

Injury/Illness Form

Date <i>5/3/2006</i>	Time <i>12:59pm</i>	Location <i>Unit 17, Molonglo Mall Fyshwick ACT</i>		
Surname <i>Mekie</i>	Given Name <i>Peter</i>		Date of Birth <i>15/5/1958</i>	Gender <i>Male</i>
Address <i>45 Bent Street</i>		City <i>Civic</i>	State <i>ACT</i>	Postcode <i>2601</i>

History of Injury/Illness

Male casualty fell off ladder on to concrete floor. Fell 3m hitting head first. Workmate stated that the casualty had brief period of unresponsiveness (?1 minute) prior to arrival.

Allergies <i>Penicillin</i>	Medication <i>Ventolin</i>
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Observations	Time <i>1:15pm</i>	Time <i>1:21pm</i>	Time <i>1:27pm</i>	Assessment
Level of Consciousness Fully Conscious Drowsy Unconscious	<i>4</i>	<i>4</i>	<i>4</i>	
Pulse Rate Description	<i>88</i> <i>strong</i>	<i>90</i> <i>strong</i>	<i>80</i> <i>strong</i>	
Breathing Rate Description	<i>28</i> <i>regular</i>	<i>26</i> <i>regular</i>	<i>20</i> <i>regular</i>	
Skin Colour	<i>Pale</i>	<i>Pink</i>	<i>Pink</i>	
Other Observations				
Assessment				

Assessment

Casualty complaining of pain to forehead and right arm Swelling and bleeding to forehead. Contusion and pain to (R) forearm. Reduced movement to (R) forearm. Fully conscious on arrival with full recollection of accident.

Treatment

Reassurance. Laid flat with head and neck support. Dressing over wound to forehead. Immobilised (R) arm with arm sling. Observations.

Follow Up/Referral	Comments
<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Medical Centre <input type="checkbox"/> Own Doctor <input type="checkbox"/> Other	<i>History of mild asthma</i>

First Aider: (Print) <i>John Fahey</i>	Position:.....	White copy for administration
Signature: <i>John Fahey</i>	Date: <i>5/3/06</i>	Time: <i>1:45pm</i>
		Pink copy for Doctor/Ambulance
		Blue copy for casualty