WHO EMERGENCY UNIT FORM: GENERAL

□ Mass Casualty

Hospital Registration Number:

Date: DD/MM/YY

Time of Arrival:__ __: __ __(24h)

Patient Surname:
First Name:

Age: _____
INF / CH / AD

Gender: □Male □Female □ Other:_____

Date of Birth: DD/MM/YY

Weight: kg

Arrival Mode: □Ambulance □Car/Truck (*circle* Private or Taxi)
□ Motorized 2/3-wheeler (*circle* Private or Taxi)
□ Public Transport □ Walk □ Other: _____

Occupation: □ Unknown

Patient Residence (at least City and Sub-district): □ Unknown

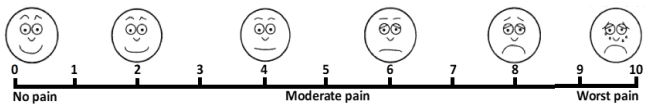
Number of prior facilities: ____
Referred from:

□Ambulatory Non Ambulatory: □ Acute □ Chronic

Contact Person: Phone: Relation:

CHIEF COMPLAINT:

Triage Category:



INITIAL VS at ___ ___: ___ ___(24h)
Temp:____ BP:____/____ Pulse:_____ RR:____
SpO_2:____% on _____ Pain score: ____ / 10

TREATING PROVIDER ASSESSMENT: Date: DD/MM/YY **Time** ___ ___: ___ ___(24h) □ **Dead on arrival**

HIGH RISK SIGNS

□ Abnormal AVPU □ HR <55 or >130 (adult) □ Temp >39˚C or <36˚C □ SpO_2 <90% on RA
□ Stridor, voice change or unable to swallow □ Respiratory distress (grunting in child, retractions, cyanosis)
□ Poor perfusion, weak pulse, capillary refill >3s □ Vomits everything, can't drink or feed

PRIMARY SURVEY: (see Reference Card for normal findings, only mark NML if all key elements are normal)

Airway
□ NML

□ Angioedema □ Stridor □ Voice changes
□ Oral/Airway burns
Obstructed by: □ Tongue □ Blood □ Secretions
□ Vomit □ Foreign body

Airway: □ Repositioning □ Suction □ OPA □ NPA □ LMA
□ BVM □ ETT

Breathing
□ NML

Spontaneous Respiratory Rate: _____
Chest Rise: □ Shallow □ Retractions □ Paradoxical
Trachea: □ Midline □Deviated to □L □R
Breath Sounds: □ L_____ □ R_____

Oxygen: _____ L
□NC □Mask □NRB
□BVM □CPAP/BIPAP
□Ventilator
□Bronchodilator

Chest needle or tube (circle):
□ L – Size: _____ Depth: _____ cm
□ R – Size: _____ Depth: _____ cm
□ **3- sided dressing**

Circulation
□ NML

Skin: □ Warm □ Dry
□ Pale □ Cyanotic □ Moist □ Cool
Capillary refill: □ <3 sec or _____ sec
Pulses: □ Weak □ Asymmetric_____
JVD: □ Yes □No

Access: □IV: Loc _____ Size _____
□CVL: Loc _____ Size _____ □IO: Loc _____ Size _____
□IVF:_____mLs □NS □LR □Other _____
□Blood ordered □Epinephrine given

Disability
□ NML

□ A □ V □ P □ U
□ **Moves all extremities** or □ Deficit:
_____
Pupils: Size: L _____ R _____
Reactivity: L _____ R _____

Blood Glucose:

(Abnormal if < 3.5 mmol/dl)

□ Glucose □ Naloxone
□ Antiepileptic
□ Others:

HISTORY OF PRESENT ILLNESS:

(Symptoms, time course, exacerbating and alleviating factors, prior episodes & prior interventions, including any primary health care)

REVIEW OF SYSTEMS: (See Reference Card for normal findings. Do NOT mark normal unless all key elements are normal.)

□ NML	General:	□ NML	Reproductive:
□ NML	HEENT:	□ NML	Skin:
□ NML	Resp:	□ NML	MSK:
□ NML	CV:	□ NML	Heme:
□ NML	GI:	□ NML	Neuro:
□ NML	Pelvis/GU/Rectal:	□ NML	Psychiatric:

Form to be used with WHO Reference Card. See who.int/emergencycare for more information.

PAST MEDICAL HISTORY: History obtained from:

Medications: □ Unknown

Allergies: □ Unknown

Past Medical: □ HTN □ DM □ COPD □ Psych □ Renal Disease □ Unknown
Other:

Past Surgeries (type & date)**:** □ Unknown

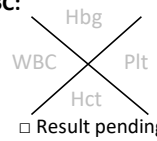
Last Menstrual Cycle: _____ **G**____**P**____ □ Unknown
Pregnant? (circle) Yes / No □ Reported □ Testing done
Vaccinations up to date? □ Unknown □No □Yes _____
Substance Use: □ Tobacco □ Alcohol □ Drugs □ IV Drugs □ Unknown
Family History: _____
Safe at home? _____

PHYSICAL EXAM: (See Reference Card for normal findings. Do NOT mark NML unless all key elements are normal. Specify L or R if needed.)

□NML	**General**		□NML	**Cardiac**	
□NML	**Neuro/Psych**		□NML	**Abdominal**	
□NML	**HEENT**		□NML	**Pelvis/GU/ Rectal**	
□NML	**Neck**		□NML	**Lymph**	
□NML	**Respiratory**		□NML	**MSK**	
			□NML	**Skin**	

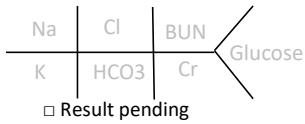
DIAGNOSTICS: (Labs, Imaging)

CBC:



□ Result pending

Lytes/Cr/glucose:



□ Result pending

Urine Dip: Glu: Ket: Blood:
Nitr: Leuk: Prot:

UPT: □ Pos □Neg
Malaria: □ Pos □Neg
HIV Rapid: □ Pos □Neg
Blood type: _____

ECG: Rate: _____
Sinus rhythm? □ Y □ N
Ischemia? □ Y □ N
Interpretation:

Other labs/imaging:

ADDITIONAL INTERVENTIONS:

Fluids and Medications Given	**Time** (24h)
□ IVF: _____ mLs □NS □LR □Other _____	____:____
□ Blood products (specify number of units given):	____:____
_____	____:____
□ Opioid Analgesia:_____	____:____
□ Other Analgesia:_____	____:____
□ Sedation/Paralytics:_____	____:____
□ Antimicrobials:_____	____:____
□ Tetanus: _____	____:____
□ Other:	

Procedures (include time and outcome)	**Time** (24h)
□ Intubation: _____	____:____
□ Chest Tube: _____	____:____
□ Lumbar Puncture: _____	____:____
□ Simple / Complex Laceration Repair: _____	____:____
□ Other:	

ASSESSMENT (include summary and differential) **AND PLAN** (imaging; meds/interventions; consults with time called/arrived and recs):

REASSESSMENT at ___ ___: ___ ___(24h) □ **Condition same**
Temp:_____ Pulse:_____ BP:____/____ RR:_____ SpO_2:____ % on_____ Changes:_____

DISPOSITION: Checklist completed: □ Y □ N ED departure (date & time): DD/MM/YY ___ ___ : ___ ___ (24h)

Diagnoses/Impressions (list all)**:**

□ **Admit to:** □ Ward _____ □ ICU □ OT
□ **Discharge:** Plan discussed with patient? □ Yes □ No
□ **Transfer to**: _____
□ **Left without being seen or before treatment complete**
□ **Died of** (specify cause - NOT cardiopulmonary arrest):
_____

VS at Dispo at: ___ ___: ___ ___ (24h)
Temp:____ Pulse:____ BP:____/____ RR:____ SpO_2:___ % on_____

Accepting Provider: _____

Emergency Unit Provider Name/Title (include handovers)	**Signature and Date**

Chart to be used with WHO Reference Card. See who.int/emergencycare for more information.