

FIRST AID REPORT

1. Survey Scene

Describe _____

Number of victims _____

2. Primary Survey

Responsive Unresponsive

Interventions used:

- Airway opened
- Rescue Breathing
- CPR Stop massive bleeding
- Spinal precautions

3. Secondary Survey

- Consented to aid
- Unconscious/Irrational
- Refused aid

Signature _____

Witness _____

Witness _____

Subjective: What happened? Chief complaint.

Current date _____

Incident date _____

Incident location _____

Description of accident scene by

- Witness Informant Rescuer

Weather _____

Terrain _____

Witness _____ Phone _____

Witness _____ Phone _____

Witness _____ Phone _____

Completed by _____ Phone _____

Victim Information

Name _____

Address _____

Phone _____

Male Female Age _____

Height _____ Weight _____

Emergency contact _____

Phone _____ Relationship _____

Physician _____ Phone _____

VITAL SIGNS:

TIME							
Loc							
Temp							
Pulse							
Respiration							
Skin/Color							
Skin/Temp							
Skin/Moist							
Pupils							

S Signs and symptoms _____

A Allergies _____

M Medications _____

P Past medical history _____

- Medical Alert ID Diabetes Heart Disease Respiratory Disease Infectious Disease

L Last meal & fluids _____

E What happened before? _____

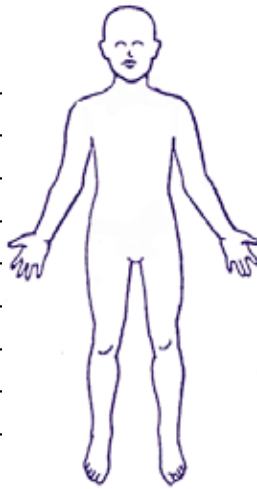
HEAD TO TOE EXAM

FINDINGS:

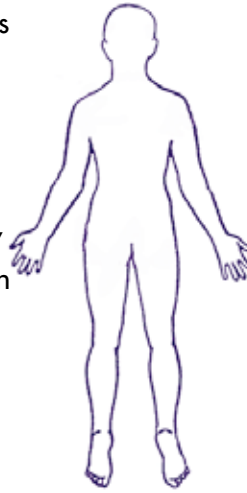
Head _____

Neck _____

Spine/Back _____



Tenderness
Pain
Swelling
Bruising
Bleeding
Deformity
Dislocation
Fracture
Wound
Burn



Chest _____

Abdomen _____

Pelvis _____

Extremities _____

ASSESSMENT:

Mechanism of Injury _____
Injuries sustained/Medical problems in order of severity _____

FIRST AID GIVEN:

Immobilization: C Collar Back Splint

Wound care/Dressing _____

Other _____

PLAN:

Walk out Self With assist Need evacuation
 Carry Helicopter Lowering Raising

Move to overnight camp/location _____

Stay here Number of people staying with victim _____

NOTIFY:

National Park Ranger County Sheriff