

ACCIDENT & TREATMENT REPORT FORM

START HERE		FINDINGS		Date:		Time:	
A irway, B reathing, C irculation Take Pulse & Respiration Beats/Minute Breaths/Minute				VICTIM'S NAME			
S igns & Symptoms 				Gender Age Phone			
A llergies 				Address:			
M edications 				Who to notify:			
P revious Medical History (injury illness) 				Before arrival did condition <u>improve</u> <u>deteriorate</u>			
L ast Food AM/PM Last Drink AM/PM				Details			
E vents leading to incident — what happened 				What makes it better or worse?			
Chronic Conditions? Medical ID Tag? Recent Illness				Ever happened before? Yes No			
If yes what was done to alleviate it?				Others in group with similar complaint? Yes No Details:			
HEAD - to - TOE EXAMINATION HEAD: Scalp - Wounds Ears, Nose - Fluids Eyes - Pupils Jaw - Stability Mouth - Wounds NECK: Wounds, Deformity CHEST: Movement, Symmetry ABDOMEN: Wounds, Rigidity PELVIS: Stability EXTREMITIES: Wounds, Deformity Sensations & Movement Pulses Below Injury BACK: Wounds, Deformity SKIN: Color Temperature Moistness				Contacts Removed Yes No N/A			
STATE OF CONSCIOUSNESS				Irritability or personality changes? If yes describe			
PAIN (Location)				Wound Exam Yes No Details and additional Observations:			
COMPLETED BY				Visible bone / tendon / ligament?			
				Visible debris in wound?			
				Discharge or Swelling?			
				Does wound require closure?			
				Pain on flex / extend?			
				Tender / swollen lymph nodes?			

Victims Name: _____

8 7 6 5 4 3 2 1

Pupil Size - mm

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:		