



# Patient Report Form

1. Pack several copies of the **Patient Report** with the **Sierra Club Incident Report** in your first aid kit. 2. Use the Patient Report to gather your findings and begin to develop your evacuation plan.
3. Send this and the Incident Report forms to: **Sierra Club/ Program Safety 2101 Webster St. Suite 1300 Oakland, CA 94612**
4. Find this and other forms here: <http://clubhouse.sierraclub.org/outings/forms>

**Life-threatening emergencies, fatalities and incidents requiring rescue or evacuation** should be reported immediately by telephone to the Sierra Club at: **1-888-OUTINGS (888-688-4647)** or 001-303-281-9914 (if calling internationally).

<b>Patient Name:</b>	<b>Age:</b>	<b>Sex:</b>	<b>Weight:</b>	<b>Height:</b>	<b>Date:</b>	<b>Time:</b>
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<b>Chief Complaint:</b>	<b>Mechanism of Injury/History of Present Illness:</b>
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<b>S T O P</b>	<b>Initial Assessment for Threats to Life (A B C D E)</b>	<b>T R E A T</b>
	<b>A</b> irway <b>B</b> reathing <b>C</b> irculation/Severe Bleeding <b>D</b> isability (Possible Spine Injury) <b>E</b> xpose (Injury Site)	

**Results of Patient Exam/ Head-to-Toe Exam:**

<b>Vital Signs:</b>						
<b>Time:</b>	13:15					
<b>Level of Responsiveness:</b> <i>(Awake &amp; Oriented, Awake &amp; Disoriented or Unconscious)</i>	Awake & Oriented					
<b>Heart Rate &amp; Quality:</b> <i>(Beats/min; strong/weak)</i>	76 / Strong					
<b>Respiratory Rate &amp; Effort:</b> <i>(Breaths/min; easy/labored)</i>	14 / easy					
<b>Skin Color, Temp &amp; Moisture:</b> <i>(Pink, Warm &amp; Dry)</i>	Pink, warm, dry					
<b>Pupils:</b> <i>(Equal, round &amp; reactive to light)</i>	PERRL					

**Patient History:**

**Symptoms:**

**Allergies:**  
*(foods, bites/stings, medications – what happens)*

**Medications:**  
*(what, for what, dose, frequency)*

**Past Injury/Illness:**

**Last Ins & Outs:**  
*(last food/water & urination/defecation)*

**Events Leading up to Incident:**

**Assessment/Problem List:**

**Treatment Plan:**

**Evacuation Plan:**

**Inventory of Resources on Site:**

*(Food, water, shelter, sleeping bags, technical equipment, etc.)*

**Inventory of Persons on Site:**

*(Number of leaders, participants, others.)*

**Distance to Roadhead:**

**Current Terrain & Weather Information:**

**Exact Location of Patient**           **Marked Map Attached**

**Location of Helicopter Landing Site**

*(100' X 100' clear of trees/cliffs)*

**Type of Evacuation:**           **Self Evacuation?**           **Call for Help?**           **Send for Help?**

**Assistance Needed:**

*(Search & Rescue - SAR; assisted evacuation by horse, helicopter, etc; backboard/litter; supplies or food, other?)*

**Communication Equipment on Site?**

Your Cell/SAT Phone#:

Other numbers?

Where do you have reception?

**If sending for help, contact information for the messenger team:**

Rescue Agency & Phone Number(s):

Patient's Family Member, Relationship & Phone Number:

**Radio Report to SAR:**

*Draft your radio report script to SAR here (or to family members if relevant).*

**Beginning of Script for talking with SAR:** "My name is \_\_\_\_\_ (your name) with an evacuation request. I have a \_\_\_\_\_ (age/sex) patient whose chief complaint is \_\_\_\_\_ (list what they said) due to \_\_\_\_\_ (mechanism of injury). Patient is currently \_\_\_\_\_ (LOR). I'm requesting \_\_\_\_\_."

**Beginning of Script for possible call with family:** "My name is \_\_\_\_\_ (your name) and I'm the trip leader for the trip your \_\_\_\_\_ (family member is on). \_\_\_\_\_ (patient name) is \_\_\_\_\_ (current condition & location)."