

FIRST AID REPORT FORM



FIRST AIDER

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone # : _____ Cell #: _____

CASUALTY

Name: _____ Age: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone # : _____ Cell #: _____

SCENE SURVEY
Type of Incident: _____
Number of Casualties: _____ <i>(Use separate form for each)</i>
Responsive: ___ Unresponsive: ___

PRIMARY SURVEY		
AIRWAY	BREATHING	CIRCULATION
Clear: _____	Yes: _____	Good: _____ Poor: _____
Partial Block: _____	Effective: _____	Pulse: Yes: _____ No: _____
Blocked: _____	Ineffective: _____	Bleeding: Yes: _____ No: _____
		Shock: Yes: _____ No: _____

SECONDARY SURVEY		
HISTORY	VITAL SIGNS	HEAD TO TOE EXAM
S - Symptoms: _____	Time: _____	Head: _____
A - Allergies: _____	L.O.C.: _____	Neck: _____
M - Medications: _____	Breathing Rate: _____	Collarbones: _____
P - Past/Present Medical History: _____	Breathing Rhythm: _____	Shoulders/Arms/Hands: _____
L - Last Oral Intake: _____	Breathing Depth: _____	Chest/Back: _____
E - Events Leading up to Incident: _____	Pulse Rate: _____	Abdomen/Back: _____
	Skin Condition /Temp: _____	Legs/Feet: _____

First Aid Given: _____ Hand Over to Medical Help: _____

FIRST AIDER KEEPS ORIGINAL

EMERGENCY SCENE MANAGEMENT			
SCENE SURVEY	PRIMARY SURVEY	SECONDARY SURVEY	ON-GOING CARE
<p>Take Charge</p> <p>Call out for help</p> <p>Assess hazards to self and casualty</p> <p>History of the scene</p> <p># of casualties</p> <p>I.D. yourself & gain consent</p> <p>Assess responsiveness</p> <p>Send/Go for help</p>	<p>Assess for life threatening injuries or illnesses:</p> <p>A - Airway</p> <p>B - Breathing</p> <p>C - Circulation</p> <p>D - Deadly Bleeds</p> <p>Perform a rapid body survey, if needed</p>	<p>IF:</p> <ul style="list-style-type: none"> • Medical help is more than 20 minutes away • There is more than one casualty • You need to transport the casualty <p><u>History:</u></p> <p>S - Symptoms</p> <p>A - Allergies</p> <p>M - Medications</p> <p>P - Past/Present Medical History</p> <p>L - Last Oral Intake</p> <p>E - Events Leading up to Incident</p> <p><u>Vitals:</u></p> <p>L.O.C.</p> <p>Breathing</p> <p>Skin Conditions/Temperature</p> <p>Pulse</p> <p><u>Head to Toe Exam</u></p> <p><u>First Aid for Injuries Found</u></p>	<p>First Aid for Shock</p> <p>Monitor ABCD's</p> <p>Record Events</p> <p>Report on what happened</p> <p>Protect casualty's belongings</p> <p>Give nothing by mouth</p>

VITALS			
BREATHING	PULSE	L.O.C.	SKIN COND./TEMP
<p>Rate, Rhythm, Depth</p> <p>Adult - 10-20/minute</p> <p>Child - 20-30/minute</p> <p>Infant - 30-50/minute</p> <p>A.R. (every 2 minutes)</p> <p>Adult - 24 breaths, 1 breath every 5-6 seconds</p> <p>Child - 24-40 breaths, 1 breath every 3-5 seconds</p> <p>Infant - 40 cheekful breaths, 1 breath every 3-5 seconds</p>	<p>Adult - 60-80/minute</p> <p>Child - 80-150/minute</p> <p>Infant - 120-150/minute</p>	<p>Eye Opening Response</p> <p>Verbal Response</p> <p>Motor Response</p> <p>No Response</p> <p>A.V.P.U. Scale</p> <p>A - Alert</p> <p>V - Verbal</p> <p>P - Pain</p> <p>U - Unresponsive</p>	<p>Colour:</p> <p>Pale, blue, red, etc.</p> <p>Touch:</p> <p>Dry, sweaty, clammy, etc.</p> <p>Temperature:</p> <p>Cool, hot, normal</p>

MAKE GOOD CHOICES!