

Patient's Name: _____ Age: _____ yr Date: _____ Time: _____

1. Initial Exam:

Airway Open? Breathing? Circulation – Pulse?
Stop major bleeding – Check for any life threats and major injuries.
Stabilize neck if any suspicion of spine injury.

2. Level of Consciousness (LOC):

Alert Responds to verbal commands Responds to pain Unconscious

3. Protect the patient and yourselves. Prevent further injury.

4. Detailed Exam: (Performed by 1 person) RECORD FINDINGS & TREATMENT.

Head: Lacerations Depressions _____

Pupils: Constricted Dilated Unequal

Ears: Fluid? Color _____

Nose: Fluid? Color _____

Mouth: Blood?

Neck: Wounds Deformities _____

Chest: Unequal movement Fractured ribs _____

Abdomen: Pain Rigidity Where? _____

Pelvis: Stability: _____

Legs: Wounds, deformities: _____

Feet: Check pulses, movement, sensation: _____

Arms: Wounds, deformities: _____

Hands: Check pulses, movement, sensation: _____

Back: Wounds, deformities, pain: _____

Skin: Color _____ Hot Cold Moist Dry

5. History:

What happened? _____

Where does it hurt? _____

Allergies: _____ Medications: _____ Med-Alert tag? _____

Past relevant medical history: _____

Last oral intake: _____

Tear here and take right part to rescuers

INFORMATION FOR RESCUERS

Patient's Name: _____ Age: _____ yr

Date of incident: _____ Time: _____

Address: _____

City: _____ St: _____

Person to Notify: _____

Phone: _____

What happened: _____

Training level of caretaker: _____

Injuries/Illness: _____

LOC: _____

Significant exam findings: _____

Treatment given: _____

Allergies: _____

Meds: _____

Vital signs: _____

Time _____ | _____ | _____ | _____

Pulse _____ | _____ | _____ | _____

Respiration _____ | _____ | _____ | _____

INFORMATION FOR RESCUERS

Location/Trail/Directions: _____

 Map Quadrangle: _____ Section: _____
 GPS coordinates: _____
 Terrain conditions: _____

 Recent weather conditions: _____

 How many party members remaining with patient? _____
 Names: _____ Who to Notify: _____ Phone#: _____

Party on site:

- Beginners Intermediate Experienced
- Well-equipped Limited resources

Party on site has: _____ Comments: _____

- Food _____
- Water _____
- Shelter _____
- Radio _____
- Cell Phone # _____
- Whistles _____
- Signal Mirror _____
- Party will stay put _____
- Party will be moving to: _____

EMERGENCY REPORT FORM – PAGE 2

TIME	BREATH RATE	BREATH QUALITY Shallow Deep, Noisy Labored	PULSE RATE	EXTREMITY Sensory Motor Pulses	SKIN Temperature Color Moisture	PUPILS Size? Equal? Reactive?	LOC Alert Obey's Verbal Pain Response Only Unconscious

Tear here and take left part to rescuers.