

Heart Throbs

Minor First Aid

- Introduction
- d-ABC Assessment
- RBS (any other injuries? Medical conditions?)
- Blanket
- Reassurance/Positioning
- Injury Assessment (Distal Circulation?)
- EMS if necessary!!!

Patient Name: _____

Age: _____ Gender: M F Phone #: _____

History	
Chief Complaint <i>What hurts?</i>	
History of CC <i>What happened?</i>	
Medical Hx <i>Happened before?</i>	
Medications? Allergies?	

Pain Assessment	
Position	<i>Where does the pain originate from?</i>
Quality	Sharp Dull Squeezing <i>Other:</i>
Radiating	Yes No <i>Where?</i>
Severity	1 2 3 4 5 6 7 8 9 10
Timing	<i>What time did the pain start?</i>

Treatment
<input type="checkbox"/> Oxygen
<input type="checkbox"/> Ice
<input type="checkbox"/> Stabilize
<input type="checkbox"/> Clean
<input type="checkbox"/> Bandage

Follow-up
<input type="checkbox"/> Ride to hospital
<input type="checkbox"/> See doctor immediately
<input type="checkbox"/> See doctor if any problems
<input type="checkbox"/> Stay out of the pool
<input type="checkbox"/> Watch for signs of infection

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