

Name: _____

Date: _____

O: Onset
P: Provokes
Q: Quality
R: Radiation/Region
S: Severity
T: Time

S: Signs/Symptoms
A: Allergies
M: Medications
P: Past Pertinent Hx
L: Last Oral Intake
E: Events leading Up

A: Alert (to PPT)
V: Responsive to Verbal
P: Responsive to Pain
U: Unresponsive

Six Rights

- 1) Right Patient
- 2) Right Medication
- 3) Right Form/Dose
- 4) Right Route
- 5) Right Exp. Date/Condition
- 6) Right Documentation

D: Deformities
C: Contusions
A: Abrasions
P: Punctures
B: Burns
T: Tenderness
L: Lacerations
S: Swelling