

## Injury/Illness Form

Date <i>5/10/2003</i>	Time <i>12:59pm</i>	Location <i>27 Smith Street, Banbury, Oxfordshire</i>		
Surname <i>Smith</i>		Given Name <i>Peter</i>		Date of Birth <i>15/5/1958</i>
Address <i>45 Bent Street</i>		Town <i>Banbury</i>	County <i>Oxfordshire</i>	Postcode <i>OX</i>

History of Injury/Illness *Male casualty fell off ladder on to concrete floor. Fell 3m hitting head first. Workmate stated that the casualty had brief period of unresponsiveness (?1 minute) prior to arrival.*

Allergies *Penicillin* Medication *Ventolin*

Observations	Time 1:15pm	Time 1:21pm	Time 1:27pm	Assessment
Level of Consciousness <b>Fully Conscious</b> <b>Drowsy</b> <b>Unconscious</b>	✓	✓	✓	
Pulse <b>Rate</b> <b>Description</b>	<i>88</i> <i>strong</i>	<i>80</i> <i>strong strong</i>	<i>88</i>	
Breathing <b>Rate</b> <b>Description</b>	<i>28</i> <i>regular</i>	<i>18</i> <i>regular</i>	<i>24</i> <i>regular</i>	
Skin <b>Colour</b>	<i>Pale</i>	<i>Pink</i>	<i>Pink</i>	
Other Observations				
Assessment				

Assessment *Casualty complaining of pain to forehead and right arm Swelling and bleeding to forehead. Contusion and pain to (R) forearm. Reduced movement to (R) forearm. Fully conscious on arrival with full recollection of accident.*

Treatment *Reassurance. Laid flat with head and neck support. Dressing over wound to forehead. Immobilised (R) arm with arm sling. Observations.*

Follow Up/Referral	Comments
<input checked="" type="checkbox"/> Ambulance	<i>History of mild asthma</i>
<input type="checkbox"/> Medical Centre	
<input type="checkbox"/> Own Doctor	
<input type="checkbox"/> Other	

First Aider: (Print) *John Fahey* Position:.....  
Signature: *John Fahey* Date: *5/10/03* Time: *1:45pm*

White copy for administration  
Pink copy for Doctor/Ambulance  
Blue copy for casualty