

| | | | | |
|-------------------------------|---|------------------|-------|-------|
| Name | | | | M / F |
| Age | | Location | | |
| Illness / Injury (CC & Other) | | | | |
| Level of Consciousness | <input type="checkbox"/> Responsiveness [A V P U] <input type="checkbox"/> A&O x 4 3 2 1 [P P T E] <input type="checkbox"/> Positive Loss <input type="checkbox"/> Negative Loss <input type="checkbox"/> Unknown Loss <input type="checkbox"/> GCS Score: | | | |
| ETA | min | Helmet: Yes / No | | |
| SAMPLE | | | | |
| CSM | <input type="checkbox"/> Compromised / Diminished <input type="checkbox"/> Intact / good | | | |
| Minor (Parent/Guard) | <input type="checkbox"/> need to be contacted <input type="checkbox"/> Phone No: present <input type="checkbox"/> contacted | | | |
| WT | lbs | HT | ' | ” |
| Vitals | Time | BP | Pulse | Resp |
| | | | | |
| | | | | |
| | | | | |

Glasgow Coma Scale

| | Eyes Open | Verbal Response | Motor Response |
|---|-----------|-------------------------|--------------------|
| 6 | | | OK |
| 5 | | OK | Localizes Pain |
| 4 | OK | Confused | Withdrawal |
| 3 | Voice | Inappropriate words | Abnormal Flexion |
| 2 | Pain | Incomprehensible Sounds | Abnormal Extension |
| 1 | NO | NO | NO |

Severe: ≤ 8; Moderate: 9 - 12; Minor: ≥13

Normal Vital Ranges (OEC5e)

| | Adult | Child | Infant |
|------|----------------|--------|-----------|
| Age | | 1 - 8 | Birth - 1 |
| TEMP | 97.0 -100.4 °F | | |
| BP S | 90-140 | 80-100 | 75-95 |
| BP D | 60-90 | - | - |
| PULS | 60-100 | 80-100 | 100-120 |
| RESP | 12-20 | 15-30 | 25-50 |