

Casualty Check Card**ASK**

- **CASUALTIES NAME?**
- **WHAT HAPPENED?**
- **HOW ARE YOU FEELING?**
- **DO YOU MIND IF I HAVE A LOOK?**

Letter	Information	Questions to ask	Casualty reply
S	Signs Symptoms	Do you mind if I make a record? How are you feeling? Can we look at the injury?	
A	Allergies Age	Is this the first time this has occurred?	
M	Medication	Do you take any regular medication(eg Aspirin GTN spray inhalers) Have you recently taken any medication?	
P	Past Medical history	When did you last visit the doctor or hospital?	
L	Last meal	What have you eaten recently?	
E	Events	Exactly What happened?	

Other Comments

CASUALTY MONITORING

Time (24 hour clock)					
Pulse	Rate (per min)				
	character				
Breathing)	Rate (per min)				
Temperature	character				
	Warm/dry				
	Hot/wet				
	Hot/dry				
	Cold/wet				
	Cold/dry				
Colour	Pale				
	flushed				
Response	Alert				
	Voice				
	Pain				
	Unresponsive				

Pulse character can be described as strong(s) weak(w) bounding(b) regular(r) irregular(i)
 Breathing character can be described as deep(d) shallow(s) wheezy(w) bubbly(b) noisy(n)