

Original must be kept with patients notes

RIE ED Pre-Alert

Call sign:

Trauma

Medical

Affix Patient Label

AGE:

M

F

TIME OF INCIDENT/ONSET:

MECHANISM OF INJURY/ MEDICAL COMPLAINT:

INJURIES/ INFORMATION RELATED TO COMPLAINT:

SIGNS/ SYMPTOMS

Trauma

Medical

RR:

RR:

AVPU/GCS:

SpO2:

SpO2:

Temp:

Pulse:

Pulse:

BM:

BP:

BP:

NEWS:

E: V: M:

TREATMENT GIVEN:

Cardiac Arrest

Autopulse: Yes No

Intubated Yes No

REQUIREMENTS (blood, specialists, intubation, access etc.):

ETA:

DATE:

TIME:

NAME:

NAME OF CON/REG INFORMED (phone 23687 or 23511):