

FIRST AID REPORT

Date:		Location:			
CASUALTY		SECONDARY SURVEY			
Name:		History			
Street:		Symptoms:			
City:		Allergies:			
Province:	Postal code:	Medications:			
Phone:		P/P Medical Hx:			
Age (approx.):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Last meal:			
Family Doctor:		Events leading to incident:			
Phone:	Med. #:	Vital Signs			
Contact name:		Time:			
Phone:		LOC	Eyes:		
Relationship:			Verbal:		
FIRST AIDER			Motor:		
Name:		Breathing rate:			
Street:		Rhythm:			
City:		Pulse rate:			
Province:	Postal code:	Strength/rhythm:			
Phone:		Skin:			
EMERGENCY SCENE SURVEY		Head-to-Toe Examination			
Nature of incident: _____		Head:			
		Neck:			
		Collarbones:			
No. of casualties:		Shoulders, arms, hands _____			
Casualty is: <input type="checkbox"/> Responsive <input type="checkbox"/> Unresponsive		Chest/under:			
PRIMARY SURVEY		Abdomen/under:			
Airway: <input type="checkbox"/> Clear <input type="checkbox"/> Partially blocked <input type="checkbox"/> Completely blocked		Pelvis/under:			
		Legs, feet:			
		Notes: _____			
Breathing: <input type="checkbox"/> Yes <input type="checkbox"/> Effective <input type="checkbox"/> Ineffective <input type="checkbox"/> No					
Pulse: <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No Circulation: Shock: <input type="checkbox"/> Yes <input type="checkbox"/> No Severe bleeding: <input type="checkbox"/> Yes <input type="checkbox"/> No		HANDOVER TO MEDICAL HELP			
First aid given: _____					
MODIFIED GLASGOW COMA SCORE					
Eye opening response: <input type="checkbox"/> Open <input type="checkbox"/> Open to speech <input type="checkbox"/> Open to pain <input type="checkbox"/> Don't open					
Verbal response: <input type="checkbox"/> Alert; oriented <input type="checkbox"/> Confused; incoherent <input type="checkbox"/> No response					
Motor response: <input type="checkbox"/> Obeys commands <input type="checkbox"/> Moves to pain <input type="checkbox"/> No movement					