

QLHF Incident Report

Group _____ Name _____

Date ____/____/____ Time _____

Situation/ circumstances that led to injury

Management

Witnesses to Incident

Site of Injury



Follow through

Initial Assessment DRABC ()

Skin: Colour _____ Pale Normal Dusky
Temp _____ or by touch

Pulse: Rate _____
Rhythm Regular Irregular
Volume Normal Weak Bounding

QLHF Incident Report

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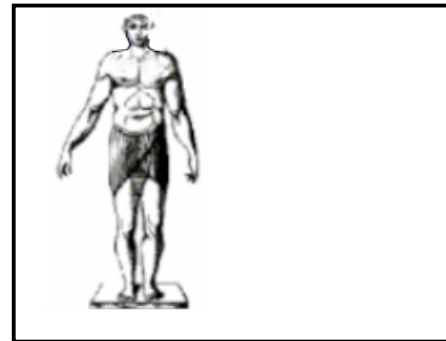
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Respiration

Rate
Rhythm Regular Irregular
Depth Adequate Shallow Deep
Quality Easy Labored Wheezing

Conscience state

Eye opening Best verbal response Best motor response
Score _____
Total _____

Pupils

Reacting Left yes no Right yes no
Size _____

Handgrips

Left weak strong **Right** weak strong
Movement in all limbs yes no

Time				
Skin/ Colour				
Condition				
Temp				
Pulse/ Rate				
Rhythm				
Volume				
Respiration				
Rhythm				
Depth				
Quality				
Consciousness	/ / /	/ / /	/ / /	/ / /
Pupils/ size				
Reactive	L R	L R	L R	L R

Name of attendant _____
Signature _____
Signature of injured party _____

Respiration

Rate
Rhythm Regular Irregular
Depth Adequate Shallow Deep
Quality Easy Labored Wheezing

Conscience state

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Reactive	L R	L R	L R	L R

Name of attendant _____
Signature _____
Signature of injured party _____