



Patient Name _____ Vorname _____

Geburtsdatum _____ Klasse / Adresse _____

SSSS-Schema

S_{cene}

S_{afety}

S_{ituation}

S_{upport}

Feststellungen
zum
Patienten-Status

c Critical Bleeding

x Exsanguination

A Airway

B Breathing

C Circulation

D Disability

E Exposure
Environment

Feststellungen
zum
Schmerz-Status

O Onset

P Provocation

Q Quality

R Radiation

S Severity

T Time

Feststellungen
zur medizinischen
Vorgeschichte

S Symptoms

A Allergies

M Medication

P Past Medical
History

L Last ...

E Events

R Risk Factors

+S Social Factors