PATIENT RECORD CARD

Situation	Patient Details
mechanism of injury	Name
location	
environment	M/F Age NOK
others	
Level of Consciousness	Head to Toe Examination
Alert (who-where-when-what)	
Voice Pain Unresponsive	
Airway Open Yes / No Noise?	J. T. J. A.
Breathing	
Yes / No Quality	
Circulation	
Major bleeding? Colour Pulse – radial Yes / No	
Pulse – carotid Yes / No	
History	Monitor and Record
Symptoms	Time
Allergies	Pulse
Medications	Resp
Past history	AVPU
Last food/drink	Colour
Events	Temp
Trea	Itments
	Remote Emergency Care