

**DIRECTORATE OF HEALTH SERVICES KASHMIR
EMERGENCY ROOM MANAGEMENT PROFORMA**

NAME:	AGE:	MRD NO:
RESI/PHONE	SEX: M / F	DATE:

ON ARRIVAL

<u>COMPLAINTS</u>	PULSE	<60	60-100	100-180	>180
	BP	<90/60	NORMAL	>140/90	>180/110
<u>PROVISIONAL DIAGNOSIS:</u>	RR	<15	15-20	20-30	>30
	SaO2	<60	60-80	80-90	>90
	TEMP	LOW	NORMAL	FEBRILE	HIGH GRADE
ECG:	XRAY:			BSR:	

DURING OBSERVATION

<u>TREATMENT ADVISED:</u>	PULSE	<60	60-100	100-180	>180
	BP	<90/60	NORMAL	>140/90	>180/110
	RR	<15	15-20	20-30	>30
	SaO2	<60	60-80	80-90	>90
	TEMP	LOW	NORMAL	FEBRILE	HIGH GRADE

IF CRITICAL

BLS		ACLS	ATLS	COMMENTS
PT IS UNCONSCIOUS		ECG DX:	WOUND/# :	DISCHARGED REFERRED DIED LAMA
HEAD TILT CHIN LIFT DONE		DRUGS USED	HEMOSTASIS:	
LOOK LISTEN FEEL DONE		DEFIB USED:	ASD DONE:	
CPR	RECOVERY	OTHER:	SPLINT:	

DOCTOR ON DUTY;	SIGN;	PHONE:
DRIVER INCHARGE	SIGN:	PHONE: