

MEDICAL ASSESSMENT	Location		Date		TEAM			
	Assessor		Time					
Not Done	0	Insufficient	2	Good	4	Excellent	6	
<b>1 Initial Survey &amp; Patient ID</b>			<b>SCORE</b>	<b>7 Scene Management</b>			<b>SCORE</b>	
1.1 ID & Communicate the Initial LOC*				7.1 Communications with Casualty(ies)				
1.2 Inspects for Catastrophic Haemorrhage				7.2 Communication with IC & Team				
1.3 Reports Casualty(ies) Condition to IC				7.3 Triage				
*LOC - Level of Consciousness			Total		7.4 Situational Awareness / Internal Space			
<b>2 Airway</b>			<b>SCORE</b>	7.5 Management of Resources & Equipment				
2.1 Airway Manoeuvre	C1	C2		7.6 Planning & Progression				
2.2 Inspection of Airway	C1	C2		Total				
2.3 Management of Patency	C1	C2		<b>8 Casualty Centred</b>			<b>SCORE</b>	
Total				8.1 Treatment & Planning			C1 C2	
<b>3 Breathing</b>			<b>SCORE</b>	8.2 Pain and Oxygen Management			C1 C2	
3.1 Present	C1	C2		8.3 Handling, Movement / Packaging			C1 C2	
3.2 Respiration Rate/Depth/Effort	C1	C2		8.4 Spinal - Decision & Management			C1 C2	
3.3 Chest Inspection & Assessment	C1	C2		Total				
3.4 Interventions, SpO2 & O2	C1	C2		<b>9 Extrication</b>			<b>SCORE</b>	
Total				9.1 Planning, Supervision & Leadership			C1 C2	
<b>4 Circulation</b>			<b>SCORE</b>	9.2 Casualty, Injury & Interventions Management			C1 C2	
4.1 Haemorrhage Management	C1	C2		9.3 Casualty Packaging, Movement & Handling			C1 C2	
4.2 Assess for Circulation	C1	C2		9.4 Reassessed Post Extrication			C1 C2	
4.3 Peripheral and/or Central Pulses	C1	C2		Total				
4.5 Cap Refill & Skin	C1	C2		<b>10 Safety</b>			<b>SCORE</b>	
Total				10.1 Safe 360 Approach & Access				
<b>5 Disability</b>			<b>SCORE</b>	10.2 Hazard Identification & Mitigation				
5.1 Consciousness Level	C1	C2		10.3 Wear & Maintain Correct PPE				
5.2 Pupils Assessment	C1	C2		10.4 Casualty Safety & Protection Throughout				
5.3 CSM** Examination	C1	C2		Total				
5.4 Ongoing Assessment	C1	C2		<b>11 Handover</b>			<b>SCORE</b>	
**CSM - Circulation Sensation Motion			Total		Intro	Allergies	C1 C2	
<b>6 Secondary Survey</b>			<b>SCORE</b>		Mol	Medications		
6.1 Full Casualty Assessment	C1	C2			Injuries	Background		
6.2 Secondary Issues Identified	C1	C2			Signs & Symptoms	Other		
6.3 Full History	C1	C2			Treatment & Trends	Total		
6.4 Reassessment & Vitals	C1	C2						
6.5 Neurovascular status	C1	C2						
Total								
<b>Positive Points</b>				<b>Learning Points</b>				
Assessors signature						<b>Total Score:</b>		
Score checkers signature								

- 0 No score if not done
- 2 Performed incorrectly or an unsafe practice demonstrated
- 4 Performed to an adequate standard, maybe out of sequence.
- 6 Performed to full standard with attention to detail, in sequence and at the appropriate time.

NOTES:

**Initial Survey & Patient ID**

**Scene Management**

Cat Head ID @: Time

TX @ Time

**Airway**

**Patient Centred**

O2 @: Time

**Breathing**

**Extrication**

**Circulation**

**Safety**

**Disability**

**Handover**

**Secondary Survey**

I M I S T A M B O