PATIENT NAME ___________________________________ **M / F** **DOB** ___/___/___ **HT** __'__" **WT** ____
DATE ___/___/___ TIME ___:___ am / pm
Person preparing report: ___________________________________ cert: _________
Additional caregivers: ____

☐ **AIRWAY** ☐ **BREATHING** ☐ **CIRCULATION** ☐ **DISABILITY** ☐ **ENVIRONMENT**

SUBJECTIVE:

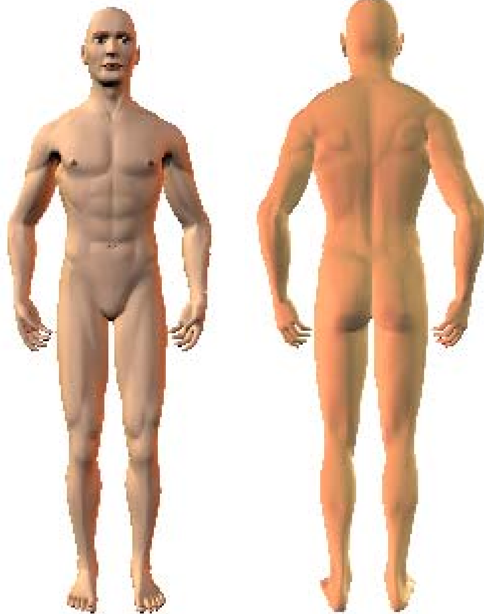
Description of Incident: (include complaints, symptoms, time, onset, mechanism, position found, patient and bystanders' accounts of events)

ASK:
ONSET
PROVOKES
QUALITY
RADIATE
SEVERITY
TIME
UNDO

Care (if any) given prior to arrival: ____

OBJECTIVE:

Physical exam:



HEAD ___________________________________
NECK ___________________________________
CHEST ___________________________________
ABDOMEN ___________________________________
LEGS ___________________________________
ARMS ___________________________________
BACK ___________________________________

Medical History
Surgeries ___________________________________
Allergies ___________________________________
Medications ___________________________________
Past Episodes ___________________________________
Medical History ___________________________________
Last Intake ___________________________________
Output ___________________________________
Events Prior ___________________________________
to Illness / Injury ___________________________________

Vital Signs: (every 5 min for unstable pt., every 20min for stable pt)

TIME:							
Pulse (beats / min) rate / rhythm / quality							
Resps (breaths /min) rate / rhythm / quality							
Skin (color, temp, moisture)							
LOC / Orientation: person, place, time, recall							
Pupils: (PERL)							
Distal Function: Circulation / Sensation Motion / Temperature							

©2002 Nathan G. Orgain nathan.orgain@uvm.edu

ASSESSMENT: (Describe each injury / complaint- include shock / environmental if necessary):

1 ______________________________
2 ______________________________
3 ______________________________
4 ______________________________
5 ______________________________

PLAN: (State your plan for treatment of each injury / complaint- include psychological first aid):

1 ______________________________
2 ______________________________
3 ______________________________
4 ______________________________
5 ______________________________
6 **MONITOR/VITAL SIGNS:**______________________________

INFORMATION FOR RESCUE:
LOCATION: (include trails, terrain, landmarks, altitude, coordinates, and marked copy of map if possible):
____
____
____
PERSONNEL ON HAND: ______________________________
CARRY-OUT NEEDED? Y N SPECIAL EQUIPMENT NEEDED: ______________________________
CONDITION OF PERSONNEL ON SCENE: ______________________________
ADDITIONAL INFORMATION:
____
____
____

CHRONOLOGY OF EVENTS: (food/H_2O, new complaints, treatment given, output, moves, additional vital signs, changes in plan):

TIME	Description of event:	Initials

©2002 Nathan G. Orgain nathan.orgain@uvm.edu