

# Team HELP

## DNS Form

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

Age: \_\_\_\_\_ Gender: M F Phone #: \_\_\_\_\_

Did you inhale any water?	Yes	No
When you take a deep breath, does it cause any pain?	Yes	No

### Secondary Drowning

Are you experiencing any of the following symptoms?	If you do experience these symptoms in the next three days, then you <b>must</b> go and see a doctor immediately. You could be suffering from something called secondary drowning.		
Difficulty Breathing		Yes	No
Coughing/Wheezing		Yes	No
Chest Pain		Yes	No
Fever		Yes	No
Dizziness		Yes	No
Nausea		Yes	No

### History

<b>Chief Complaint</b>	<i>Near-Drowning</i>
<b>History of CC</b> <small><i>in this space, please write how this incident occurred, and who you were with at the time.</i></small>	
<b>Medical history</b> <small><i>In this space, please write any medical conditions that you have, and whether this has ever occurred before.</i></small>	
<b>Medications</b> <small><i>Please note any medications that you are currently taking, including things like tylenol.</i></small>	
<b>Allergies</b> <small><i>Please note any allergies you have to medications, food, latex, etc.</i></small>	

### Recommendation

*The lifeguard will circle one of the following*

See doctor immediately	Stay in shallow water	Stay with/phone parents	Wear a PFD
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\*\*I have read and understood all of the above information, and have answered all the questions honestly.  
 \*\*I will check in with the lifeguard before leaving the facility today

Patient \_\_\_\_\_ Lifeguard \_\_\_\_\_