## Initial Assessment, Patient History & Subjective Assessment

### General Impression:

### Level of Consciousness:

### Chief Complaint:

<table>
<thead>
<tr>
<th>Airway</th>
<th>Breathing</th>
<th>Circulation</th>
<th>Priority</th>
</tr>
</thead>
</table>

### Symptoms:

### Onset:

### Allergies:

### Provocation:

### Medications:

### Quality:

### Past history:

### Radiation/Referral:

### Last oral intake:

### Severity:

### Events prior:

### Time:

### Social History:

- ETOH
- Drug Use
- Tobacco
- Other:

## Focused/Rapid/Detailed Assessment

### Vital Signs (Initial and On-going)

<table>
<thead>
<tr>
<th>Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulse (Rate &amp; Quality)</td>
</tr>
<tr>
<td>Respirations (Rate &amp; Quality)</td>
</tr>
<tr>
<td>Skin</td>
</tr>
<tr>
<td>Pupils</td>
</tr>
</tbody>
</table>

## Interventions