

Emergency Response – Patient Report

Carry 2 copies of this form in your first aid kit. In the event of a major accident, lost person, etc. use one copy to send for help. Use the second copy to maintain a record of the patient's conditions. When used for this purpose, include a copy of this form when filing the Incident Report once your return home.

| | | | | | | |
|---|--|---|---|-----------------------|----------------------|----------------------------------|
| Patient Name | | Sex M F | Age | Weight | Date | Time |
| Consent to treat? Y N | Describe how injury occurred: | | Chief Complaint | | | |
| Cleared-Spine? Y N | | | | | | |
| S T O P | Life Threatening Conditions (A B C D E) Airway Breathing Circulation/Severe Bleeding Disability (c-spine) Environment (cold/heat) Shock | | | | | T R E A T |
| P A T I E N T H I S T O R Y | <u>Allergies (medications, food, stings)</u> | | NOTE: See Back for Continuing Monitoring | | | |
| | <u>Medications (dose, frequency)</u> | | Time | | | |
| | <u>Past Injury/Illness</u> | | Pulse | | | |
| | <u>Last Oral Intake</u> | | Respiratory Rate/Quality | | | |
| | <u>Events Leading to Incident</u> | | Skin | W P D | W P D | W P D |
| | | | Pupils (PERRL) | E R R L | E R R L | E R R L |
| | | | Mental Status | Alert x ___ V P U | Alert x ___ V P U | Alert x ___ V P U |
| | | S I G N S | Skin – Is it W arm, P ink and D ry? Pupils – Are the E qual, R ound, and R eactive to L ight? Mental Status – Does patient know the 4 questions? 1. Who they are? 3. What Happened? 2. Where they are? 4. What time/day is it? If patient is not Alert X 4 , does he/she respond to V erbal command or P ain? If not, then patient is U nconscious. | | | |
| Results of Head-to-Toe Exam: | | | | | | |
| Spinal Assessment: | | | | | | |
| Release Spinal Precautions | | Neurological Exam | | Range of Motion Test | | |
| Summary of Assessment: | | | | | | |
| Treatment Plan: | | | | | | |
| Stabilize Cervical Spine Treat for Shock | | Prevent Heat Loss Circulation/Sensation/Motion Check | | Cool (if appropriate) | | |
| Specific Treatments: | | | | | | |
| Lost Person(s) | | | | | | |
| Name(s) of lost person(s) _____ | | | | | | |
| Where Last Seen _____ | | | | | | |
| When last seen _____ AM PM | | | | | | |
| Probable Location _____ | | | | | | |
| Description of person, clothing, experience level, equipment they are carrying: _____ _____ | | | | | | |
| Plan of remaining party: _____ _____ | | | | | | |

| Vital Signs & Continued Care (Minimum Information Necessary, add as needed) | | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Time | | | | | | | |
| Pulse | | | | | | | |
| Respiratory Rate/Quality | | | | | | | |
| Skin | W P D | W P D | W P D | W P D | W P D | W P D | W P D |
| Pupils (PERRL) | E R R L | E R R L | E R R L | E R R L | E R R L | E R R L | E R R L |
| 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 | | | | | | | |

Evacuation Plan

| | |
|--|---|
| Name of Leader reporting emergency: _____ _____ Names of Messengers: _____ _____ _____ Messengers should be able to assist rescuers with directions to the scene, and guide them to the scene if necessary. | <u>Messengers to Notify:</u> <input type="checkbox"/> Park Ranger if in a National Park: <input type="checkbox"/> Local Sheriff in all other cases Phone # _____ |
|--|---|

Assistance Needed ___ Medical ___ Helicopter ___ Carry-out ___ Search ___ Backboard
 ___ Technical Evacuation: Raise or Lower ___ Other:

Exact Location of Patient:

Marked Map Attached: or UTM coordinates:

GPS Coordinates:

Will evacuate to:

| | | |
|--|--|---|
| <u>Resources on Site</u> (tents, bags, food, water, technical equipment, etc.) <u>Personnel on Site:</u> Number & experience <u>Medical or other technical qualifications</u> <u>Will they all remain at the scene until help arrives</u> | <u>Communication Equipment on Site?</u> Cell Phone # Do you have reception at the site? 2 Way Radio? ___ Type: freq/channel: | <u>Current Weather</u> <u>Weather trend:</u> |
|--|--|---|

Patient's Family Member ___ Please contact

| | | | |
|------|---------|-------|----------|
| Name | Address | Phone | Relation |
|------|---------|-------|----------|

Message: _____

On Site Plans:
