

Emergency Response – Patient Report

Include several copies of this form in your first aid kit

Patient Name		Sex M F	Age	Weight	Height	Date	Time
Consent to treat? Y N	Mechanism of Injury			Chief Complaint			
Cleared-Spine? Y N							
S T O P	Life Threatening Conditions (A B C D E)						T R E A T
	Airway Breathing Circulation/Severe Bleeding Disability (c-spine) Environment (cold/heat) Shock						
P A T I E N T H I S T O R Y	<u>Allergies (medications, food, stings)</u>		V I T A L S I G N S	NOTE: See Back for Continuing Monitoring			
	<u>Medications (dose, frequency)</u>			Time			
	<u>Past Injury/Illness</u>			Pulse			
	<u>Last Oral Intake</u>			Respiratory Rate/Quality			
	<u>Events Leading to Incident</u>			Skin	W P D	W P D	W P D
				Pupils (PERRL)	E R R L	E R R L	E R R L
				Mental Status	Alert x ___ V P U ___	Alert x ___ V P U ___	Alert x ___ V P U ___
		Skin – Is it W arm, P ink and D ry? Pupils – Are the E qual, R ound, and R eactive to Light? Mental Status – Does patient know the 4 questions? 1. Who they are? 3. What Happened? 2. Where they are? 4. What time/day is it? If patient is not Alert X 4 , does he/she respond to Verbal command or P ain? If not, then patient is U nconscious.					
Results of Head-to-Toe Exam:							
Spinal Assessment:							
Release Spinal Precautions		Neurological Exam		Range of Motion Test			
Summary of Assessment:							
Treatment Plan:							
Stabilize Cervical Spine Treat for Shock		Prevent Heat Loss Circulation/Sensation/Motion Check		Cool (if appropriate)			
Specific Treatments:							

Vital Signs & Continued Care (Minimum Information Necessary, add as needed)							
Time							
Pulse							
Respiratory Rate/Quality							
Skin	W P D	W P D	W P D	W P D	W P D	W P D	W P D
Pupils (PERRL)	E R R L	E R R L	E R R L	E R R L	E R R L	E R R L	E R R L
Mental Status	Alert x ___ V P U	Alert x ___ V P U	Alert x ___ V P U	Alert x ___ V P U	Alert x ___ V P U	Alert x ___ V P U	Alert x ___ V P U
Heat/Cool							
Treatment Site							
Evacuation Plan							
<u>Exact Location of Patient</u> ___ <i>Marked Map Attached</i>					<u>Helicopter Site</u> (100' X 100' Clear)		
<u>Resources on Site</u> (tents, bags, food, water, technical equipment, etc.)		<u>Messengers to notify</u> Rescue Agency: _____ Phone # : _____			<u>Terrain</u> <u>Distance to Roadhead:</u>		
<u>Personnel on Site</u>		<u>Communication Equipment on Site?</u> Cell Phone# Do you have reception at the site? 2 Way Radio? ___ Type: freq/channel:			<u>Current Weather</u>		
<u>Assistance Needed</u> ___ Medical ___ Helicopter ___ Carry-out ___ Search ___ Backboard ___ Technical Evacuation: Raise or Lower ___ Other:							
<u>Patient's Family Member</u> ___ Please contact							
_____		_____		_____		_____	
Name		Address		Phone		Relation	
<u>Message</u>							

For life threatening emergencies or fatalities contact the Outings Department as soon as possible at: 1-888-OUTINGS (1-888-688-4647) or 01-303-281-9914 if calling internationally. Also send an Incident Report form to the Outings Dept. following the incident.