Government of Nepal
Ministry of Health and Population

☐ MASS CASUALTY

EMERGENCY UNIT FORM: GENERAL

[Place Sticker] or Hospital Registration Number: _____
Patient Surname: _____ Patient First Name: _____
Age: _____ (If unavailable, circle: Infant / Child / Adult)
Sex: ☐ Male ☐ Female ☐ Other: _____
Date: _____ Time of Arrival: _____
Address: District: _____ Palika: _____
Ward: _____ Phone: _____

Arrival Mode:
☐ Ambulance ☐ Car/Truck (circle Private or Taxi)
☐ Motorized 2/3-wheeler (circle Private or Rickshaw)
☐ Public Transport ☐ Walk ☐ Other: _____

Number of prior facilities: Referred from:

Occupation: _____ ☐ Unknown
Patient Ethnic Code: _____ ☐ Unknown

Ambulatory? ☐ Yes ☐ No (If no, ☐ Acute ☐ Chronic)
Day to day activities limited by health problem or disability including old age? ☐ Yes ☐ No
Police Case? ☐ Yes ☐ No Domestic violence ☐ Yes ☐ No

Weight
Kg
☐ Estimated

Contact Person: Phone: Relation:

NIP* Completed ☐ Unknown ☐ No ☐ Yes ☐ Partially completed

Substance Use: ☐ Tobacco ☐ Alcohol ☐ Drugs ☐ IV Drugs ☐ Unknown

Pregnancy ☐ Yes (☐ Verbal ☐ Testing done) ☐ No

Last Menstrual Period: _____ G____P____ ☐ Unknown

CHIEF COMPLAINT:

Allergies: ☐ Unknown

VITALS at ____ ____ : ____ ____(24HR) Temp:_____ BP:_____ /_____ Pulse:_____

RR:_____ SpO_2:_____% on _____ Pain score:_____ / 10

TRIAGE CATEGORY *(circle one)*: **RED YELLOW GREEN**

Triaged for:

☐ **Dead on arrival**

TREATING PROVIDER ASSESSMENT: Date: DD / MM / YY **Time:** __ __ : __ __(24h)

Triaged by Name: _____ **Sign:**_____

PRIMARY SURVEY *(see Reference Card for normal findings, only mark normal if all key elements are normal)*

A irway
☐ Normal

Concerning exam findings
☐ Swelling ☐ Burns
☐ Stridor
☐ Voice changes

Obstructed by
☐ Tongue ☐ Vomit
☐ Blood ☐ Foreign body
☐ Secretion

Interventions:
☐ Repositioning ☐ NPA ☐ ETT
☐ Suction ☐ LMA
☐ OPA ☐ BVM

B reathing
☐ Normal

Spontaneous Respiratory Rate: _____
Chest Rise: ☐ Shallow ☐ Retractions ☐ Paradoxical
Trachea: ☐ Midline ☐ Deviated to ☐ R ☐ L
Breath Sounds: ☐ R_____ ☐ L_____
Cyanosis: ☐ Present ☐ Absence

Interventions: Oxygen: _____ L/m
☐ Nasal ☐ BVM ☐ Surgical Airway
☐ Facemask ☐ CPAP/BIPAP
☐ NRB ☐ Ventilator
Chest tube: ☐ R or ☐ L, Size: _____ Depth: _____ cm
Bronchodilators: ☐ Salbutamol ☐ Others _____

C irculation
☐ Normal

Skin: ☐ Warm ☐ Dry ☐ Cool ☐ Moist ☐ Pale
Capillary refill: ☐ <3 sec or _____ sec
Pulses: ☐ Weak (Feeble) ☐ Asymmetric ☐ Irregular
Jugular Vein Distension: ☐ Yes ☐ No
Heart Sounds: ☐ Normal ☐ Abnormal

Access: ☐ IV ☐ Central-line ☐ Intraosseous
Line 1: Location____ Size____ **Line 2:** Location _____ Size____
Fluids: ☐ IVF:_____ mLs ☐ NS ☐ RL ☐ Other_____
Blood: ☐ Ordered ☐ Given Type/Amount:_____
Medication: ☐ Adrenaline ☐ Others: _____

D isability
☐ Normal

☐ A ☐ V ☐ P ☐ U
☐ **Moves all extremities** or ☐ Deficit: _____
Pupils: Size: ☐ R _____ ☐ L_____, Reactivity: ☐ R ☐ L
Round: ☐ R ☐ L

Blood Glucose:
(Abnormal if <65 mg/dL or >250 mg/dL)

Interventions:
☐ Glucose ☐ Antibiotics
☐ Antidote _____ ☐ Others:
☐ Antiepileptic

E xposure
☐ Normal

☐ Rashes ☐ Bruises
☐ Bite marks ☐ Masses
☐ Snake bite ☐ Other bites
☐ Others _____

F ast

☐ Disease severity informed to family member / contact person

_____ _____
Name of Contact Person Signature

HISTORY OF PRESENT ILLNESS: (Symptoms, time course, exacerbating and alleviating factors, prior episodes & prior interventions, including any primary health care)

(See Reference Card for normal findings. Do NOT mark normal unless all key elements are normal.)

General:	GI:	Musculoskeletal:
HEENT:	Pelvis/GU/Rectal:	Haematologic:
Resp:	Reproductive:	Neuro:
CVS:	Skin:	Psychiatric:

*National Immunization Program

PAST MEDICAL HISTORY:

Past Medical: ☐ None ☐ Unknown
☐ HTN ☐ DM ☐ COPD ☐ Psych ☐ Renal Disease
☐ Other: _____

Past Surgeries (type and date): ☐ None ☐ Unknown
☐ Name of surgery: _____

Medications: ☐ None ☐ Unknown
☐ Medicine Name: _____

Family History: ☐ None ☐ Unknown
☐ HTN ☐ DM ☐ COPD ☐ Psych ☐ Renal Disease
☐ Other: _____

PHYSICAL EXAM: (See Reference Card for normal findings. Please indicate Right or Left if needed.)

☐ Normal	**General**		☐ Normal	**Abdominal**	
☐ Normal	**Neuro/Psych**		☐ Normal	**Pelvis/GU/Rectal**	
☐ Normal	**HEENT**		☐ Normal	**Musculo-skeletal**	
☐ Normal	**Neck**		☐ Normal	**Lymph Node**	
☐ Normal	**Respiratory**		☐ Normal	**Skin**	
☐ Normal	**Cardiac**				

ASSESSMENT AND PLAN

PROVISIONAL DIAGNOSIS:

CONSULTATION (Department/Name):

By: _____ Time ____:____

By: _____ Time ____:____

_____

_____

_____

_____

☐ Procedure: _____ Time ____:____

☐ Procedure: _____ Time ____:____

☐ Procedure: _____ Time ____:____

Investigations

Ordered

☐ CBC ☐ RBS
☐ RFT ☐ LFT
☐ Cardiac Markers
☐ Amylase ☐ Lipase
☐ Blood Group and Type
☐ PT/INR
☐ HIV ☐ HBsAg ☐ HCV ☐ VDBL
☐ Blood C/S
☐ Serum Cholinesterase Level ___
☐ Dengue ☐ COVID-19
☐ Malaria ☐ Kala-azar
☐ Scrub Typhus ☐ ABG
☐ Others: _____

☐ ECG: Rate: ____ Sinus
Rhythm? ☐ Y ☐ N
Ischemia? ☐ Y ☐ N
☐ ECHO
☐ Others: _____

☐ Urine RE/ME ☐ Urine C/S
☐ Urine Pregnancy Test ☐ Urine Acetone
☐ Others: _____

☐ C-Spine: X-ray ☐ Chest X-ray
☐ Others: _____

☐ USG _____

☐ CT Scan _____

☐ MRI _____

MEDICATIONS

SN	Drugs	Dose and Route	Time	Given by (Full Name)	Signature
1					
2					
3					
4					
5					
6					
7					
8					

REASSESSMENT Temp: _____ Pulse: _____ BP:_____ /_____ RR: _____ SpO_2: _____% Time: ___ : ___ (24HR)

Condition: ☐ Same ☐ Changes: _____ Checklist Completed: ☐ Yes ☐ No

Diagnoses/Impressions (list all):

_____

_____

_____

Admit to: ☐ Ward _____ ☐ ICU ☐ OT

☐ **Transfer to:** _____

☐ **Discharge:** Plan discussed with patient/family ☐ Yes ☐ No

☐ Advice on Discharge _____

☐ Discharge on Request ☐ Discharge Medication

☐ Left without being seen or before treatment complete

☐ Died of (specify cause - NOT cardiopulmonary arrest): _____

☐ LAMA

Handover to: _____

Vitals at Disposition: Date: YYYY / MM / DD Time: ___ : ___ (24HR) Temp:_____ Pulse:_____ BP:_____ /_____ RR:_____ SpO_2:_____%

Emergency Unit Provider Name/Title (include handovers)	NMC/NHPC/NNC Council Number	Signature and Date
1.	1.	1.
2.	2.	2.

Government of Nepal
Ministry of Health and Population

☐ MASS CASUALTY

EMERGENCY UNIT FORM: TRAUMA

[Place Sticker] or Hospital Registration Number: _____ Patient Surname: _____ Patient First Name: _____ Age: _____ (If unavailable, circle: Infant / Child / Adult) Sex: ☐ Male ☐ Female ☐ Other: _____ Date: _____ Time of Arrival: _____ Address: District: _____ Palika: _____ Ward: _____ Phone: _____	**Date:** DD / MM / YY **Arrival Mode:** ☐ Ambulance ☐ Car/Truck (circle Private / Taxi) ☐ Motorized 2/3-wheeler (circle Private/Taxi) ☐ Public Transport ☐ Walk ☐ Other: _____	**Time:** __ __ : __ __(24HR) **Residence** (Address or City/Sub-district): ☐ Unknown **Injury Location** (Sub-district): ☐ Unknown
Patient defined racial and ethnic identity:		
Occupation:	Safe at home? ☐ Yes ☐ No	Weight: _____ kg
Contact Person:	Phone:	Relation:
Vaccinations up to date: ☐ Unknown ☐ No ☐ Yes ☐ Incomplete	Substance Use: ☐ Tobacco ☐ Alcohol ☐ Drugs ☐ IV Drugs ☐ Unknown	
Pregnancy ☐ Yes (☐ Verbal ☐ Testing done) ☐ No	Last Menstrual Cycle: _____ G_____P_____ ☐ Unknown	
Chief Complaint:	Allergies: ☐ Unknown	

VITALS at ____ ____ : ____ ____(24HR) Temp:_____ BP:_____ /_____ Pulse:_____

RR:_____ SpO_2:_____% on _____ Pain score:_____ / 10

TRIAGE CATEGORY *(circle one)*: **RED YELLOW GREEN**	**Triaged for:**	☐ **Dead on arrival**
TREATING PROVIDER ASSESSMENT: Date: DD / MM / YY **Time:** __ __ : __ __(24h)	**Triaged by Name:** _____ **Sign:**_____	

PRIMARY SURVEY *(see Reference Card for normal findings, only mark normal if all key elements are normal)*

A irway

☐ Normal

Concerning exam findings
☐ Swelling
☐ Stridor
☐ Voice changes
☐ Burns

Obstructed by
☐ Tongue
☐ Blood
☐ Secretion
☐ Vomit
☐ Foreign body

Interventions:
☐ Repositioning ☐ OPA ☐ LMA ☐ ETT
☐ Suction ☐ NPA ☐ BVM

Spine Stabilized:
☐ Done before arrival
☐ Done in EU
☐ Not needed (not altered, no pain or TTP, no neuro deficit, no distracting injury)

B reathing

☐ Normal

Spontaneous Respiratory Rate: _____
Chest Rise: ☐ Shallow ☐ Retractions ☐ Paradoxical
Trachea: ☐ Midline ☐ Deviated to ☐ R ☐ L
Breath Sounds: ☐ R_____ ☐ L_____
Cyanosis: ☐ Present ☐ Absence

Interventions: Oxygen: ____ L/m
☐ Nasal ☐ BVM ☐ Surgical Airway
☐ Facemask ☐ CPAP/BIPAP
☐ NRB ☐ Ventilator
Chest tube: ☐ R - Size: _____ Depth: _____ cm
☐ L - Size: _____ Depth: _____ cm

C irculation

☐ Normal

Skin: ☐ Warm ☐ Dry ☐ Cool ☐ Moist ☐ Pale
Capillary refill: ☐ <3 sec or _____ sec
Pulses: ☐ Weak (Feeble) ☐ Asymmetric ☐ Irregular
Jugular Vein Distension: ☐ Yes ☐ No
Unstable Pelvis: ☐ Yes ☐ No

Bleeding Controlled: ☐ Direct Pressure ☐ Bandage ☐ Tourniquet
Access: ☐ IV ☐ Central-line ☐ Intraosseous
Line 1: Location _____ Size ____ **Line 2:** Location _____ Size ____
Fluids: ☐ IVF:_____ mLs ☐ NS ☐ LR ☐ Other _____
Blood: ☐ Ordered ☐ Given Type/Amount: _____
Pelvis Stabilized: ☐ Yes ☐ Not Indicated

D isability

☐ Normal

Responsiveness: ☐ A ☐ V ☐ P ☐ U
GCS: ___ (E___ V___ M___)
Moves Extremities: ☐ RUE ☐ LUE ☐ RLE ☐ LLE
Pupils: Size: R ____ L ____, Reactivity: ☐ R ☐ L

Blood Glucose:
(Abnormal if <65 mg/dL)

Interventions:
☐ Glucose ☐ Raise head of bed
☐ Antidote ☐ Other:_____
☐ Antiepileptic

E xposure

☐ Normal

☐ Rashes ☐ Bruises
☐ Blister ☐ Masses
☐ Bite marks ☐ Others _____

Peritoneum: ☐ Negative ☐ Indeterminate
☐ Free Fluid _____
Chest: ☐ Negative ☐ Indeterminate
☐ Pneumothorax (R/L) ☐ Pleural fluid (R/L)
☐ Pericardial effusion

☐ Disease severity informed to family member / contact person

_____ _____
Name of Contact Person Signature

F ast

☐ Not Indicated
☐ Not Available

*National Immunization Program

HISTORY OF PRESENT ILLNESS:

Date of Injury: DD / MM / YY Time: ___ ___ :___ ___ (24h)

Place of injury: _____ ☐ Unknown ☐ Allergy
Activity at time of injury: _____ ☐ Unknown
Mechanism of injury:
☐ Road traffic incident: ☐ Driver ☐ Passenger ☐ Pedestrian
Patient vehicle: _____ Impacted with: _____
☐ Airbag ☐ Seat belt ☐ Helmet ☐ Extricated ☐ Ejected
☐ Fall from: _____ ☐ Hit by falling object: _____
☐ Stab/Cut ☐ Gunshot ☐ Sexual Assault
☐ Other blunt force trauma: _____
☐ Suffocation, choking, hanging
☐ Drowning: _____ with life vest: yes / no
☐ Burn caused by: _____
☐ Poisoning/Toxic Exposure: _____
☐ Animal attack ☐ Unknown

First care sought:
Prehospital care: ☐ None ☐ Layperson ☐ Healthcare professional
Prehospital care given: _____
Details: ☐ Loss of consciousness: <5 min / 5-29 min / 30min-24 hr
☐ Head trauma ☐ Neck trauma ☐ Other: _____
Intent: ☐ Unintentional/accidental ☐ Intentional: ☐ Self Harm or ☐ Assault
(Assaulted by: _____) ☐ Legal process/political unrest/war
☐ Unknown
Hours since last meal: _____ hrs ☐ Unknown
Substance use within 6 hrs of injury: ☐ Unknown ☐ None ☐ Reported
☐ Evidence ☐ Alcohol ☐ Other Substance: _____

PAST MEDICATION HISTORY:

Past Medical:
☐ None ☐ Unknown ☐ HTN
☐ DM ☐ COPD ☐ Psych
☐ Renal Disease
☐ Other: _____

Past Surgeries (type & date):
☐ None ☐ Unknown
☐ Name of surgery:_____

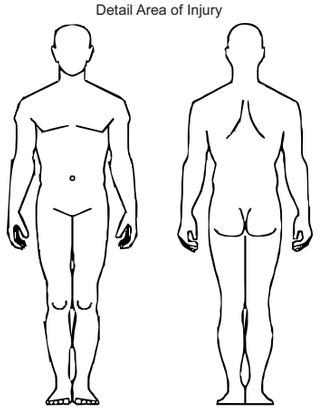
Medications:
☐ None ☐ Unknown
☐ Medicine Name: _____

Family History:
☐ None ☐ Unknown ☐ HTN
☐ DM ☐ COPD ☐ Psych
☐ Renal Disease
☐ Other: _____

PHYSICAL EXAM/ SECONDARY SURVEY: (See Reference Card for normal findings. Please indicate R or L if needed.)

☐ Normal	**General**	
☐ Normal	**Neuro/Psych**	
☐ Normal	**HEENT**	
☐ Normal	**Neck**	
☐ Normal	**Respiratory**	
☐ Normal	**Cardiac**	
☐ Normal	**Abdominal**	
☐ Normal	**Pelvis/GU/Rectal**	
☐ Normal	**Musculo-skeletal**	
☐ Normal	**Limbs**	
☐ Normal	**Skin**	
☐ Normal	**Others**	

Detail Area of Injury



ASSESSMENT AND PLAN

PROVISIONAL DIAGNOSIS:

CONSULTATION (Department/Name):

By: _____ Time ____:____

By: _____ Time ____:____

_____

_____

_____

_____

☐ Procedure: _____ Time ____:____

☐ Procedure: _____ Time ____:____

☐ Procedure: _____ Time ____:____

Investigations

Ordered

☐ CBC ☐ RBS
☐ RFT ☐ LFT
☐ Cardiac Markers
☐ Amylase ☐ Lipase
☐ Blood Group and Type
☐ PT/INR
☐ HIV ☐ HBsAg ☐ HCV ☐ VDBL
☐ Blood C/S
☐ Serum Cholinesterase Level ___
☐ Dengue ☐ COVID-19
☐ Malaria ☐ Kala-azar
☐ Scrub Typhus ☐ ABG
☐ Others: _____

☐ ECG: Rate: _____ Sinus
Rhythm? ☐ Y ☐ N
Ischemia? ☐ Y ☐ N
☐ ECHO
☐ Others: _____

☐ Urine RE/ME ☐ Urine C/S
☐ Urine Pregnancy Test ☐ Urine Acetone
☐ Others: _____

☐ C-Spine: X-ray ☐ Chest X-ray
☐ Others: _____

☐ USG _____

☐ CT Scan _____

☐ MRI _____

MEDICATION:

SN	Drugs	Dose and Route	Time	Given by	Signature
1					
2					
3					
4					
5					
6					
7					
8					

REASSESSMENT at __ __ : __ __(24h) Temp:_____ Pulse:_____ BP:_____ /_____ RR:_____ SpO_2:_____% Time: ___ : ___ (24HR)
Condition: ☐ Same ☐ Changes: _____ Checklist Completed: ☐ Yes ☐ No

Diagnoses/Impressions (list all):
_____

Admit to: ☐ Ward _____ ☐ ICU ☐ OT
☐ **Transfer to:** _____
☐ **Discharge:** Plan discussed with patient/family ☐ Yes ☐ No

☐ Advice on Discharge _____
☐ Discharge on Request ☐ Discharge Medication

☐ Left without being seen or before treatment complete ☐ LAMA
☐ Died of (specify cause - NOT cardiopulmonary arrest): _____

Handover to: _____

Vitals at Disposition: Date: YYYY / MM / DD Time: ___ : ___ (24HR) Temp:_____ Pulse:_____ BP:_____ /_____ RR:_____ SpO_2:_____%

Emergency Unit Provider Name/Title (include handovers)	NMC/NHPC/NNC Council Number	Signature and Date
1.	1.	1.
2.	2.	2.

Government of Nepal
Ministry of Health and Population

INTERAGENCY INTEGRATED TRIAGE TOOL FOR NEPAL: AGE <12

Does the patient have any RED signs?

•Unresponsive

AIRWAY AND BREATHING
•Stridor
•Respiratory distress* central cyanosis

•CIRCULATION
•Capillary refill >3 sec
•Weak(feeble) and fast pulse
•Heavy bleeding
•Cold extremities
•Any two of:
ŸLethargy ŸVery slow skin pinch
ŸSunken eyes ŸDrinks poorly

DISABILITY
•Acute convulsions
•Hypoglycaemia
•Altered mental status (confused, restless, continuously irritable or lethargic) with stiff neck, hyothermia or fever

OTHER
•Any infant <8 days old
•Age <2 months and temp <96.8 or >102.2°F
•High-risk trauma*
•Threatened limb*
•Acute testicular/scrotal pain or priapism
•Snake bite
•Poisoning/ingestion or dangerous chemical exposure*
•Pregnant with adult red criteria

YES

This is an EMERGENCY case
•Categorize as RED patient
•Move to Resuscitation Area or RED area
•Initiate first line management within 10 minutes

NO

Does the patient have any YELLOW signs?

AIRWAY AND BREATHING
•Acute onset of any swelling/mass of mouth, throat or neck
•Wheezing (no red criteria)

CIRCULATION
•Unable to feed or drink
•Vomits everything
•Ongoing diarrhoea/dehydration (no red criteria)
•Severe pallor (no red criteria)

DISABILITY
•Restless, continuously irritable or lethargy
•Severe pain (no red criteria)

OTHER
•Any infant 8 days to 6 months old
•Malnutrition with visible severe wasting OR oedema of both feet
•Trauma/ burns (no red criteria)
•Sexual assault (Inform OCMC)
•Known diagnosis requiring urgent surgical intervention
•New rash worsening over hours or peeling (no red criteria) or blister
•Exposure requiring time-sensitive prophylaxis (eg. animal bite)
•Pregnancy (no red criteria)
•Headache (no red criteria)

YES

This is an URGENT case
•Categorize as YELLOW patient
•Move to YELLOW area
•Initiate first line management within 30 minutes

NO

Did the patient arrive dead BLACK?

Move to mortuary. Notify police as required. Fill in necessary documentation.

CONFIRMATION OF DEATH:
- ECG Flat (No cardiac activity)
- Absence of all vitals
- Dilated and fixed pupil
- Absence of corneal reflex

Check for high-risk vital signs

Temperature (T) <96.8 or >102.2°F

Oxygen Saturation (SpO_2) <92%

AVPU other than A

RR	<1 year	1-4 years	5-12 years	
High	50	40	30	/min
Low	25	20	10	
HR	**<1 year**	**1-4 years**	**5-12 years**	
High	180	160	140	/min
Low	<90	<80	<70	

Does the patient have any high-risk vital signs?

YES

This is an NON-URGENT case
•Categorize as GREEN Patient
•Move to GREEN area or OPD
•Initiate first line management within 3 hours*

NO

*Or according to local time targets

***High-Risk Trauma Criteria**

General Trauma	Road Traffic	Major Burns	Threatened Limb
▪ Fall from twice person's height ▪ Penetrating trauma excluding distal to knee/elbow with bleeding controlled ▪ Crush injury ▪ Polytrauma (injuries in multiple body areas) ▪ Patient with bleeding disorder or on anticoagulation ▪ Pregnant	▪ High speed motor vehicle crash ▪ Pedestrian or cyclist hit by vehicle ▪ Other person in same vehicle died at scene ▪ Motor vehicle crash without a seatbelt ▪ Trapped or thrown from vehicle (including motorcycle)	(the below criteria refer to partial or full thickness burns) ▪ Greater than 15% body surface area ▪ Circumferential or involving face or neck ▪ Inhalation Injury ▪ Any burn in age <2 or age> 70	A patient presenting with a limb that is: ▪ Pulseless OR ▪ Painful and one of the following: pale, weak, numb, or with ▪ massive swelling after trauma.

Other High-Risk Criteria

Signs of Respiratory Distress		Ingestion/exposure	Acute general weakness means
Adult ▪ Very fast or very slow breathing ▪ Inability to talk or walk unaided ▪ Confused, sleepy or agitated ▪ Accessory muscle use (neck, intercostal, abdominal)	***Child*** ▪ Very fast breathing ▪ Inability to talk, eat or breastfeed ▪ Nasal flaring, grunting ▪ Accessory muscle use (e.g., head nodding, chest indrawing)	Use of clinical signs alone may not identify all those who need time-dependent intervention. Patients with high risk ingestion or exposure should initially be up-triaged to Red for early clinical assessment.	▪ Sudden unable to move limbs ▪ Gradual unable to move lower limbs

Adapted for Nepal, Developed by the World Health Organization, The International Committee of the Red Cross and Médicine Sans Frontiérs

Government of Nepal
Ministry of Health and Population

INTERAGENCY INTEGRATED TRIAGE TOOL FOR NEPAL: AGE ≥ 12

Does the patient have any RED signs?

•Unresponsive

AIRWAY AND BREATHING
•Stridor
•Respiratory distress* central cyanosis

CIRCULATION
•Capillary refill > 3 sec
•Weak (feeble) and fast pulse
•Heavy Bleeding
•HR < 50 or > 150/min
•SBP ≥ 180 or DBP ≥ 110

DISABILITY
•Hypoglycaemia
•Acute convulsions
•Acute focal neurologic complaint
•Any two of : ŸAltered mental status
ŸStiff neck
ŸHypothermia or fever
ŸHeadache

OTHER
•High-risk trauma*
•Poisoning/ingestion or dangerous chemical exposure*
•Threatened limb*
•Severe acute chest or abdominal pain (> 50 years)
•ECG with acute ischaemia
•Violent or Aggressive
•Snake Bite

PREGNANT WITH ANY OF
•Heavy bleeding
•Severe abdominal pain
•Seizures or altered mental status
•Severe headache
•Visual changes
•SBP ≥ 160 or DBP ≥ 110
•Active labour
•Trauma

YES

This is an EMERGENCY case
•Categorize as RED patient
•Move to Resuscitation Area or RED area
•Initiate first line management within 10 minutes

NO

Does the patient have any YELLOW signs?

AIRWAY AND BREATHING
•Acute onset of any swelling/mass of mouth, throat or neck
•Wheezing (no red criteria)

CIRCULATION
•Vomits everything or severe or ongoing diarrhoea
•Unable to feed or drink
•Severe pallor (no red criteria)
•Ongoing bleeding (no red criteria)
•Recent fainting (Syncope)

DISABILITY
•Altered mental status or agitation (no red criteria)
•Acute general weakness
•Acute visual disturbance
•Severe pain (no red criteria)

OTHER
•New rash worsening over hours or peeling (no red criteria)
•Visible acute limb deformity
•Open fracture
•Suspected dislocation
•Other trauma/burns (no red criteria)
•Known diagnosis requiring urgent surgical intervention
•Sexual assault (Inform to OCMC)
•Acute testicular/scrotal pain or priapism (Move to Red)
•Unable to pass urine
•Exposure requiring time-sensitive prophylaxis (eg. animal bite, needlestick)
•Pregnancy, referred for complications (no red criteria)

YES

This is an URGENT case
•Categorize as YELLOW patient
•Move to YELLOW area
•Initiate first line management within 30 minutes

NO

Did the patient arrive dead BLACK?

Move to mortuary. Notify police as required. Fill in necessary documentation.

CONFIRMATION OF DEATH:
- ECG flat (No cardiac activity)
- Absence of all vitals
- Dilated and fixed pupil bilaterally
- Absence of corneal reflex

Check for high-risk vital signs

Heart rate (HR) < 60 or > 130 /min

Respiratory Rate (RR) < 10 or > 24 /min

Temperature (T) <96.8 or >102.2°F

Oxygen Saturation (SpO2) < 92%

Alert, **V**erbal, **P**ain, **U**nresponsive other than A

Systolic Blood Pressure (BP) < 90 or > 180 mmHG OR Diastolic Blood Pressure > 100

Does the patient have any high-risk vital signs?

YES

This is an NON-URGENT case
•Categorize as GREEN Patient
•Move to GREEN area or OPD
•Initiate first line management within 3 hours*

NO

*Or according to local time targets

*High-Risk Trauma Criteria

General Trauma	Road Traffic	Major Burns	Threatened Limb
▪ Fall from twice person's height ▪ Penetrating trauma excluding distal to knee/elbow with bleeding controlled ▪ Crush injury ▪ Polytrauma (injuries in multiple body areas) ▪ Patient with bleeding disorder or on anticoagulation ▪ Pregnant	▪ High speed motor vehicle crash ▪ Pedestrian or cyclist hit by vehicle ▪ Other person in same vehicle died at scene ▪ Motor vehicle crash without a seatbelt ▪ Trapped or thrown from vehicle (including motorcycle)	(the below criteria refer to partial or full thickness burns) ▪ Greater than 15% body surface area ▪ Circumferential or involving face or neck ▪ Inhalation Injury ▪ Any burn in age <2 or age> 70	A patient presenting with a limb that is: ▪ Pulseless OR ▪ Painful and one of the following: pale, weak, numb, or with ▪ massive swelling after trauma.

Other High-Risk Criteria

Signs of Respiratory Distress		Ingestion/exposure	Acute general weakness means
Adult ▪ Very fast or very slow breathing ▪ Inability to talk or walk unaided ▪ Confused, sleepy or agitated ▪ Accessory muscle use (neck, intercostal, abdominal)	***Child*** ▪ Very fast breathing ▪ Inability to talk, eat or breastfeed ▪ Nasal flaring, grunting ▪ Accessory muscle use (e.g., head nodding, chest indrawing)	Use of clinical signs alone may not identify all those who need time-dependent intervention. Patients with high risk ingestion or exposure should initially be up-triaged to Red for early clinical assessment.	▪ Sudden unable to move limbs ▪ Gradual unable to move lower limbs

Adapted for Nepal, Developed by the World Health Organization, The International Committee of the Red Cross and Médicine Sans Frontiérs

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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)		
SEX	: Biological sex, differs from patient defined Gender category		
OCCUPATION	: Be as specific as possible (eg. farm laborer or farm manager instead of farming)		
PATIENT RESIDENCE	: Note if homeless, migrant worker, other	**RACE/ ETHNICITY:** In the patient's own words	
DISABILITY	: Any developmental, physical or intellectual problem that impacts the patient's ability to perform activities independently		
NIP COMPLETED	: National Immunization Program	**SAFE AT HOME:** Ask about violence in the home	
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

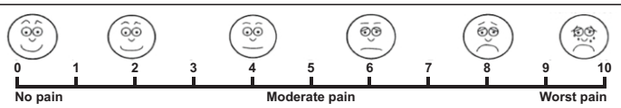
Paediatric:

AGE	RESPIRATORY RATE
<2 months	40-60 breaths per minute
2-11 months	25-50 breaths per minute
1-5 years	20-40 breaths per minute

AGE	PULSE RATE RANGE
0-1	100-160
1-3	90-150
3-6	80-140

Adult:
Pulse 60-100 bpm, RR 10-20, SPB >90
*Record O2 saturation and amount/route of O2, eg. 94% on 2L by NC

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)*
- Patient (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: *Normal (NML)*
- Effort normal
- Sounds clear

Abnormal
- Distant breath sounds
- Crepitation Rhonchi
- Wheezing
- Enter N/A for spontaneous RR if sedated, paralyzed or on ventilator

- NC=nasal cannula
- NRB=non-rebreather mask
- BVM=bag valve mask
- CPAP/BiPAP=continuous or bi-level positive airway pressure
- Ventilator=mechanical ventilation

Circulation: *Normal (NML)*
- Warm & dry
- Pulse strong & symmetric (upper & lower extremities)

Abnormal
- JVD (jugular venous distention)
- Prolonged capillary refill (>3 sec)

Access: Document location (loc) and size
- IV=peripheral intravenous
- CVL=central venous line
- IO=intraosseous
- IVF (intravenous fluids):
- NS=normal saline)
- LR=Lactated Ringer's
- Other (write name)

- **Disability:** *Normal (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)

- Blood glucose (RBG): Abnormal if <65 mg/dL or >250 mg/dL
- Antiepileptic (eg. diazepam, phenytoin, etc.)
- Others: list (eg. sedation medications for agitation, antihypertensives for hypertensive emergency, etc.)

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

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 (CVS):
Chest pain, chest tightness, palpitations, orthopnea, edema

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

Genitourinary (Pelvis/GU/Rectal):
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

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.

Medical History

Past Medical History

- Diabetes (DM)
- Chronic Obstructive Pulmonary Disease (COPD)
- Hypertension (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

Family History

- Early death
- Known heart disease
- Cancer
- Epilepsy

Normal Exam (Check NML only if NO abnormal findings as below are present)

General:
Well-developed, well-nourished, awake, alert

Neuro/Psychiatric:
Oriented X3, CN intact, no focal weakness or sensory deficits. Normal mood and affect, normal behavior, normal thought content

HEENT:
Normocephalic, atraumatic. Eyes - Pupils equal and reactive, extra ocular movements intact, conjunctiva normal

Neck:
Trachea midline, neck supple, ROM normal

Cardiac:
Normal rate and rhythm, strong pulses, normal sounds

Respiratory:
Normal effort, normal breath sounds

Abdominal:
Soft and non-tender, bowel sounds normal

Pelvis/GU/Rectal:
External genitals normal, no costovertebral angle (CVA) tenderness

Musculo-skeletal:
Range of motion normal

Skin:
Warm, intact, capillary refill ≤3 sec

Lymph node:
No lymphadenopathy

Abnormal Exam Findings (Always specify right or left when needed to clarify abnormal finding)

General:
Distressed, malnourished (if suspect obtain MUAC), diaphoretic, uncooperative, sedated, lethargic

Neuro/Psychiatric:
Neuro - Disoriented, CN deficit, focal sensory or motor deficit, abnormal gait or coordination, tremors, seizure activity, Kernig/Brudzinski sign, abnormal rectal tone. Psych-Suicidal, depressed, homicidal, delusional, agitated, hallucinating, abnormal speech

HEENT:
Dry mucus membranes, tonsillar exudate, abnormal fontanelle, ear discharge, oral lesions, facial swelling. Eyes -Conjunctiva pale, peri-orbital lesion, abnormal ocular movements, scleral jaundice, eye discharge, pupils unequal and/or slow or non-reactive

Neck:
Neck stiffness, JVD, carotid bruit, neck mass, tracheal deviation

Cardiac:
Distant heart sounds, systolic or diastolic murmur, S3 or S4 gallop, friction rub, irregular pulse

Respiratory:
Absent breath sounds, decreased breath sounds, crackles, wheezes

Abdominal:
Distension, tenderness, rebound, guarding, ascites, hepatomegaly, splenomegaly, mass

Pelvis/GU/Rectal:
Penile discharge, testicular mass or tenderness, CVA tenderness, vaginal bleeding or discharge, cervical motion tenderness, adnexal tenderness, blood or dark stool on rectal exam
If pregnant - No fetal heart rate

Musculo-skeletal:
Joint swelling, decreased ROM or strength, scoliosis, kyphosis, spine tenderness

Skin:
Rash, lesion, ulcer, pustules, bruising, petechiae, poor turgor, capillary refill > 3 seconds

Lymph node:
Adenopathy (head, cervical, supraclavicular, axillary or inguinal), lymphedema

DIAGNOSTICS

CBC:	Complete Blood Count
RFT:	Renal Function Test
LFT:	Liver Function Test
RBS:	Random Blood Sugar
USG:	Ultrasound
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.*

Medications:

- Opioid Analgesia: Morphine 4 mg
- Other: Vasopressors, post-intubation gtt, etc.

Procedures:
List number of attempts, location, and outcome for each procedure, if applicable. Can include Diagnostic peritoneal lavage, regional block, central line placement (if not noted in "Circulation" section), suprapubic catheterization, cricothyroidotomy, foreign body removal, etc.

ASSESSMENT AND PLAN (include summary and differential diagnosis AND plan for imaging, pain meds, consults)

CONSULT Document service, name, time of call AND time of arrival with any recommendations

REASSESSMENT: Time, vitals and clinical condition

DISPOSITION Write date and time of ED departure, updated vital signs (VS), check box for destination
Checklist Completion: Use WHO medical emergency checklist to verify tasks have been completed

DIAGNOSIS: List all diagnoses

Admit or Transfer:	**Discharge:**	**Death:**
Write the name of the accepting provider for all handovers.	Confirm that plan including follow-up care was discussed with the patient.	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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Medical Emergency Checklist

Patient Name: _____ Hospital No.: _____

Diagnosis: _____

Immediately after primary & secondary surveys

IS FURTHER AIRWAY INTERVENTION NEEDED? May be needed if: • Abnormal level of consciousness (AVPU scale) • Stridor • Respiratory Distress • Hypoxaemia or hypercarbia	☐ YES, DONE ☐ NO ☐ INTUBATION ☐ LMA ☐ SURGICAL ☐ OTHERS
IS THERE A SEVERE ALLERGIC REACTION? (ADRENALINE NEEDED)	☐ YES ☐ NO
IS THERE A TENSION PNEUMOTHORAX? (NEEDLE/DRAIN NEEDED)	☐ YES ☐ NO
DOES THE PATIENT NEED OXYGEN?	☐ YES ☐ NO
IS THE PULSE OXIMETER PLACED AND FUNCTIONING?	☐ YES ☐ NO
DOES THE PATIENT NEED BRONCHODILATORS? (e.g. salbutamol and others)	☐ YES ☐ NO
DOES THE PATIENT NEED IV FLUIDS?	☐ YES ☐ NO
ASSESSED FOR ONGOING BLEEDING? (including gastrointestinal, vaginal, and other internal)	☐ EXAM ☐ NGT ☐ ULTRASOUND ☐ CT ☐ DIAGNOSTIC PERITONEAL TAPPING
IS TREATMENT FOR HYPOGLYCAEMIA NEEDED?	☐ YES ☐ NO
IS TREATMENT FOR OVERDOSE (EG. OPIOID) NEEDED?	☐ YES ☐ NO
IS TREATMENT FOR POISONING NEEDED?	☐ YES ☐ NO
IS TREATMENT FOR INTOXICATION NEEDED?	☐ YES ☐ NO
IS THE PATIENT HYPOTHERMIC/HYPERTHERMIC?	☐ YES ☐ NO

When initial resuscitation is complete

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

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

Completed by Name:_____ Time:_____ Date:_____ Sign:_____

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Trauma Care Checklist

Injury kills more people every year than HIV, TB and malaria combined, and the overwhelming majority of these deaths occur in low- and middle-income countries.

Timely emergency care saves lives: if fatality rates from severe injury were the same in low- and middle-income countries as in high-income countries, nearly 2 million lives could be saved every year.

The WHO Trauma Care Checklist is a simple tool – designed for use in emergency units – that emphasizes the key life-saving elements of initial trauma care.

A systematic approach to every injured person ensures that life-saving interventions are performed and that no life-threatening conditions are missed.

The checklist reviews key actions at two critical points:
- Immediately after the ‘primary’ & ‘secondary’ surveys
- Before the team leaves the patient’s bedside

Developed and validated by a large global collaboration, the WHO Trauma Care Checklist is appropriate for use in any emergency care setting and can be easily adapted to local context.

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Trauma Care Checklist

Patient Name: _____ Hospital No.: _____

Diagnosis: _____

HAS APPROPRIATE SAFETY MEASURES (APPROPRIATE PPE) BEEN USED?	☐ YES ☐ NO

Immediately after primary & secondary surveys

IS FURTHER AIRWAY INTERVENTION NEEDED? May be needed if: • GCS 8 or below • Hypoxaemia or hypercarbia • Face, neck, chest or any severe trauma	☐ YES, DONE ☐ NO ☐ INTUBATION ☐ LMA ☐ SURGICAL ☐ OTHERS
C-SPINE STABILIZATION	☐ YES ☐ NOT INDICATED
IS THERE A TENSION PNEUMO-HAEMOTHORAX?	☐ YES ☐ NO
IS THE PULSE OXIMETER PLACED AND FUNCTIONING?	☐ YES ☐ NOT AVAILABLE
LARGE-BORE IV PLACED AND FLUIDS STARTED?	☐ YES ☐ NOT AVAILABLE ☐ NOT INDICATED
FULL SURVEY FOR (AND CONTROL OF) EXTERNAL BLEEDING, INCLUDING:	☐ SCALP ☐ BACK ☐ PERINEUM
ASSESSED FOR PELVIC FRACTURE BY:	☐ EXAM ☐ XRAY ☐ CT
ASSESSED FOR INTERNAL BLEEDING BY:	☐ EXAM ☐ ULTRASOUND ☐ CT ☐ DIAGNOSTIC PERITONEAL TAPPING
IS SPINAL IMMOBILIZATION NEEDED?	☐ YES DONE ☐ NOT INDICATED
NEUROVASCULAR STATUS OF ALL 4 LIMBS CHECKED?	☐ YES
IS THE PATIENT HYPOTHERMIC?	☐ YES WARMING ☐ NO
DOES THE PATIENT NEED (IF NO CONTRAINDICATIONS):	☐ URINARY CATHETER ☐ CHEST DRAIN ☐ NASOGASTRIC TUBE ☐ NONE INDICATED

Before team leaves patient

HAS THE PATIENT BEEN GIVEN:	☐ TETANUS VACCINE ☐ TRANSFUSION ☐ FUSION ☐ ANTIBIOTICS ☐ ANALGESICS ☐ NONE INDICATED
HAVE ALL TESTS AND IMAGING BEEN REVIEWED?	☐ YES ☐ NO, FOLLOW-UP PLAN IN PLACE
WHICH SERIAL EXAMINATIONS ARE NEEDED?	☐ NEUROLOGICAL ☐ ABDOMINAL ☐ VASCULAR ☐ NONE
PLAN OF CARE DISCUSSED WITH:	☐ PATIENT/FAMILY ☐ RECEIVING UNIT ☐ PRIMARY TEAM ☐ OTHER SPECIALISTS
RELEVANT TRAUMA CHART OR FORM COMPLETED?	☐ YES ☐ NOT AVAILABLE

Completed by Name:_____ Time:_____ Date:_____ Sign:_____