Emergency Response – Patient Report

Include several copies of this form in your first aid kit

Patient Name				Sex M F	Ag	je	Weigh	nt I	Height	Date	Time	
Consent to treat? Mechanism of Injury						Compl	aint					
Y N Cleared-Spine?												
Y	Ň											
S T	Life Tilleatening Conditions (A B C B L)										T R	
0	Airway Breathing Circulation/Severe Bleeding										E	
P	Disability (c-spine) Environment (cold/neat) Shock										Ť	
P A	Allergies (medications, food, stings)			NOTE: See Back for Continuing Monitoring								
				Time								
	Medications (dose, frequency) Past Injury/Illness			Pulse								
				Respirate								
T				Rate/Qua	lity	WP	D	W	P D	W P	D	
I E				Skin								
N				Pupils (PERRL))	ΕR	RL	E	RRL	ER	RL	
Т				Mental		Alert			rt x	Alert		
н	Last Ora	<u>ıl Intake</u>		Status		V P			P U	V P	U	
ï			s	Skin – Is it Warm, Pink and Dry? Pupils – Are the Equal, Round, and Reactive to Light?								
S T	Events Leading to Incident			Mental Status – Does patient know the 4 questions?								
0			G N	2. Where they are? 4. What time/day is it?								
R			S	If patient is not Alert X 4 , does he/she respond to								
Υ	Verbal command or Pain? If not, then patient is Unconscious.											
Result	s of Head	-to-Toe Exam:										
Sninal	Assassm	oont:										
Spinal Assessment: Release Spinal Precautions Neurological Expressions						gical Exam Range of Motion Test						
Summ	ary of As	sessment:										
Treatment Plan:												
oatri		revent Heat Loss Cool (if appropriate)										
Stabilize Cervical Spine Prevent Heat Loss Cool (if appropriate) Treat for Shock Circulation/Sensation/Motion Check												
Specific Treatments:												

,	Vital Signs 8	Contin	ued (Care (Minimun	n Information	Necessary,	add as needed))		
Time										
Pulse										
Respiratory										
Rate/Quality Skin	WPD	WP	<u>D</u>	WPD	WPD	WPD	WPD	WPD		
SKIII				, W P D W P						
Pupils ERRLERF (PERRL)		ERR	RLERRL		ERRL	ERRL	ERRL	ERRL		
Mental Status	Alert x V P U	Alert x V P U		Alert x V P U	Alert x V P U	Alert x V P U	Alert x V P U	Alert x V P U		
Heat/ Cool										
Treatment Site										
				Evacuat	ion Plan					
Exact Location	n of Patient	Marke	d Mar	o Attached	1011 1 1411		Helicopter Site			
<u>LAGET</u>	1011 5		<i>A</i> ,	//			(100' X 100' Cl			
Resources on (tents, bags, for		امدنت	Mes	ssengers to no	<u>tify</u>		<u>Terrain</u>			
equipment, etc.		licai	Rescue Agency:							
	-		P <u>ho</u>	ne # :			Distance to Ro	adhead:		
Personnel on Site			Communication Equipment on Site? Cell Phone# Do you have reception at the site?			Site?	Current Weather			
				'ay Radio? /channel:	Type:					
Assistance Needed Medical Helicopter Carry-out Search Backboard Technical Evacuation: Raise or Lower Other:										
Patient's Family Member Please contact										
Name			Address F			Phone	Phone Relation			
Message										

For life threatening emergencies or fatalities contact the Outings Department as soon as possible at: 1-888-OUTINGS (1-888-688-4647) or 01-715-852-1701 if calling internationally. Also send an Incident Report form to the Outings Dept. following the incident.