

Format For An Accident Report

Interview

Name, Age, and Sex of the patient

What happened? Try to reconstruct the mechanism of injury.

Chief Complaint: What was bothering the patient the most?

History: SAMPLE

- Signs (observed) and symptoms (described by patient)?
- Allergies: To medications, latex, foods, beestings, pollen, etc.?
- Medications: Prescribed? For what? Last taken?
- Pertinent medical history: Medical problems? Past injuries? Pregnant?
- Last oral intake: Food or drink, including alcohol?
- Events leading up to the emergency: Medical? Environmental? Physical (e.g., fall, collision)?

Physical Exam

- General Appearance: Body position, apparent degree of distress, and apparent level of responsiveness (LOR).
- Vital Signs should include LOR, pulse, respiration, skin signs. Record the results and times, and note any changes.
- Head-To-Toe Exam: What observable signs of injuries or medical problems did you find? What pain or discomfort did the patient describe or express with body language?
- Treatment: Briefly report what you did.

Writing the Report

Organize what you observed and were told into the above categories. Avoid narrative and blow-by-blow description. Don't diagnose. A factual, well-organized written report will help the people who take over the patient to provide good care. It will also document the patient's condition when found and what you did, in case there is any legal question later about the care. Even if you use an accident report form, you should be able to organize the information in your mind before recording it. Then your focus will be on the patient, and not on just filling in the blanks. Your oral report when handing over care of the patient to a medical professional should be a one-minute summary of what that person needs to know to transport or triage the patient.