

Wilderness and Remote First Aid Report Form/Rescue Request

Report Form						
Patient's Name: Age: Date: Time Started:	Evacuation Evaluation 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					
Primary (Initial) Assessment Consciousness Airway Breathing Circulation Disability Environment and Expose						
Secondary (Focused) Assessment Level of Responsiveness (LOR) Chief Complaint Signs and Symptoms Allergies Medications Pertinent Past Medical History Last Intake/Output Events Leading Up to the Incident						
		Vital Signs	Initial	Ongoing	Ongoing	Ongoing
		Time				
Hands-On Physical Exam (DOTS)		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	Patient's Address:					
Completed by		Notify (Name and Phone Number)				
Level of Training		Relationship				

Rescue Request			
Exact Location (include map if possible) Quadrangle: _____ Section: _____ Area Description Terrain Local Weather		First Aid Given	
On-Site Plans ___ 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 _____			
Party members remaining: Beginners, Intermediate, Experts		Evacuation Plan	
Name	Notify	Phone	