

Wilderness and Remote First Aid Report Form/Rescue Request

Report Form																																													
Patient's Name: Age: Date: Time Started:	Evacuation Evaluation Time of incident: _____ AM/PM Mechanism of Injury (MOI) /Nature of illness: (circle all that apply) Fall, Illness, Cold, Heat, Burn, Allergy, Bite, Sting, Other _____ Brief Description of Incident																																												
Primary (Initial) Assessment Consciousness Airway Breathing Circulation Disability Environment and Expose	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Vital Signs</th> <th style="width: 15%;">Initial</th> <th style="width: 15%;">Ongoing</th> <th style="width: 15%;">Ongoing</th> <th style="width: 15%;">Ongoing</th> </tr> </thead> <tbody> <tr> <td>Time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LOR (AVPU)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Breathing (Rate and Quality) 12-20</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pulse (Rate and Quality) 50-100</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Skin (Color, Temp, Moisture) PWD</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pupils (Equal, Round, Reactive to Light)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CSM (Circulation, Sensation, Motion)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Vital Signs	Initial	Ongoing	Ongoing	Ongoing	Time					LOR (AVPU)					Breathing (Rate and Quality) 12-20					Pulse (Rate and Quality) 50-100					Skin (Color, Temp, Moisture) PWD					Pupils (Equal, Round, Reactive to Light)					CSM (Circulation, Sensation, Motion)				
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Secondary (Focused) Assessment Level of Responsiveness (LOR) Chief Complaint Signs and Symptoms Allergies Medications Pertinent Past Medical History Last Intake/Output Events Leading Up to the Incident																																													
Hands-On Physical Exam (DOTS)	Patient's Address:																																												
Head/Neck	Breathing (Rate and Quality) 12-20																																												
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Pelvis	Pupils (Equal, Round, Reactive to Light)																																												
Legs/Arms	CSM (Circulation, Sensation, Motion)																																												
Back	Notify (Name and Phone Number) Relationship																																												
Completed by Level of Training																																													

Rescue Request									
Exact Location (include map if possible) Quadrangle: _____ Section: _____ Area Description Terrain Local Weather	First Aid Given								
On-Site Plans <input type="checkbox"/> Stay <input type="checkbox"/> Evacuate to: Stay overnight: Yes or No On-site equipment: (circle all that apply) Tent, Stove, Food, Insulation, Flare, CB Radio, Other _____	Evacuation Plan								
Evacuation needed: Carry-out, Helicopter, Lowering, Raising Equipment needed: Rigid Litter, Food, Water, Other _____									
Party members remaining: Beginners, Intermediate, Experts	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Notify</th> <th style="width: 33%;">Phone</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Notify	Phone					
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