

CHAP Emergency Patient Encounter Form

Other						
Other						
Primary						

Is scene safe? Yes ___ No ___ If no, who was contacted? _____

Mechanism of injury of Chief Complaint: _____

Initial Assessment:

General Appearance: _____

LOC: A V P U (CIRCLE ONE) Pain Level: ___/10

C-Spine stabilization method: _____

CHOOSE THE FACE THAT BEST DESCRIBES HOW YOU FEEL

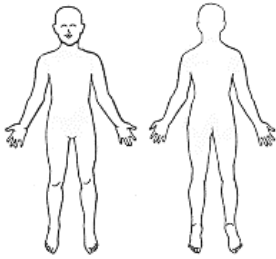


Airway: _____ Breathing: _____ Circulation: _____

Oxygen: Time Start: _____ Via: _____ O2 Flow Rate: _____

Hemorrhage Sweep: _____ Skin Color: _____ Temperature: _____ Moisture: _____

RAPID TRAUMA EXAM



Head: _____

Neck: _____

Chest: _____

Abdomen: _____

Pelvis: _____

Extremities: _____

Back & Buttocks: _____

Vital Signs: T _____ P _____ R _____ BP _____ SPO₂ _____ Time: _____

Use the CHAP Patient Encounter Flow Sheet to document further vital signs and interventions/procedures/changes/physician consult.

HISTORY

Signs & Symptoms: _____

Allergies: _____

Medicines: _____

PMHx: _____

Last meal and fluids: _____ Content: _____

Event: _____

Additional History: _____

ASSESSMENT: _____

Date:	Time:	Doctor:	Time/Date: / /
Hospital # :	SSN#:	Dr.'s Assessment:	
Name: (L)	(F)	(M)	CHAM Plan Page # :
DOB:	Age:	Sex:	CHA/P:
			CHA/P:
			CHA/P:
			Village:

CHAP Emergency Patient Encounter Form

Detailed Physical Exam:

Head: _____
 Neck: _____
 Face: _____
 Skin: _____
 Eyes: _____
 Ears & Nose: _____
 Mouth: _____
 Chest: _____
 Heart: _____
 Abdomen: _____
 Pelvis/Genitals: _____
 Extremities: _____
 Back and Buttocks: _____

MEDEVAC Information

Date/time talked to physician:	
Medevac ordered by: (Physician Name)	
Reason for Medevac: (Circle each reason)	1. Reason for transport: Patient requires higher level of care. 2. Reason for transport by air: No other means of transport available; no road exists between villages and referral hospital.
Risk of Transfer	Explained the risks of transfer: Worsening of condition and/or increased pain. Initial:
Accepting organization/provider:	
Transferred care to:	
Time/date care transferred:	

Use the CHAP Patient Encounter Flow sheet to document further vital signs and interventions/procedures/changes/physician consult.

Plan if not medevaced: _____

Medicines: _____ Verbal Order/Read Back (Circle and initial) _____

Special Care/other care: _____

Recheck/Follow Up: _____

Date:	Time:	Doctor:	Time/Date: / /
Hospital # :	SSN#:	Dr.'s Assessment:	
Name: (L)	(F)	(M)	CHAM Plan Page # :
DOB:	Age:	Sex:	CHA/P:
			CHA/P:
			CHA/P:
			Village: