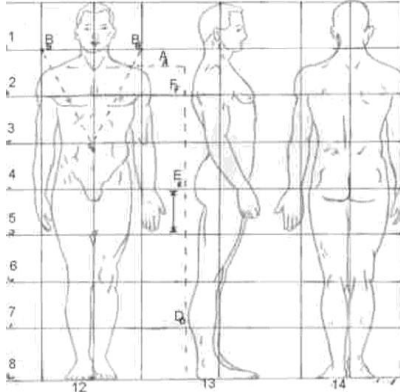


# WILDERNESS AND REMOTE FIRST AID

## FIRST AID REPORT RESCUE REQUEST

Victim's Name: _____ Date: _____ Age: _____ Location: _____ Time Started: _____	<b>Evacuation Evaluation:</b> Time of incident: _____ AM PM Mechanism or Injury (MOI) or Nature of Illness: (circle all that apply) Fall            Illness            Cold            Burn            Allergy Bite            Sting            Other: _____				
<b>PRIMARY (INITIAL) ASSESSMENT</b> Consciousness Airway Breathing Circulation Disability Expose and Environment	Brief Description of Incident:          				
<b>SECONDARY (FOCUSED) ASSESSMENT</b> Level of Responsiveness (LOR) (AVPU) Signs and Symptoms Allergies Medication Pertinent past medical history Last intake and output Event leading to present illness / injury					
<b>Hands-on Physical Exam:</b>	Vital Signs	Initial	Ongoing	Ongoing	Ongoing
Head/Neck	Time:				
	LOR				
	AVPU				
Chest	Breathing (Rate & Quality)				
Abdomen	Pulse (Rate & Quality)				
Pelvis	Skin (Color, Temperature, Moisture)				
Legs/Arms	CSM				
Back	Pupils				
Completed by:	Victim's Address: _____				
Level of Training:	CITY: _____				
Witnesses:	PHONE: _____				
	NOTIFY: _____				
	RELATIONSHIP: _____				

# WILDERNESS AND REMOTE FIRST AID

## RESCUE REQUEST

Victim's Name: _____	Nearest Known Road: _____
Date: _____ Age: _____	Visible Landmarks: _____
Location: _____ Time Started: _____	GPS Coordinates: _____

Exact Location: (Include map if possible)	First Aid Given
Area Description	
Terrain	
On-site Plans	
Stay: _____	
Evacuate to: _____	
Stay overnight: Yes No	Evacuation Plan
On-site equipment	
Evacuation needed for:	
Equipment needed:	
Party members remaining	
Name: _____	
Phone contact: _____	
Other contact: _____	