

CHEST INJURY ASSESSMENT PROFORMA

File for scanning inside the E D card, other relevant information must also be recorded on the E D card

Patient Sticky Label or write details:		Date of injury: _____ Time of injury: _____ Date of Examination: _____ Time of Examination: _____
MECHANISM OF INJURY:		
Past Medical History:	Drug History:	Drug Allergy:
Observations: [X] if not relevant Heart Rate: BP: Temp:	Resp. Rate: SpO2: Urinalysis:	

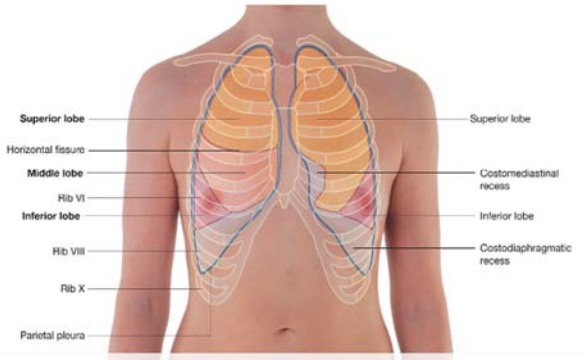
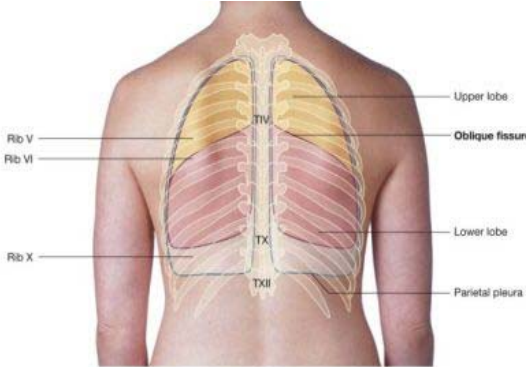
RED FLAG MECHANISMS	YES	NO	<u>ACTION:</u> If "YES" request urgent E.D. Senior Doctor review
High energy mechanism			
Fall from significant height			
Chest or back penetrating trauma			
Burns to chest/ neck/ face			
Additional significant injuries			

PRIMARY SURVEY RED FLAG SYMPTOMS	YES	NO	<u>ACTION:</u> If "YES" request urgent E.D. Senior Doctor review
Stridor			
Deviated trachea			
Surgical Emphysema			
Flail chest			
Cyanosis			
Significant wheeze			
Unable to complete sentences			
Exhaustion			
Bruising to abdomen/ flank/ back			

RED FLAG PATHOLOGIES	YES	NO	<u>ACTION:</u> If "YES" to any descriptor, consider: <ul style="list-style-type: none"> • ANALGESIA • CHEST X-RAY • ECG • IV ACCESS/ BLOODS/ABGs • and E.D. Senior Doctor review
SpO2 < 92% on air			
Age < 12 or Frail/ multiple comorbidities			
Recent chest infection			
COPD/Asthma			
Smoker (recent ex- smoker)			
History of pneumothorax			
Previous chest surgery			
Increasing pain despite regular analgesia			
Existing chest /back deformity			
History of Lung Cancer			

CHEST INJURY ASSESSMENT PROFORMA

ASSESSMENT:	General Inspection	Palpation	Percussion	Auscultation
NORMAL				
ABNORMAL				

NOTES:	CLINICAL FINDINGS:								
	 								
ABDOMINAL EXAMINATION:									
INVESTIGATIONS/ RESULTS:									
DIAGNOSIS:									
OUTCOME:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Admit:</td> <td style="width: 25%; text-align: center;">Refer:</td> <td style="width: 50%; text-align: center;">Discharge:</td> </tr> </table>	Admit:	Refer:	Discharge:					
Admit:	Refer:	Discharge:							
TREATMENT:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><u>Analgesia</u></td> <td style="width: 25%; text-align: center;"><u>Chest Advice</u></td> <td style="width: 25%; text-align: center;"><u>Returns Advice</u></td> <td style="width: 25%; text-align: center;"><u>Seen by DR/ENP Print name/ Sign</u></td> </tr> <tr> <td style="text-align: center;">Yes No Has Own</td> <td style="text-align: center;">Yes No</td> <td style="text-align: center;">ED or GP</td> <td></td> </tr> </table>	<u>Analgesia</u>	<u>Chest Advice</u>	<u>Returns Advice</u>	<u>Seen by DR/ENP Print name/ Sign</u>	Yes No Has Own	Yes No	ED or GP	
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Yes No Has Own	Yes No	ED or GP							
PLEASE GIVE A CHEST INJURY ADVICE SHEET AND DISCHARGE ANALGESIA									