

ABCDE Assessment Documentation Sheet

Patient's full name:

Date:

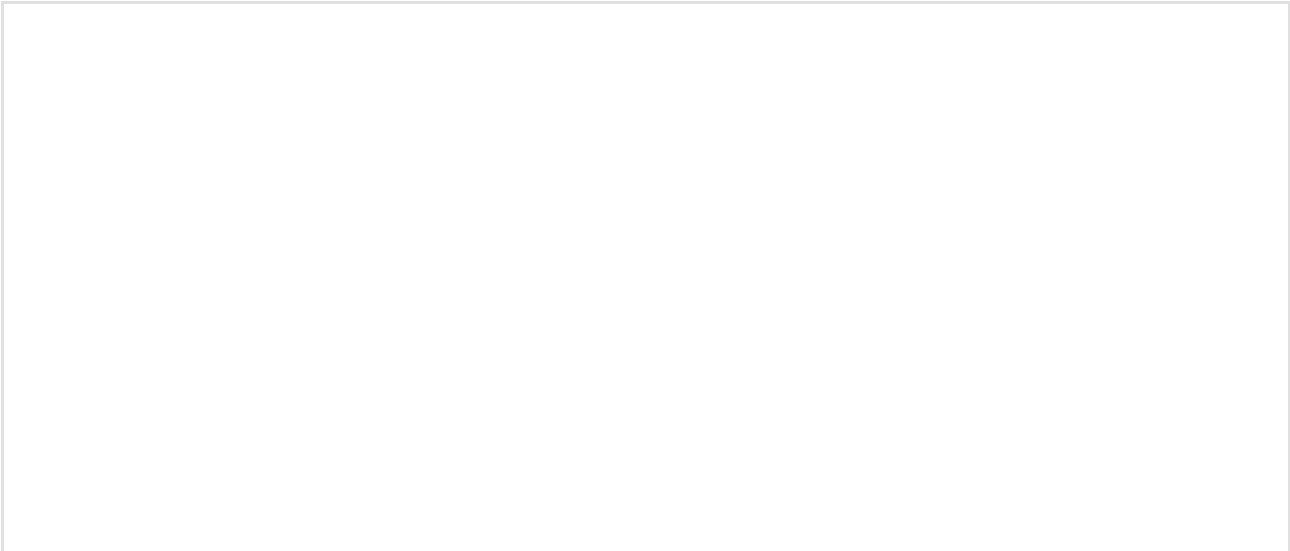
Documenter's full name:

Please document everything that's been done, what problems occurred, what procedures were done, etc., for each stage of the ABCDE Assessment. Please be as detailed and comprehensive as you can so you can pass the relevant information to each member of your team that will be handling the patient.

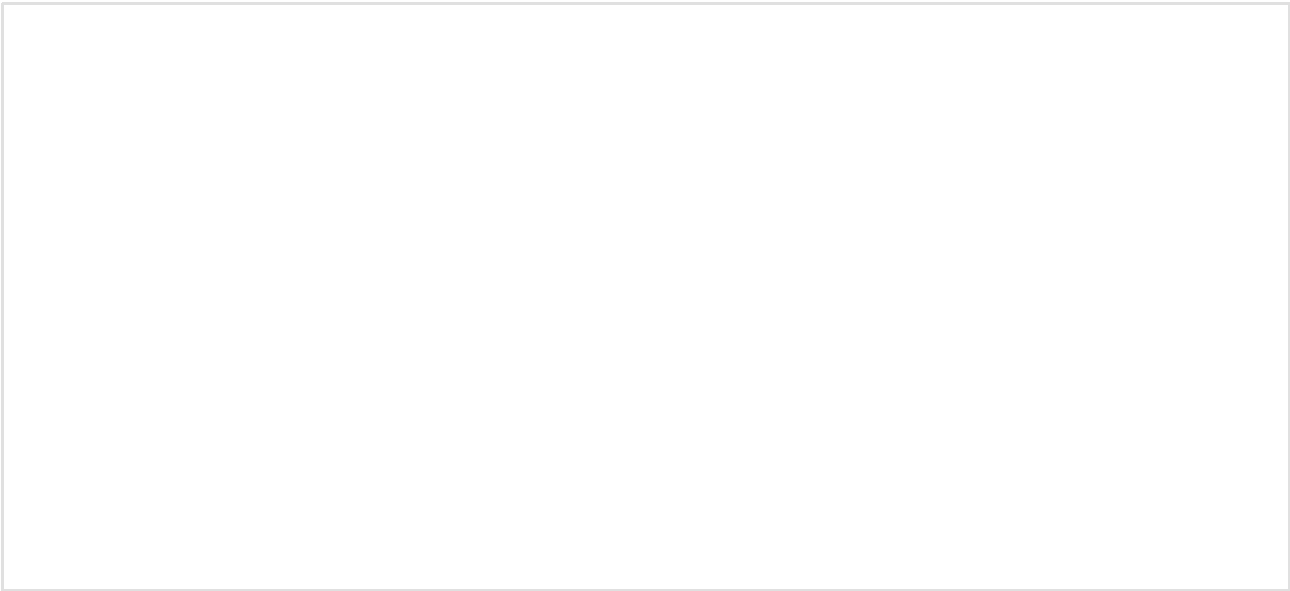
AIRWAY

BREATHING

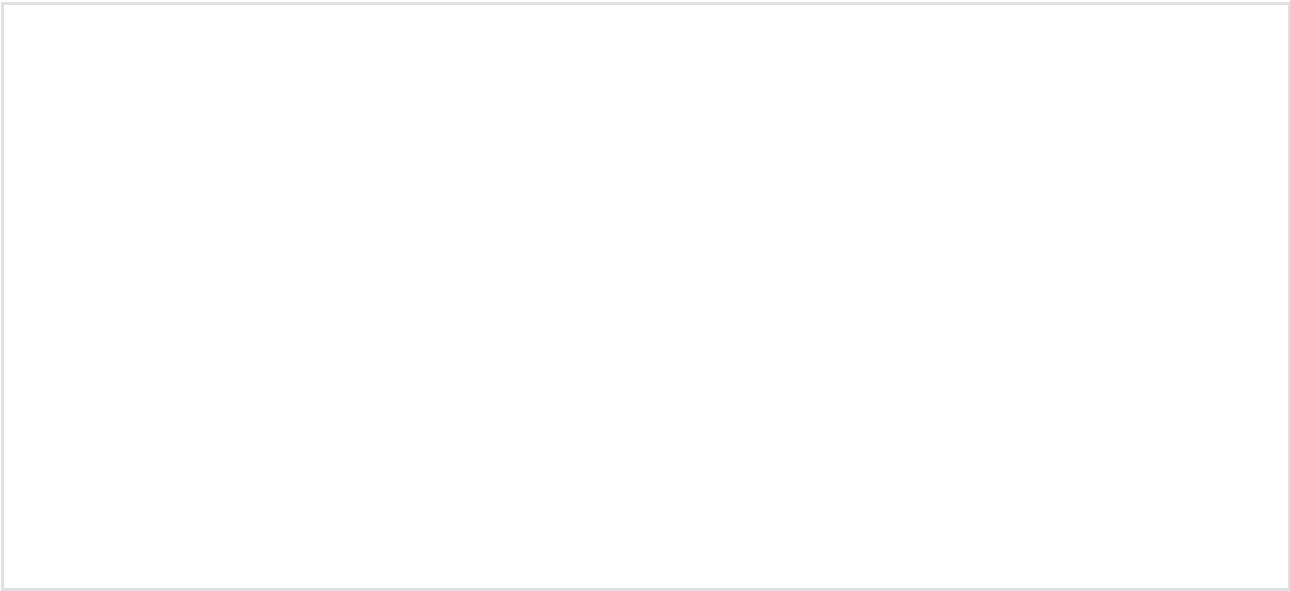
CIRCULATION

A large, empty rectangular box with a thin black border, intended for recording or drawing information related to the 'CIRCULATION' section.

DISABILITY

A large, empty rectangular box with a thin black border, intended for recording or drawing information related to the 'DISABILITY' section.

EXPOSURE

A large, empty rectangular box with a thin black border, intended for recording or drawing information related to the 'EXPOSURE' section.