

# Patient Care Form - Treatment Plan

AMC 2019 Outdoor Leader Handbook

**Plan:** Treatment Plan for every problem on Assessment List:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Monitor: How and how often do you plan to monitor this patient? Any changes needed to treatment?

**Sign Off:** Anyone 18 and older can refuse care.

*I decline further medical care by the AMC and/or transportation to a local hospital.*

Patient Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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# Patient Care Form

**Patient Information**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Course Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Care-Giver: \_\_\_\_\_ Location: \_\_\_\_\_

**Chief Complaint and Mechanism of Injury**  
(Pain Questions: onset, palliates/provokes, quality, radiating, severity (1-10), and trend)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary Survey Problems**

Airway \_\_\_\_\_

Breathing \_\_\_\_\_

Circulation \_\_\_\_\_

Central Nervous System \_\_\_\_\_

Deformity \_\_\_\_\_

Environmental \_\_\_\_\_

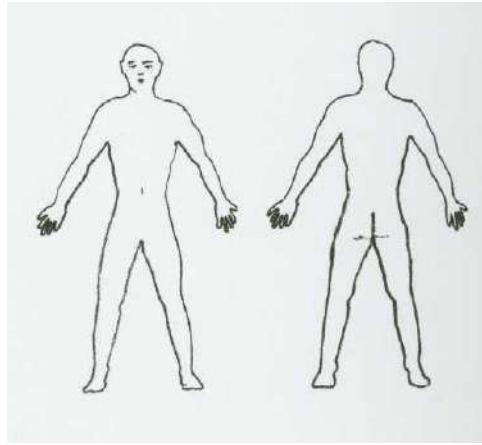
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# Patient Care Form - Secondary Survey

# Patient Care Form - Secondary Survey and Assessment

AMC 2019 Outdoor Leader Handbook

## Physical Exam: Describe locations of pain, tenderness, and injuries:



## Vitals (every 5 minutes for critical, every 15 for non-critical)

Time						
LOC oriented x ?						
Resp. R & effort						
Heart R & effort						
Skin Color, Temp, Moisture						
BP						
Pupils						

## Assessment: Problem List or Field Diagnosis

- 1)
- 2)
- 3)
- 4)

## Patient History

Signs, Symptoms \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Past/Previous \_\_\_\_\_

Last food/drink & urination/defecation \_\_\_\_\_

Events \_\_\_\_\_

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