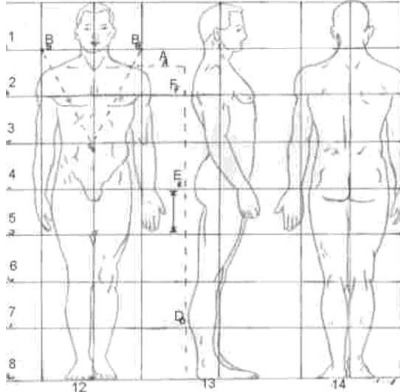


WILDERNESS AND REMOTE FIRST AID

FIRST AID REPORT RESCUE REQUEST

Victim's Name: _____ Date: _____ Age: _____ Location: _____ Time Started: _____	Evacuation Evaluation: Time of incident: _____ AM PM Mechanism or Injury (MOI) or Nature of Illness: (circle all that apply) Fall Illness Cold Burn Allergy Bite Sting Other: _____																																																										
PRIMARY (INITIAL) ASSESSMENT Consciousness Airway Breathing Circulation Disability Expose and Environment	Brief Description of Incident: 																																																										
SECONDARY (FOCUSED) ASSESSMENT Level of Responsiveness (LOR) (AVPU) Signs and Symptoms Allergies Medication Pertinent past medical history Last intake and output Event leading to present illness / injury	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"><u>Hands-on Physical Exam:</u></th> <th style="width: 12.5%;">Vital Signs</th> <th style="width: 12.5%;">Initial</th> <th style="width: 12.5%;">Ongoing</th> <th style="width: 12.5%;">Ongoing</th> <th style="width: 12.5%;">Ongoing</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Head/Neck</td> <td style="padding: 5px;">Time:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">LOR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">AVPU</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Chest</td> <td style="padding: 5px;">Breathing (Rate & Quality)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Abdomen</td> <td style="padding: 5px;">Pulse (Rate & Quality)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Pelvis</td> <td style="padding: 5px;">Skin (Color, Temperature, Moisture)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Legs/Arms</td> <td style="padding: 5px;">CSM</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Back</td> <td style="padding: 5px;">Pupils</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					<u>Hands-on Physical Exam:</u>	Vital Signs	Initial	Ongoing	Ongoing	Ongoing	Head/Neck	Time:						LOR						AVPU					Chest	Breathing (Rate & Quality)					Abdomen	Pulse (Rate & Quality)					Pelvis	Skin (Color, Temperature, Moisture)					Legs/Arms	CSM					Back	Pupils				
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Completed by:	Victim's Address: _____																																																										
Level of Training:	CITY: _____																																																										
Witnesses:	PHONE: _____																																																										
	NOTIFY: _____																																																										
	RELATIONSHIP: _____																																																										

WILDERNESS AND REMOTE FIRST AID

RESCUE REQUEST

Victim's Name: _____	Nearest Known Road: _____
Date: _____ Age: _____	Visible Landmarks: _____
Location: _____ Time Started: _____	GPS Coordinates: _____

Exact Location: (Include map if possible)	First Aid Given
Area Description	
Terrain	
On-site Plans	
Stay:	
Evacuate to:	
Stay overnight: Yes No	
On-site equipment	Evacuation Plan
Evacuation needed for:	
Equipment needed:	
Party members remaining	
Name:	
Phone contact:	
Other contact:	