

Heart Throbs

DNS Form

- ☐ Introduction
- ☐ ABC Assessment
- ☐ Blanket
- ☐ Reassurance

Patient Name: _____

Age: _____ Gender: M F Phone #: _____

Inhaled Water?	Yes	No	Parents here?	Yes	No	n/a
Trouble Breathing?	Yes	No	Parents called?	Yes	No	n/a

Secondary Drowning <i>If any of these symptoms develop in the next 3 days, see a doctor immediately</i>
-Difficulty Breathing -Coughing/Wheezing -Dizziness/Nausea -Chest Pain -Fever

Follow-up
<input type="checkbox"/> Go to doctor immediately <input type="checkbox"/> Stay with parents <input type="checkbox"/> Stay in shallow water <input type="checkbox"/> Wear PFD

History	
Chief Complaint	<i>Near-Drowning</i>
History of CC <i>What happened? Who are you with?</i>	
Medical Hx <i>Happened before? Medical Conditions?</i>	
Medications? Allergies?	

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