## PATIENT ASSESSMENT OBSERVATION



Comments Comments   SCENE SIZE-UP PATIENT HISTORY   Scene Safety Age   MOI/HPI Sex   BSI Chief Complaint   # of Patients Symptoms   General Impression Onset   Intro & Consent Provoke/Palliate   Control Head Quality   INTIAL ASSESSMENT Radiate/Region/Refer   Airway Severity   Breathing Time/Trend   Circulation Allergies   Decision about Spine Medications   Expose Chief Complaint Past & Pertinent Med Hx.   PHYSICAL EXAM Last Ins & Outs   Neck/Throat FOCUSED SPINE ASSESSMENT   Clavieles & Shoulders LOR   Ribs & Lungs Sober   Abdomen Distraction   Petvis CSM's x4   Legs & Feet Spine Pain/Tenderness   CSM: Feet TREATMENTS   Arms & Hands Appropriate Splint   Spine & Back Medical Treatment   VITAL SIGNS Summary or Subjective   Level of Responsiveness Summary or Subjective   Read Frace COM NOTE   Level of Responsiveness Summary or Subjective   Read Reac Observation or Objective <th>Rescuers:</th> <th>Observer:</th> <th>Start Time:</th> <th>End Time:</th> <th>Total Time:</th>	Rescuers:	Observer:	Start Time:	End Time:	Total Time:
Scene Safety Age   MOI/HPI Sex Image: Sex   BSI Chief Complaint   # of Patients Symptoms   General Impression Onset   Intro & Consent Provoke/Palliate   Control Head Quality   INITIAL ASSESSMENT Radiate/Region/Refer   Airway Severity   Breathing Time/Trend   Circulation Allergies   Decision about Spine Medications   Expose Chief Complaint Past & Pertinent Med Hx.   PHYSICAL EXAM Last Ins & Outs   Head/Face Events   Neck/Throat EOCUSED SPINE ASSESSMENT   Clavicles & Shoulders LOR   Ribs & Lungs Sober   Addomen Distraction   Pelvis CSM's x4   Legis Feet TREATMENTS   CSM: Feet TREATMENTS   Arms & Hands Usability Assessment   CSM: Hands Appropriate Splint   Spine & Back Medical Treatment   YITAL SIGNS SOAP MOTE   Level of Responsiveness Summary or Subjective   Blood Pressure CDMENTS   Plan Plan   Pupils Anything else?		✓ Comments	s		✓ Comments
MOI/HPI Sex Sex   BSI Chief Complaint Image: Chief Complaint   # of Patients Symptoms Symptoms   General Impression Onset Image: Chief Complaint   Intro & Consent Provoke/Palliate Severity   Control Head Quality Radiate/Region/Refer   Airway Severity Brathing   Breathing Time/Trend Circulation   Circulation Allergies Severity   Decision about Spine Medications Expose Chief Complaint   Past & Pertinent Med Hx. PHYSICAL EXAM Last Ins & Outs   Head/Face Events Sober   Neck/Throat FOCUSED SPINE ASSESSMENT   Clavicles & Shoulders LOR   Ribs & Lungs Sober   Abdomen Distraction   Pelvis CSM's x4   Legs & Feet Spine Pain/Tenderness   CSM. Feet TREATMENTS   Arms & Hands Usability Assessment   CSM. Feet Soler Notice assessment   VITAL SIGNS SOAP NOTE   Level of Responsiveness Summary or Subjective   Heart Rate Observation or Objective   Respiratory Rate Asseesment   Skin Color/Temp/Moisture	SCENE SIZE-UP		PATIE	NT HISTORY	
BSI   Chief Complaint     # of Patients   Symptoms     General Impression   Onset     Intro & Consent   Provoke/Palliate     Control Head   Quality     INTIAL ASSESSMENT   Radiate/Region/Refer     Airway   Severity     Breathing   Time/Trend     Circulation   Allergies     Decision about Spine   Medications     Expose Chief Complaint   Past & Pertinent Med Hx.     PHYSICAL EXAM   Last Ins & Outs     Head/Face   Events     Neck/Throat   LOR     Clavicles & Shoulders   LOR     Ribs & Lungs   Sober     Abdomen   Distraction     Pelvis   CSM's x4     Legs & Feet   Spine Pain/Tenderness     CSM: Feet   TREATMENTS     Arms & Hands   Usability Assessment     CSM: Hands   Soury of Subjective     Level of Responsiveness   Summary or Subjective     Heart Rate   Observation or Objective     Respiratory Rate   Assessment     Shin Color/Temp/Moisture   Plan     Pupils   Anything else?	Scene Safety		Age		
# of Patients   Symptoms     General Impression   Onset     Intro & Consent   Provoke/Palliate     Control Head   Quality     INITIAL ASESSMENT   Radiate/Region/Refer     Airway   Severity     Breathing   Time/Trend     Circulation   Allergies     Decision about Spine   Medications     Expose Chief Complaint   Past & Pertinent Med Hx.     PHYSICAL EXAM   Last Ins & Outs     Head/Face   Events     Neck/Throat   FOCUSED SPINE ASSESSMENT     Clavicles & Shoulders   LOR     Ribs & Lungs   Sober     Abdomen   Distraction     Pelvis   CSM's x4     Legs & Feet   Spine Pain/Tenderness     CSM: Feet   TREATMENTS     Arms & Hands   Usability Assessment     CSM: Feet   SDAP NOTE     Level of Responsiveness   Summary or Subjective     Heart Rate   Observation or Objective     Respiratory Rate   Assessment     Shood Pressure   COMMENTS	MOI/HPI		Sex		
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## PATIENT ASSESSMENT OBSERVATION



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