**OR Central Medical Emergency**

Clipboard Questions

|  |  |
| --- | --- |
| Name of sick or injured person |  |
| UW workplace of person |  |
| Date and time |  |
| Recorder’s name |  |
| What parts of your body are affected?*indicate on the figure, add any notes* | left rightOutline-body.png |
| When did the symptoms begin? |  |
| How did the problem occur? |   |
| Location where problem occurred? |  |
| What have you done so far to treat this? |  |
| Is there anything else you’d like us to know? |  |
| Emergency contact name and phone # |  |
| Any other information |  |

**Check off any actions taken**

\_\_\_\_ CPR chest compressions \_\_\_\_ Called 911

\_\_\_\_ CPR assisted breathing \_\_\_\_ ORC management informed / name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Defibrillation \_\_\_\_ Other:

\_\_\_\_ Compression for bleeding