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ABDOMINAL PAIN

- Any change in bowel habits? (diarrhea or constipation)
- Blood in urine, vomitus, stool?
- Does the pain relate to anything? (Eating, stress)
- Last menstrual period?
- Any recent fever?
- Ingestion of any caustic agents?
- Any recent illness, injury or operation?

Abdominal Trauma

- When did this happen?
- What happened?
- Do you have any SOB, chest pain, nausea, or any LOC?
- If a weapon was involved, size of knife, caliber of gun, etc?
- Seat Belt on?
- If vomiting, any blood?

Allergy and Anaphylaxis

- Was the patient exposed to any food, drugs, insects or other possible allergens?
- Any nausea, vomiting or diarrhea?
- Any itching?
- Any difficulty swallowing?
- When was patient exposed?
- When did symptoms appear?

Burns

- What happened?
- What was the causative agent (heat, chemical, tar, electricity)?
- Where, when and how did the burn occur?
- Was the patient in an enclosed smoke filled space?
- Was the patient unconscious at any time?
- Any shortness of breath?
- Was any treatment instituted prior to the arrival of the paramedics?

Cardiogenic Shock

- If the patient complains of pain, has he/she taken anything for the pain? (NTG, Nitropaste)
- Any dizziness, weakness, or lightheadedness?
- Any recent trauma to the chest?
- Any nausea/vomiting?
- Any GI symptoms?

Chest Pain

- Any shortness of breath?
- Does the pain increase with a deep breath?
- Has the patient taken anything for the pain? (NTG, Nitropaste)
- Any sweating with the pain?
- Any dizziness, weakness, or lightheadedness?
- Any nausea/vomiting? (blood in vomitus, coffee ground emesis)
- Any tarry stools?
- Does the pain relate to anything? (Eating, stress)
- Has the patient noticed any skipped beats or had any palpitations?

Chest Trauma

- What happened?
- Is the patient having any respiratory distress?
- Any trouble getting air in or out?
- Any pain? If so, where?
- Is the pain associated with breathing?
- Is there any cough or hemoptysis?

Coma/Decreased LOC

- How long has the patient been unconscious?
- What occurred immediately before the patient lost consciousness?
- Did the patient complain of chest pain, dizziness, SOB or headache prior to unconsciousness?
- Any drugs or alcohol ingested prior to unconsciousness?

Congestive Heart Failure

- Does the patient have a history of cardiac or respiratory disorders?
- Does the patient have respiratory difficulty at night?
- Does the patient sleep on extra pillows?
- Does the patient get increased SOB on exertion?
- Is the patient on a special diet? If so, has the patient been adhering to it?
- Any associated trauma?

Delivery / Childbirth

- When did contractions begin?
- Length and frequency of contractions?
- Number of pregnancies? G = ____
- Number of deliveries (live births)? P = ____
- Prenatal care? What facility?
- Any complications expected? Single fetus?
- Prior C-section?
- Membranes ruptured? When? Color / odor / amount?
- Any vaginal bleeding / spotting?
- Urge to bear down?

Diabetes, Hypoglycemia, Diabetic Ketoacidosis

- When did the patient last eat?
- What medication is the patient on?
- When did the patient last take medications?
- Did the patient lose consciousness, fall, or injure himself?
- Any seizure activity?

Diving / SCUBA

- Did sx's begin on the bottom, during ascent, or on surface?
- Did the victim breathe compressed air under water?
- Did the victim lose consciousness at any time?
- How many dives have been made?
- What was the depth?
- What was the time on the bottom of each dive?
- What was the time on the surface between dives?
- What type of equipment was used?
- Any signs of associated trauma?
- Under the influence of drugs or alcohol?
- Any numbness or tingling anywhere in the body?
- Any weakness?

Heat Exposure

- How long was the patient in that environment?
- Any pain?
- Any nausea vomiting, or muscle cramps?
- Any loss of consciousness?
- Any seizures?

Hemodialysis Patient

- Any muscle weakness?
- When was last dialysis treatment? When is the next treatment?
- Any nausea, vomiting or diarrhea?
- Any seizure activity?
- Any hypertension associated with dialysis treatment?

Hypertensive Crisis

- Any muscle weakness?
- Any loss of consciousness?
- Any seizures?
- Experienced a headache?
- Any visual disturbances?
- Any chest pain?
- Any SOB
- Any vomiting?

Hyperventilation

- When did it start?
- Any trouble getting air in or out?
- Any pain?
- Any tingling or light-headedness?
- Any recent stress?

Near Drowning

- What preceded the event?
- Was the patient ever apneic? How long?
- What care was given prior to paramedic arrival?
- How long was the victim submerged?
- Where did the event occur if not obvious?
- Did the patient vomit?
- Was the victim pulled from the top or bottom of the water?
- What type of water was involved? (salt, fresh, pool, clean, hot, cold?)
- Were drugs or alcohol ingested prior to the event?

Neurological Disorders

- Did the patient lose consciousness? How long?
- Any headache or dizziness prior to episode?
- Any change in LOC since symptoms began
- Did the patient fall or sustain any injuries?

Neurological Trauma

- Was the patient ever unconscious? If so, was it immediate with injury or was there a lucid interval?
- What was the patient doing prior to the accident?
- Any evidence of drugs or alcohol?
- Any associated injuries?

Orthopedic Injuries

- What happened?
- When did the injury occur?
- Any pain? If so, where?
- Did the patient feel something "snap"?

Poisoning/O.D.

- What did the patient come in contact with?
- Route? Ingested? Injected? Inhaled?
- How much? When?
- What type of symptoms have developed and what was their time of onset?
- Has any first aid been performed?
- Did the patient vomit? What did the vomitus look like?
- Any headache, dizziness, nausea, abdominal cramping?
- Are there any hallucinations or visual disturbances?
- Did the patient lose consciousness or have a seizure?

Psychiatric Problems (Behavioral)

- What did the patient take?
- Did the patient mix any substances?
- Has the patient been drinking?
- Was the substance ingested, injected, or inhaled?
- Is the patient on any prescribed medications?
- Any known medical or psychiatric problems?
- If unconscious, how long?
- Did the patient vomit?
- Did the patient have a seizure?

Respiratory Disorders

- History of lung disease?
- On any medications for lung disease?
- Did the patient take any medications today? When?
- Any recent respiratory infection?
- What usually breaks the attack?
- Is there any pain? If so, is it related to respirations?
- Is there any cough? If so, is it productive? Color? Consistency?
- Any tingling around the mouth or fingertips?

Seizures

- Did the patient regain consciousness?
- Did the patient fall or hurt himself?
- Is the patient pregnant?
- When did seizures start?
- How long did the seizure last?
- Any diagnosed seizure disorder?
- Exposed to any noxious chemicals?
- Any fever or illnesses lately?
- Has the patient eaten today?

Shock

- Any recent trauma? If so, mechanism?
- Any vomiting, diarrhea, tarry stools, etc? If so, color?
- Any recent illness?
- Habitual use of aspirin?
- Taking any anticoagulants?

Smoke, Gas, and Toxic substance inhalation

- Is there a cough?
- Is the patient's voice different?
- Any pain on inspiration?
- Any headache?
- Any pain anywhere?
- What was inhaled?
- How long was the patient exposed?
- Any loss of consciousness?

Snake Bites

- How long ago was patient bitten?
- When did symptoms appear?
- Where is the bite located?
- What kind of snake?
- Any SOB, tingling, cramps, chest pain, weakness, nausea or vomiting?
- Any LOC?
- Any treatment prior to medic arrival?

Syncopal Episode

- Is there any injury due to a fall?
- Has there been any recent trauma?
- What position was the patient in prior to the episode?
- Did the patient change position rapidly before feeling faint?
- Is there any nausea/vomiting? If so, what does the emesis look like? How many times has the patient vomited?
- Is there any changes in bowel or bladder habits?
- What was done prior to paramedic arrival?
- If a bystander was present, what was the patient doing during the episode? Was there any jerking movements?
- Did the patient experience any palpitations or skipped beats prior to the episode?

Trauma

- When did this happen?
- What happened? Mechanism of injury?
- Any SOB, chest pain, nausea, or LOC?
- If a weapon was involved, size of knife, caliber of gun, etc?
- Seat belts on?
- Wearing a helmet?
- Speed of vehicle?
- LOC?

Vaginal Bleeding

- Estimated Blood loss?
- Number of saturated menstrual pads?
- Date of last menstrual period? Any irregularities in menstrual cycle?
- Any history of pregnancy?
- Recent surgery?
- Recent birth?
- Recent fever?