REFERENCE CARD FOR WHO EMERGENCY UNIT FORM: GENERAL

DATES/TIMES: Do not leave dates/times blank. Where unknown, write UNK

MASS CASUALTY: Check box if patient part of a mass casualty event

AGE: If age unknown, circle category: IN (infant) if appears <1 year of age, CH (child) if 1-18 years, or AD (adult)

OCCUPATION: Be as specific as possible (eg. farm laborer or farm manager instead of farming)

PATIENT RESIDENCE: Note if homeless, migrant worker, other

CHIEF COMPLAINT: Always in the patient’s own words

DEAD ON ARRIVAL: Use ONLY if NO signs of life on arrival

NORMAL VITAL SIGNS – FOR ALL: SpO2 >92% on RA, Temp 36°C - 38°C

Paediatric:

<table>
<thead>
<tr>
<th>AGE</th>
<th>RESPIRATORY RATE</th>
<th>AGE</th>
<th>PULSE RATE RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2 months</td>
<td>40-60 breaths per minute</td>
<td>0-1</td>
<td>100-160</td>
</tr>
<tr>
<td>2-11 months</td>
<td>25-50 breaths per minute</td>
<td>1-3</td>
<td>90-150</td>
</tr>
<tr>
<td>1-5 years</td>
<td>20-40 breaths per minute</td>
<td>3-6</td>
<td>80-140</td>
</tr>
</tbody>
</table>

Adult: Pulse 60-100 bpm, RR 10-20, SPB >90

Pain score: Ask the patient to choose the face that best represents the pain they are experiencing.

TREATING PROVIDER ASSESSMENT Date and time of first assessment of patient by medical provider at current facility

Primary Survey

Airway: Normal (NML)
• Patent (speaking normally)
• No signs of obstruction, stridor or angioedema
• OPA/NPA=oro-/naso-pharyngeal airway • LMA=laryngeal mask airway • BVM= bag valve mask • ETT=endotracheal tube • TTP=tenderness to palpation

Breathing: NML
• Effort normal
• Sounds clear
• Abnormal
• Distant breath sounds • Crepitation • Rhonchi • Wheezing • Enter N/A for spontaneous RR if sedated, paralyzed or on ventilator

Access: Document location (loc) and size
• NC= nasal cannula • NRB=non-rebreather mask • BVM= bag valve mask • CPAP/BiPAP=continuous or bi-level positive airway pressure
• Ventilator=mechanical ventilation

Circulation: NML
• Warm & dry
• Pulse strong & symmetric (upper & lower extremities)
• Abnormal
• JVD (jugular venous distention)
• Prolonged capillary refill (>3 sec)

Blood glucose (RBG): Normal >3.5 mmol/L
• Antiepileptic (eg. diazepam, phenytoin, etc.)
• Others: list (eg. sedation medications for agitation, antihypertensives for hypertensive emergency, etc.)

Disability: NML
• Alert (A) • Oriented to person/place/time
• Moves all extremities
• Abnormal
• Responds only to Verbal (V), Pain (P), or is Unconscious (U)
• Motor or sensory deficit (note location)

• Pupil Size: normal, large, or pinpoint

• Pupil Reactivity: Reactive (NML/brisk), slow, fixed, nonreactive (NR)

• General: Fever, chills, night sweats, fatigue, weight loss

• Head/Ears/Eyes/Nose/Throat (HEENT): Vision changes, discharge (eye/ear), pain (eye/ear), nose bleeds, mucosal lesions, difficulty swallowing, drooling, sore throat, dental problem, facial swelling

• Respiratory: Difficulty breathing, cough, sputum production, bloody sputum, wheezing

• Cardiovascular (CV): Chest pain, chest tightness, palpitations, orthopnea, edema

• Gastrointestinal (GI): Anorexia, abdominal pain, nausea, vomiting, vomiting blood, diarrhea, blood in stool, black/tarry stool

• Genitourinary: Urination (difficulty, pain, frequency, blood), incontinence, flank pain, genital lesions

• Female Reproductive: Vaginal bleeding, vaginal discharge, abnormal menses, pelvic pain

• If pregnant – Decreased fetal movement, contractions, leakage of fluid

• Male Reproductive: Penile discharge, testicular pain, penile pain, priapism

• Skin: Rash, itching, jaundice, ulcers

• Musculoskeletal (MSK): Myalgia, joint pain/swelling

• Hematologic (Heme): Lymphadenopathy, easy bruising

• Neurologic (Neuro): Headache, syncope, focal weakness, numbness, dizziness, lightheadedness, speech problems, balance problems

• Psychiatric: Hallucination, agitation, homicidal thoughts, suicidal thoughts, depression, anxiety

• Pediatric specific: Unable to feed, decreased activity, decreased urine, vomiting everything, convulsions, excessive irritability

• REVIEW OF SYSTEMS (If patients do not have any of these symptoms, mark NML)

***NOTE: if more than one calendar is used in your setting by clinical providers and recorded as such on this form, all dates must be converted to Gregorian calendar and times converted to 24-hour format by data clerk before it is entered into registry.***

To be used as a reference for completing the general emergency unit form.

www.who.int/emergencycare
Past Medical History
• DM • COPD • HTN • Psych • Renal disease • Other (list conditions not noted, eg. heart disease, stroke, asthma, sickle cell, active cancer, HIV/AIDS)

Medication: include anticoagulants, rx medications, traditional medicines, herbs and supplements

Normal Exam
Checklist Completion

Disposition
Reassessment:

Assessment and Plan

Interpret Diagnostics

Interventions

UPT: Urine pregnancy test
ECG: Electrocardiogram

Other: List study name (eg. lactate, amylase, lipase, PT/INR, PTT, CK, CK MB, cultures [blood, CSF or urine]) and result
Imaging: Specify type (XR, CT, U/S), location and results. If study needed but not available, write this in other.

Asessment and Plan

Consult

Reassessment:

Disposition

Checklist Completion: Use WHO medical emergency checklist to verify tasks have been completed.

Diagnosis: List all diagnoses

Admit or Transfer: Write the name of the accepting provider for all handovers.

Discharge: Confirm that plan including follow-up care was discussed with the patient.

Death: Specify cause of death, but DO NOT WRITE cardiac or respiratory failure/arrest. Instead, use precise terms such as “pneumonia” or “organophosphate poisoning” or “suicide.”

Document all providers engaged in the patient’s care including through shift handovers.

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