:

Allergies:

Regular Medication:

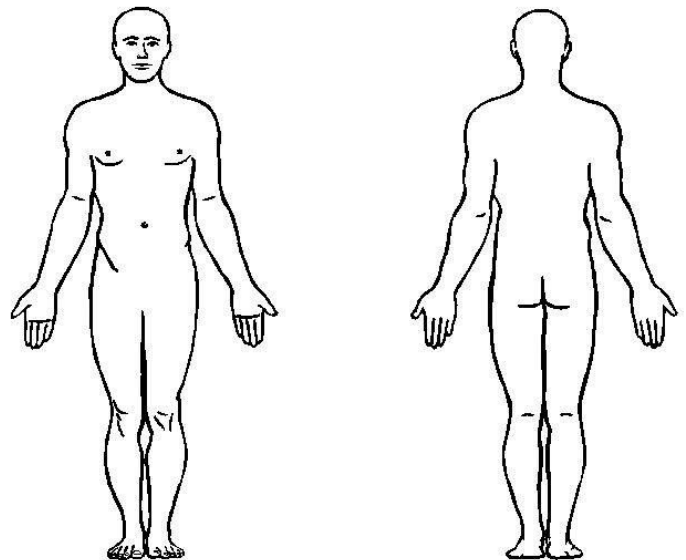
Time of last food & drink:

Next of Kin Name:

Next of Kin Phone Number:

Other Information/Comments:

Secondary Survey (Time: _____)



Problem List/Diagnosis

Treatment/Interventions: (with times)