

Casualty Card

Remember D R <C> A B C D E & Head to Toe

Casualty Name _____ Date of Birth _____

Next of Kin _____ Tel. _____

Signs & Symptoms _____

Allergies _____

Medication _____

Past History _____

Last Food & Drink _____

Events _____

Vital Signs	Time:	+5 mins	+10 mins
Pulse Rate			
Breathing Rate			
Temperature			
Colour			
A/V/P/U			

<i>Norms.</i>	<i>Adult</i>	<i>Child</i>	<i>Baby</i>
<i>Breathing</i>	12-20	20-40	30-60
<i>Pulse</i>	60-90	90-110	110-140

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