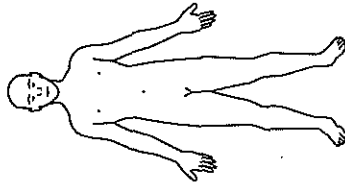


Appendix 3-7: Wilderness and Remote First Aid Report Form/Rescue Request

Report Form

Victim's Name: _____ Age: _____
 Date: _____ Time Started: _____

<p>Primary (Initial) Assessment</p> <p>Consciousness _____ Airway _____ Breathing _____ Circulation _____ Disability _____ Environmental and Expose _____</p> <p>Secondary (Focused) Assessment</p> <p>Level of Responsiveness _____ Signs and Symptoms _____ Allergies _____ Medications _____ Pertinent Past Medical History _____ Last Intake/Output _____ Events Leading Up to the Incident _____</p> <p>Hands-On Physical Exam</p>	<p>Evacuation Evaluation</p> <p>Time of incident: _____ AM/PM</p> <p>Mechanism of Injury (MOI)/Nature of Illness: (circle all that apply)</p> <p>Fall _____ Illness _____ Cold _____ Burn _____ Allergy _____ Bite or Sting _____ Other _____</p> <p>Brief Description of Incident _____</p> <div style="text-align: center;">  </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Vital Signs</td> <td style="width: 25%;">Initial</td> <td style="width: 25%;">Ongoing</td> <td style="width: 25%;">Ongoing</td> </tr> <tr> <td>Time</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LOR (AVPU)</td> <td></td> <td></td> <td></td> </tr> </table>	Vital Signs	Initial	Ongoing	Ongoing	Time				LOR (AVPU)			
Vital Signs	Initial	Ongoing	Ongoing										
Time													
LOR (AVPU)													

Head/Neck	Breathing (Rate and Quality)				
Chest	Pulse (Rate and Quality)				
Abdomen	Skin (Color, Temperature, Moisture)				
Pelvis	CSM				
Legs/Arms	Pupils				
Back	Victim's Address				
Completed by	Notify (Name and Phone Number)				
Level of Training	Relationship				

Rescue Request

Exact location (include map if possible)	First Aid Given
Area Description	
Terrain	
On-Site Plans	
<input type="checkbox"/> Stay <input type="checkbox"/> Evacuate to	
Stay overnight: Yes or No	Evacuation Plan
On-site equipment	
Evacuation needed for	
Equipment needed	
Party members remaining	
Name	
Notify/Phone	