# ACCIDENT & TREATMENT REPORT FORM

| START HERE | FINDINGS |
|---|---|
| **A**irway, **B**reathing, **C**irculation | |
| Take Pulse & Respiration | Beats/Minute Breaths/Minute |
| S Signs & Symptoms | |
| | |
| | |
| A Allergies | |
| | |
| | |
| M Medications | |
| | |
| Dosage/Frequency | |
| P Previous Medical History (injury illness) | |
| | |
| Chronic Conditions? Medical ID Tag? | |
| Recent Illness | |
| | |
| L Last Food | AM/PM |
| Last Drink | AM/PM |

| | |
|---|---|
| **Date:** | **Time:** |
| **VICTIM'S NAME** | |
| **Gender** **Age** | **Phone** |
| **Address:** | |
| **Who to notify:** | |
| Before arrival did condition | improve deteriorate |
| Details | |
| | |
| What makes it better or worse? | |
| | |
| | |
| Ever happened before? | Yes No |
| If yes what was done to alleviate it? | |
| | |
| | |
| Others in group with similar complaint? | Yes No Details: |
| | |
| | |
| | |

E Events leading to incident — what happened

| HEAD - to - TOE EXAMINATION | |
|---|---|
| HEAD: Scalp – Wounds<br>Ears, Nose - Fluids<br>Eyes – Pupils<br>Jaw – Stability<br>Mouth - Wounds | |
| NECK: Wounds, Deformity | |
| CHEST: Movement, Symmetry | |
| ABDOMEN: Wounds, Rigidity | |
| PELVIS: Stability | |
| EXTREMITIES:<br>Wounds, Deformity<br>Sensations & Movement<br>Pulses Below Injury | |
| BACK: Wounds, Deformity | |
| SKIN: Color<br>Temperature<br>Moistness | |
| STATE OF CONSCIOUSNESS | |
| PAIN (Location) | |
| COMPLETED BY | |

| | | | |
|---|---|---|---|
| Contacts Removed | Yes | No | N/A |
| Irritability or personality changes? If yes describe | | | |
| **Wound Exam** | Yes | No | Details and additional Observations: |
| Visible bone / tendon / ligament? | | | |
| Visible debris in wound? | | | |
| Discharge or Swelling? | | | |
| Does wound require closure? | | | |
| Pain on flex / extend? | | | |
| Tender / swollen lymph nodes? | | | |

Diagnostic Notes

Source: grbracken@att.net

## Glasgow Coma Scale

| | Eyes Open | Best Verbal Response | Best Motor Response |
|---|---|---|---|
| A | **4** Spontaneously | **5** Oriented | **6** Obeys Command to Move |
| V | **3** To Speech | **4** Confused | **5** Localized Pain |
| P | **2** To Pain | **3** Inappropriate | **4** Withdraw Response to Pain |
| U | **1** No Response | **2** Incomprehensible | **3** Flexion Response to Pain |
| | | **1** No Response | **2** Extension Response to Pain |
| | | | **1** No Response |

## ONGOING ASSESSMENT

8 7 6 5 4 3 2 1

Pupil Size - mm

Victims Name: _____

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Date** | | | | | | | | | | | | | | | | | | | | | | | |
| **Time** | | | | | | | | | | | | | | | | | | | | | | | |
| **Vital Signs** | Record every 15 minutes until stable; then hourly; when condition remains stable - every 4 hours | | | | | | | | | | | | | | | | | | | | | | |
| **Glasgow Coma** | Eyes | | | | | | | | | | | | | | | | | | | | | | |
| | Verbal | | | | | | | | | | | | | | | | | | | | | | |
| | Motor | | | | | | | | | | | | | | | | | | | | | | |
| **Respiration** | Rate | | | | | | | | | | | | | | | | | | | | | | |
| | Character | | | | | | | | | | | | | | | | | | | | | | |
| **Pulse** | Rate | | | | | | | | | | | | | | | | | | | | | | |
| | Character | | | | | | | | | | | | | | | | | | | | | | |
| **Pulse below injury - Strong, Weak, Regular, Irregular** | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| **Pupils** | L mm | | | | | | | | | | | | | | | | | | | | | | |
| **L = Left** | L React | | | | | | | | | | | | | | | | | | | | | | |
| **R = Right** | R mm | | | | | | | | | | | | | | | | | | | | | | |
| | R React | | | | | | | | | | | | | | | | | | | | | | |
| **Skin** | Color | | | | | | | | | | | | | | | | | | | | | | |
| | Temp | | | | | | | | | | | | | | | | | | | | | | |
| | Moistness | | | | | | | | | | | | | | | | | | | | | | |

Field treatment requirement, other:

Evacuation not required (continuing activity) how will activity / trip be modified, if at all:

If evacuation required, what resources are needed:

Communication Link:

# in group:

Current Weather:

| Land Evacuation | Water Evacuation | Air Evacuation |
|---|---|---|
| Route | Route | Degree of Slope Landing Zone |
| | | Diameter of Landing Zone |
| Difficulties | Wind From Speed | Wind From Speed |
| | | Altitude |
| | Water Condition | Visibility |

Contingency Plan:



Source: grbracken@att.net