

# Clinical assessment chart

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Next of kin \_\_\_\_\_  
 Initial assessment — DRABC ( ) \_\_\_\_\_  
 Skin: colour (pale etc) \_\_\_\_\_  
 condition (moist etc) \_\_\_\_\_

Temperature \_\_\_\_\_ °C or by touch

Pulse: rate \_\_\_\_\_  
 rhythm regular  irregular   
 volume normal  weak  bounding

Respiration: rate   
 rhythm regular  irregular   
 depth adequate  shallow  deep   
 quality easy  laboured  wheezing

Conscious state

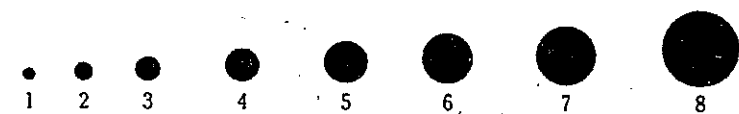
eye opening	best verbal response	best motor response
1 no response	1 no response	1 no response
2 to pain	2 incomprehensible sounds	2 straightens limbs to pain
3 to speech	3 inappropriate words	3 bends limbs to pain
4 spontaneously	4 confused	4 withdrawal to pain
	5 orientated	5 purposeful movement
		6 obeys commands

Pupils

reacting	yes <input type="checkbox"/>	no <input type="checkbox"/>	left	yes <input type="checkbox"/>	no <input type="checkbox"/>	right
size (no.)						

Movement

1 Strength handgrips	left	right
	weak <input type="checkbox"/>	weak <input type="checkbox"/>
	strong <input type="checkbox"/>	strong <input type="checkbox"/>
2 Movement in all limbs	yes <input type="checkbox"/>	no <input type="checkbox"/>



Head to toe examination \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

History \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications \_\_\_\_\_  
 Allergies \_\_\_\_\_

DOB \_\_\_\_\_ Dept \_\_\_\_\_  
 Date \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Time \_\_\_\_\_ am/pm Phone no \_\_\_\_\_

Continuous monitoring:

TIME							
Skin	colour						
	condition						
	temperature						
Temperature	°C						
Pulse	rate						
	rhythm						
	volume						
Respiration	rate						
	rhythm						
	depth						
	quality						
Level of consciousness	eyes						
	verbal						
	motor						
Pupils	left size						
	react						
	right size						
	react						

Management \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of attendant \_\_\_\_\_  
 Signature \_\_\_\_\_