



**Ambulance Service of New South Wales**

LEVEL 1 2 3 4 5  
REGION 80

**TREATMENT REPORT**

DATE 23/12/93	JULIAN	CASE NUMBER 4015	PATIENT OF 11	SEX M	AGE 25
CALL TYPE CA	AUTHORITY CALL	STATION NUMBER C920	RADIO NUMBER 438	RESPONSE 1	CATEGORY T10
TIME BOOKED 0326	TIME OUT 0331	LOCATION 0335	DEPART 0350	DESTINATION 0354	CLEAR

CODE T	TITLE MIA	<b>1116</b>	CODE AT M/F <b>1116</b>	CODE 970	STRETCHER S
[REDACTED] MOSMAN				CODE 2088	WALKING W
					W/CHAIR C

<input type="checkbox"/> W/COMP	<input type="checkbox"/> 3RD PARTY	DEBTOR DETAILS				
CHGE CODE A.	AMOUNT	CHGE KM	CODE	TITLE	SURNAME/BUSINESS	INITIALS
PENSION NUMBER/WARRANT NUMBER		ADDRESS			CODE	
OCCUPATION		EMPLOYED BY				
ODO IN	FROM BROUGHAM ST			TO ST VINCENTS		
ODO OUT	271			CODE	CODE	
TRIP KM	NOLLICOMOLOO. 2011			HOSPITAL.	A.2.20	

**HISTORY** [State chief complaint first] HEADACHE (FRONTAL REG) CH PERSON ASSAULTED. OIA OF SITTING ON CURB WITH BYSTANDER. BYSTANDERS STATE PT FOUND 10 MIN BEFORE OIA ASSAULTED & DEPRESSED LOC. PT STATES ASSAULTED BY UNKNOWN NO OF ASSAILENTS NOT KNOWN WHAT TIME, DIFFICULTY IN REMEMBERING EVENTS. OIA PT WELL PREPARED, HOLE (LACERATION) TO (L) EYE-BROW, HEADACHE TO FRONTAL REGION OF HEAD, PAIN TO (L) HIGH JAW (N.A.D), NIL OTHER INJURIES DETECTED. PT ORIENTATED TO PLACE & TIME ONLY. PT STABLE EN ROUTE.

<p><b>EXAMINATION</b></p> <p><b>AIRWAY</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Obstructed</p> <p><b>BREATHING</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Shallow <input type="checkbox"/> Deep</p> <p><b>CIRCULATION</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent</p> <p><b>Buccal Mucosa</b> <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Blue <input type="checkbox"/> Pale</p> <p><b>Skin temp.</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cold <input type="checkbox"/> Hot</p> <p><b>Sweating</b> <input checked="" type="checkbox"/> Nil <input type="checkbox"/> Mod. <input type="checkbox"/> Profuse</p> <p><b>Vomiting</b> <input checked="" type="checkbox"/> Nil <input type="checkbox"/> Small <input type="checkbox"/> Large</p> <p><b>Fitting</b> <input checked="" type="checkbox"/> Nil <input type="checkbox"/> Yes Number</p> <p><b>Burns</b> <input type="checkbox"/> Nil <input type="checkbox"/> Superficial % <input type="checkbox"/> Deep %</p> <p><b>Blood Loss (External)</b> <input type="checkbox"/> Nil <input checked="" type="checkbox"/> Under 500ml <input type="checkbox"/> Over 500ml</p> <p>Site: (L) EYE-BROW.</p>	<p><b>INJURIES</b></p>	<p>Specific observations <input type="checkbox"/> Nil</p> <p>Breath Sounds N.A.D.</p> <p>X Position of Patient → Point of Impact ■ Damaged Area</p> <p>Seat Belt Not/Worn</p> <p>Estimated Impact Speed High Medium Low</p> <p>ROAD USER: 1 Driver 2 Passenger 3 Motorcyclist &amp; Pillions 4 Pedal Cyclist 5 Pedestrian 6 Others</p>
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HOSPITAL COPY

[REDACTED]	S Score
[REDACTED]	IS
[REDACTED]	IS
[REDACTED]	D

Eye Response	Post Motor Response	Verbal Response
[REDACTED]	[REDACTED]	[REDACTED]
Difference Between Total Score ±		TABLE: 14⇒15=5 11⇒13=4 8⇒10=3 5⇒7=2 3⇒4=1