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

Valuation    Evacuation Evaluation      Age:    AM/PM      Date:    Time of incident:    AM/PM      Time Started:    Fall, Illness, Cold, Heat, Burn, Allergy, Bite, Sting, Other    Bitel Description of Incident      Consciousness    Brief Description of Incident    Brief Description of Incident      Circulation    Disability    Evaluation    Secondary (Focused) Assessment      Level of Responsiveness (LOR)    Chief Complaint    Signs and Symptoms    Allergies      Medications    Pertinent Past Medical History    Exerct Time Complaint    Ongoing    Ongoing      Signs and Symptoms    Allergies    Initial    Ongoing    Ongoing    Ongoing      Hands-On Physical Exam (DOTS)    LOR (A/PU)    Initial    Ongoing    Ongoing      Head/Neck    Breathing (Rate and Quality) 12-20    Initial    Initial    Initial    Initial      Abdomen    Sing (Color, Temp, Moistre) PWD    Initial    Initial    Initial    Initial    Initial
Date:    Mechanism of Injury (MOI) /Nature of Illness: (circle all that apply)      Time Started:    Fall, Illness, Cold, Heat, Burn, Allergy, Bite, Sting, Other
Time Started:    Fall, Illness, Cold, Heat, Burn, Allergy, Bite, Sting, Other    Image: Consciousness      Airway    Brief Description of Incident    Brief Description of Incident      Disability    Breathing    Stief Description of Incident      Disability    Breathing    Stief Description of Incident      Secondary (Focused) Assessment    Sessment    Stief Description of Incident      Level of Responsiveness (LOR)    Chief Complaint    Signs and Symptoms      Allergies    Medications    Pertiment Past Medical History      Last Intake/Output    Events Leading Up to the Incident    Time    Image: Cold (APPU)      Hands-On Physical Exam (DOTS)    LOR (AVPU)    Image: Cold (APPU)    Image: Cold (APPU)      Head/Neck    Breathing (Rate and Quality) 2-00    Image: Cold (Cold (Cold) (
Primary (Initial) Assessment    Brief Description of Incident      Consciousness    Airway      Breathing    Circulation      Disability    Environment and Expose      Secondary (Focused) Assessment    Evel of Responsiveness (LOR)      Chief Complaint    Signs and Symptoms      Allergies    Medications      Pertinent Past Medical History    Exvironment and Expose      Events Leading Up to the Incident    Vital Signs      Time    Initial    Ongoing    Ongoing      Hands-On Physical Exam (DOTS)    LOR (AVPU)    Initial    Initial    Initial      Head/Neck    Breathing (Rate and Quality) 12-20    Initial    Initial    Initial    Initial      Abdomen    Skin (Color, Temp, Motistury Struptor)    Skin (Color, Temp, Motistury Struptor)    Initial
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Time  Constraint    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
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Time  Constraint    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
Time  Constraint    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
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Quality) 50-100
Abdomen Skin (Color, Temp, Moisture) PWD
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)

Rescue Request				
Exact Location (include map if possible)			First Aid Given	
Quadrangle: Section:				
Area Description				
Terrain				
Local Weather				
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			Evacuation Plan	
Equipment needed: Rigid Litter, Food, Water, Other				
Party members remaining: Beginners, Intermediate, Experts				
Name N	otify	Phone		