

Offshore Patient Assessment, Recording, & Communication

Patient's Surn	ame	Given Names		Vessel N	lame	Date of I	Report	
Date of Birth y	yyy-mm-dd		'n	Inciden	t Date	Incident	Time	
male female Medical / Insurance Provider & Phone #				Medical	/ Insurance Po	olicy #		
medical / ilisurance Frovider & Filone #				Medical / Insurance Policy #				
Emergency Contact Person				Phone Number Relationship			ship	
Chief Camplei			Primary	Assessn	nent			
Chief Complai	IIL:							
MOI/NOI:								
Dhysical Eindi								
Physical Findi LOR – AVPU –								
A A	TIQTIAT:							
В								
C								
D?								
RBS								
		S	econdary	y Assess	ment			
Symptoms				Onset				
Allergies				Provoke/Relief				
Medications				Quality (describe pain)				
Past Med Hx				Radiation				
Last Oral Intake				Severity (1-10)				
Events Prior				Timing				
Vital Signs								
Time	LOR (AVPI	U) Pulse	Resp		Skin	Eyes	*GCS	
			1					



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		 Treatme	nt Rendered				
Physical				Medications			
				Medication	Time	Dose	Route
							_
	T	T	1				

Glasgow Coma Scale					
Feature	Response	Score 4			
Eye Opening	Spontaneous (Alert & Awake)				
	Verbal	3			
	Pain	2			
	None	1			
		/4			
Verbal Response	Orientated	5			
	Confused	4			
	Words (inappropriate)	3			
	Sounds (Incomprehensible)	2			
	None	1			
		/5			
Best Motor Response	Obeys Command	6			
	Localizes to Pain	5			
	Withdrawl from Pain	4			
	Flexion (decorticate/curling)	3			
	Extension (decerebrate/arching)	2			
	None	1			
		/6			
Total		/15			