

Patient Overview & Plan

Name: _____

Age: _____

Weight: _____

History: _____

AIRWAY

Notes

BREATHING

Notes

CIRCULATION

Notes

DISABILTY

Notes

EXPOSURE

Notes

Notes and Calculations

Procedures Need Done

IV Access

ETT

N/OGT

Arterial Line

Central line

IDC

ICC

Splint / Dressings

Other

Investigns Need Done

Bloods (list):

BSL

X - Match

ECG

Urinalysis

BHCG

Other

Other

Imaging Need Done

CXR

C-Spine

Pelvis

Other Plain

EFAST / USS

CT (which)

Other

IV Stuff Need Done

Analgesia

ADT

Antibiotics

Infusions

Infusions

Infusions

Other

Other

Plan and Disposition: _____

RFDS

Receiving Hospital