## ACCIDENT & TREATMENT REPORT FORM

START HERE		FINDINGS		Date:				Time:				
<b>A</b> ir	way, <b>B</b> reathing, <b>C</b> irculation			VICTIM'S	NAME							
Tal	ke Pulse & Respiration  Beats/N	finute	Breaths/Minute	Gender	Age		Pho	ne				
S	Signs & Symptoms			Address:								
				Who to no	tify:							
					Before arrival did co	ondition	1	improve deteriorate				
A	Allergies			Details								
				What mak	kes it better or worse?							
M	Medications											
	Dosage/Frequency			Ever happ	ened before?	Yes	No					
P	Previous Medical History (injury illness)			If yes what v	was done to alleviate it?							
	Chronic Conditions? Medical ID Tag?											
	Recent Illness			Others in gr	oup with similar complaint?	Yes	No	Details:				
L	Last Food		AM/PM									
	Last Drink		AM/PM									
E	Events leading to incident — what happened											
	HEAD: Scalp – Wounds Ears, Nose - Fluids			Contacts F	Removed	moved Yes No N/A						
1	Edys, - Pupils Eyes - Pupils Jaw - Stability Mouth - Wounds			Irritability of	or personality changes?	If yes o	lescri	be				
TOE EXAMINATION	NECK: Wounds, Deformity			Wound Ex	am	Yes	No	Details and additional Observations	3:			
INA'	CHEST: Movement, Symmetry				ne / tendon / ligament?							
ΚAΜ	ABDOMEN: Wounds, Rigidity				oris in wound?							
EΕ	PELVIS: Stability				or Swelling?							
- TO	EXTREMITIES: Wounds, Deformity Sensations & Movement				nd require closure?							
) - to -	Pulses Below Injury			ex / extend?								
HEAD	BACK: Wounds, Deformity			render / s	wollen lymph nodes?							
H	SKIN: Color Temperature Moistness											
ST	ATE OF CONSCIOUSNESS											
	IN (Location)											
	OMPLETED BY											

## Glasgow Coma Scale

## ONGOING ASSESSMENT

8	7	6	5	4	3	2	1
					•	•	•

_		-			- 1 -				ONGOING ASSESSMENT														
	yes Open					1																	
A 4	Spontaneo	usly	5 Oriented			6 Obeys Command to Move				8 7 6 5 4 3 2 1 Victims N							e Nar	ne.					
	To Speech		4 Confuse			calized P			Victims Name.														
P 2	To Pain		3 Inapprop	oriate	4 W	ithdraw R	esponse t	o Pain															
	No Respon	nse	2 Incompr	ehensible	3 FI	exion Res	sponse to	Pain															
		1 No Response 2 Extension Response				Response	to Pain	Punil Siga mm															
_						Respons			Pupil Size - mm														
一						1 No Response													ı				
1			Date																				
			Time																				
			Tillie																				
Vital Signs Record every 15 minutes until stable; then hourly; when condition remains stable - every 4 hours																							
Gla	asgow		Eyes																				
c	oma		Verbal																				
			Motor																				
Res	piration		Rate																				
		C	haracter																				
F	ulse		Rate																				
		С	haracter																				
	Pulse I	belov	v injury -																				
ء		/eak, Regular,																					
Sublig, v			rregular																				
			ITOYUIAI																				
Р	upils	L	mm																				
L	= Left	L	React																				
R=	Right	R	mm																				
		R	React																				
:	Skin	Color																					
		Temp																					
		М	oistness																				
Field	d treatm	ent r	equirem	ent, oth	er:																		
Eva	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 Evac	uation	Air Evacuation					
Route	Route		Degree of Slope Landing Zone					
			Diameter of Landing Zone					
Difficulties	Wind From	Speed	Wind From	Speed				
			Altitude					
	Water Condition							
Contingency Plan:								
	_							