



= YES = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

VITAL SIGNS <input type="checkbox"/> Within normal limits	BP _____ mmHg	Resp Rate _____ min	Pain score ____ /10
	Pulse _____ bpm	SPO2 _____ %	
	Temp _____ °C	<input type="checkbox"/> Air <input type="checkbox"/> NP <input type="checkbox"/> Hudson: ____ /min	
General	<input type="checkbox"/> NOT distressed		
Pain	<input type="checkbox"/> None <input type="checkbox"/> Mild 1-3 <input type="checkbox"/> Moderate 4-7 <input type="checkbox"/> Severe 8-10		
Intoxicated	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate		

EXAMINATION

CVS Warm and well perfused

Pulses Normal

Heart sounds Normal

RESP

Breathing work Normal

Breath sounds Vesicular

Added sounds No Yes:

ABDOMEN

Palpation Soft

Tender No Yes:

C-SPINE

Tender None

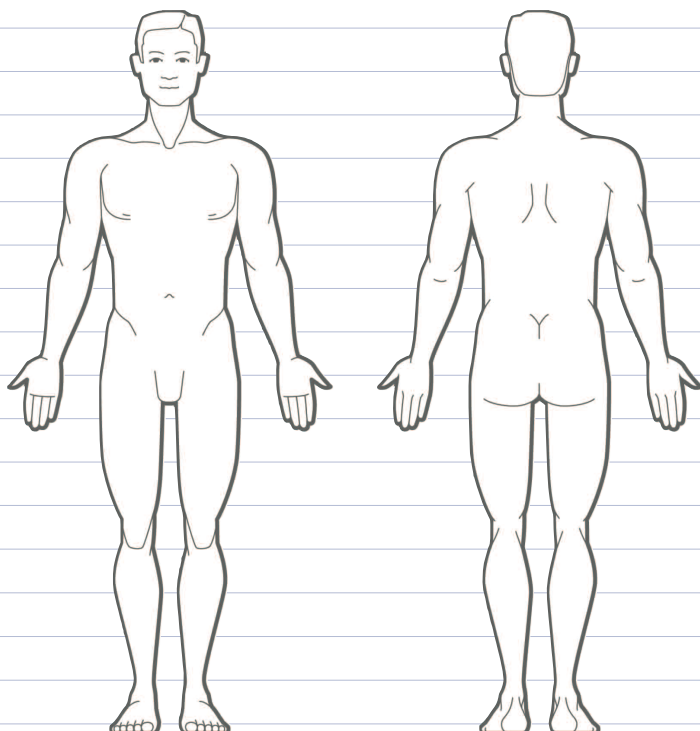
Midline - location:

Range of motion Normal

Limited by pain

Head control Normal

OTHER *Look for other injuries*



P - Pain **T** - Tenderness **C** - Contusion **S** - Skin tear **A** - Abrasion **L** - Laceration **#** - Fracture



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NEURO Abnormal neurology is an indication for imaging, if not done already

GCS /15 E: ___ V: ___ M: ___ Alert Orientated to: time place person

Cranial nerve II Normal vision

PEARL

III, IV, VI FROEM LR6, SO4

V Normal Facial sensation. Motor masseter, temporalis

VII Normal Facial movements

VIII Normal Hearing, Rinne, Weber

IX, X Normal Gag, swallow

XI Normal Shoulder shrug

XII Normal Tongue protrusion

POWER

Right Left

Shoulder abduction

C5

Elbow flexion

C5

Elbow extension

C7

Wrist extension

C6

Grip

C8

Hip Flexion

L2

Knee Extension

L3

Ankle dorsiflexion

L4

Great toe extension

L5

Ankle eversion/plantar flex

S1

Toe flexion

S2

SENSATION

Normal in all dermatomes

If abnormal: mark abnormal areas on the diagram

2 point discrimination Normal

PR EXAMINATION

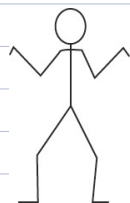
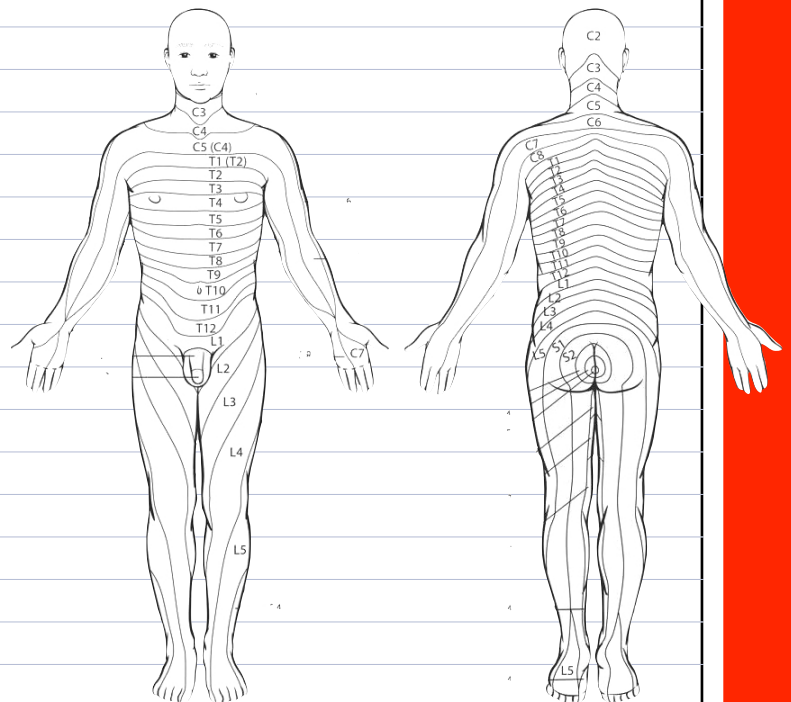
Not performed

- Indications:
- Saddle anesthesia
 - Any abnormal neurology
 - ? Cauda equina
 - Presence of any Red Flags

Perianal sensation Normal

Rectal tone Normal

Performed by Dr: _____



REFLEXES

Plantar reflex ↓ ↑ ↓ ↑

Clonus - + - +

Oxford scale

- 0 No voluntary contraction
- 1 Flicker - no movement
- 2 Movement if gravity eliminated
- 3 Movement against gravity
- 4 Movement against some resistance
- 5 Normal muscle strength
- NT Not testable (e.g due to pain)

- 0 Absent
- ± Reduced
- + Average
- ++ Brisk Normal
- +++ Pathological



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IMAGING *Imaging indications: p2 & 3 pathway document. Refer Minor Head injury BCB if concomitant head injury*

Plain films

CT C-spine

CT head

Other:

Report: Verbal Formal

Films reviewed with Dr: _____

CLINICAL IMPRESSION / NURSING INSTRUCTIONS / DISPOSITION

Diagnosis C-spine sprain

C-spine fracture: Describe

Other

NURSING TASKS

Observations Start Minor Head Injury Bundle also - Abbreviated Westmead please

Location Move to OBS if appropriate

Discharge: C-spine injury advice sheet provided *Discharge criteria & checklist page 3 BCB pathway*

Admit: General Surgery Neurosurgery Dr: _____ time: _____

Clinician Name: _____ Designation: _____ Sign: _____ Contact details: _____

For junior staff: Discussed with Reviewed by SMO: _____