



## Immediately after primary & secondary surveys:

<b>IS FURTHER AIRWAY INTERVENTION NEEDED?</b> May be needed if: <ul style="list-style-type: none"> <li>• Abnormal level of consciousness (AVPU scale)</li> <li>• Stridor</li> <li>• Respiratory Distress</li> <li>• Hypoxaemia or hypercarbia</li> </ul>	<input type="checkbox"/> YES, DONE <input type="checkbox"/> NO
<b>IS THERE A SEVERE ALLERGIC REACTION?</b> (ADRENALINE NEEDED)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IS THERE A <i>TENSION</i> PNEUMOTHORAX?</b> (NEEDLE/DRAIN NEEDED)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DOES THE PATIENT NEED OXYGEN?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IS THE PULSE OXIMETER PLACED AND FUNCTIONING?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DOES THE PATIENT NEED BRONCHODILATORS?</b> (e.g. salbutamol)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DOES THE PATIENT NEED IV FLUIDS?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ASSESSED FOR ONGOING BLEEDING</b> (including gastrointestinal, vaginal, and other internal):	<input type="checkbox"/> BY EXAM <input type="checkbox"/> NGT <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> CT <input type="checkbox"/> DIAGNOSTIC PERITONEAL LAVAGE
<b>IS TREATMENT FOR HYPOGLYCAEMIA NEEDED?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IS TREATMENT FOR OPIOID OVERDOSE NEEDED?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IS THE PATIENT HYPOTHERMIC/HYPERTHERMIC?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

## When initial resuscitation is complete:

<b>HAVE VITAL SIGNS BEEN RECHECKED?</b>	<input type="checkbox"/> YES
<b>HAS THE PATIENT BEEN GIVEN:</b>	<input type="checkbox"/> ASPIRIN <input type="checkbox"/> ANALGESIC <input type="checkbox"/> TRANSFUSION <input type="checkbox"/> ANTIBIOTICS <input type="checkbox"/> NONE INDICATED
<b>DOES THE PATIENT NEED AN ECG?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PREGNANCY TEST DONE?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NOT INDICATED
<b>HAVE ALL TESTS AND IMAGING BEEN REVIEWED?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO, PLAN IN PLACE
<b>WHICH SERIAL EXAMS ARE NEEDED?</b>	<input type="checkbox"/> NEUROLOGICAL <input type="checkbox"/> ABDOMINAL <input type="checkbox"/> VASCULAR <input type="checkbox"/> RESPIRATORY <input type="checkbox"/> NONE
<b>PLAN OF CARE DISCUSSED WITH:</b>	<input type="checkbox"/> PATIENT/FAMILY <input type="checkbox"/> RECEIVING UNIT <input type="checkbox"/> PRIMARY TEAM <input type="checkbox"/> OTHER SPECIALISTS
<b>RELEVANT EMERGENCY UNIT CHART COMPLETED?</b>	<input type="checkbox"/> YES

\*if intervention is needed but unavailable, respond YES and note missing item, date & time on stockout log sheet.

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预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_24803](https://www.yunbaogao.cn/report/index/report?reportId=5_24803)

