

WILDERNESS FIRST AID EVALUATION

VICTIM'S CONTACT INFO

EVACUATION REQUEST

INITIAL ASSESSMENT		Date of Incident	Name
Level of Consciousness (LOC, A, V, P, U)	<input type="checkbox"/> Alert	Time of Incident	Phone
	<input type="checkbox"/> Responds to Verbal		AM
	<input type="checkbox"/> Responds to Pain	PM	Dr. or Emerg. Contact Name
	<input type="checkbox"/> Unresponsive	Adult Normals: Pulse 60-100/m Cap refill < 2s Breaths 12-15/m Pupils: equal & reactive Temp 98.6 °F	Dr. or Emerg. Contact Phone
Pulse <input type="text"/>	Breaths <input type="text"/>		

HISTORY

Signs & symptoms _____

Allergies / Med-Alerts _____

Medications _____

Pertinent Past History _____

Last Food or Drink _____

Events Leading to Accident _____

FIRST AID APPLIED

Date Started _____ Time Started _____ AM
PM

Name of care giver _____

Total # to Evac, including victim on this form _____

Victim's Name _____

Victim's Phone _____

Dr. or Emerg. Contact Name _____

Dr. or Emerg. Contact Phone _____

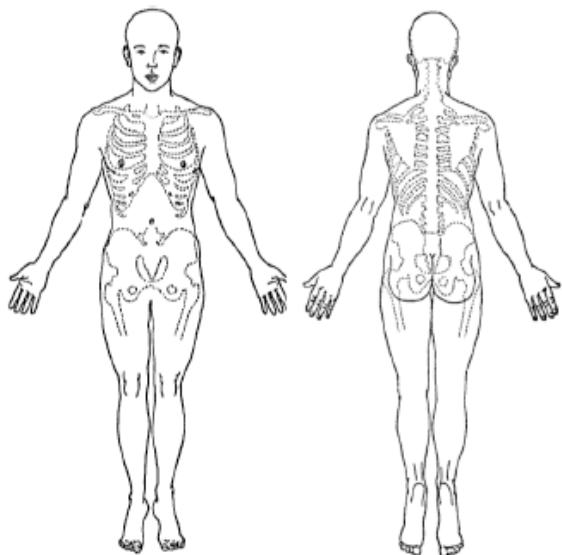
Date of Incident	Time of Incident	AM
		PM

Brief description of incident _____

Injuries (prioritize, noting pain level) _____

First aid given: _____

EXAM for Deformity, Open injury, Tenderness, Swelling



Examine: Head, Neck, Chest, Abdomen, Pelvis, Extremities, Back, Skin

Vitals	LOC (AVPU)	PULSE	BREATHS per Min	SKIN TEMP	SKIN COLOR
Time Initial					
AM					
PM					
AM					
PM					
AM					
PM					
AM					
PM					

