



ILLNESS ASSESSMENT RECORD SHEET

KEY POINTS

- ✓ Stop, Think, then Act.
- ✓ Use barriers as appropriate.
- ✓ Use this record sheet in the event that Emergency Medical Services (EMS) is either delayed or unavailable.
- ✓ As you record information on this sheet for EMS, provide measured rates per minute and descriptive terminology.
- ✓ To help guide your assessment, remember that:
 - The average pulse rate for adults is between 60 – 80 beats per minute.
 - Average breathing rate for adults is between 12 and 20 breaths per minute. Patient's who take less than eight breaths per minute, or more than 24 breathes per minute probably need immediate medical care.
 - Average skin temperature is warm and skin should feel dry to the touch.
 - Noticeable skin color changes may indicate heart, lung or circulation problems.

ILLNESS ASSESSMENT

SAMPLE – Signs and Symptoms

1. How do you feel now? _____

2. What were you doing when you began to feel ill? _____

3. When did the first symptoms occur? _____

4. Where were you when the first symptoms occurred? _____

5. Patient's pulse rate _____ (use carotid or radial pulse; count beats for 30 seconds, multiply by two)
6. Describe patient's pulse: Rapid Strong Weak
7. Patient's breathing is: Rapid Slow Labored Wheezing Gasping
8. Patient complains of: Shortness of breath Dizziness/Lightheadedness Chest pain
 Numbness Tingling in arms/legs
9. Patient's respiration rate _____ (count respirations for 30 seconds, multiply by two; avoid telling patient you are counting respirations.)
10. Has the patient been exercising? Yes No
11. Patient's skin is: Warm Hot Cool Clammy Wet Very dry
12. Color of patient's skin is: Pale Ashen Red Blue Yellowish Black and Blue Blotches
(gray)
13. Dark-skinned patient, check for color changes on the nailbeds, lips, gums, tongue, palms, whites of the eye, and ear lobes: Pale Ashen (gray) Red Blue Yellowish Black and Blue Blotches

SAMPLE - Allergies

1. Is the patient allergic to any foods, drugs, airborne matter, etc? Yes No

If so, what is he/patient allergic to? _____

2. Ask the patient if he has ingested or taken anything he may be allergic to: Yes No

SAMPLE - Medications

1. Ask the patient: Do you take medication? Yes No

If yes, what type and name: _____

2. Ask the patient: Did you take your medication today? Yes No

How much did you take and when? _____

3. If possible, collect all medication to give to EMS personnel and/or get name of the doctor who prescribed the medication.

SAMPLE - Preexisting Medical Conditions

1. Ask the patient: Do you have a preexisting medical condition? Yes No

If yes, what type: _____

SAMPLE - Last Meal

1. Ask the patient: Did you eat recently? Yes No

If yes, what did you eat? _____

SAMPLE - Events

1. Ask the patient: What events lead up to your not feeling well? Yes No

If yes, what did you do; what might they be? _____

Additional Responder Notes:

