

## Wilderness and Remote First Aid Report Form/Rescue Request

<b>Report Form</b>					
Patient's Name: Age: Date: Time Started:	<b>Evacuation Evaluation</b> 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				
<b>Primary (Initial) Assessment</b> Consciousness Airway Breathing Circulation Disability Environment and Expose					
<b>Secondary (Focused) Assessment</b> Level of Responsiveness (LOR) Chief Complaint Signs and Symptoms Allergies Medications Pertinent Past Medical History Last Intake/Output Events Leading Up to the Incident					
	<b>Vital Signs</b>	<b>Initial</b>	<b>Ongoing</b>	<b>Ongoing</b>	<b>Ongoing</b>
	Time				
<b>Hands-On Physical Exam (DOTS)</b>	LOR (AVPU)				
Head/Neck	Breathing (Rate and Quality) 12-20				
Chest	Pulse (Rate and Quality) 50-100				
Abdomen	Skin (Color, Temp, Moisture) PWD				
Pelvis	Pupils (Equal, Round, Reactive to Light)				
Legs/Arms	CSM (Circulation, Sensation, Motion)				
Back	<b>Patient's Address:</b>				
<b>Completed by</b>	<b>Notify</b> (Name and Phone Number)				
Level of Training	Relationship				

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