

Name of victim \_\_\_\_\_ DOB \_\_\_\_\_ Sex M/F \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_am/pm  
 Place \_\_\_\_\_ Weather conditions \_\_\_\_\_ Altitude \_\_\_\_\_  
 First aider/leader's name \_\_\_\_\_ Contact phone \_\_\_\_\_ Email \_\_\_\_\_  
 Witness name \_\_\_\_\_ Witness signature \_\_\_\_\_ Contact phone \_\_\_\_\_ Email \_\_\_\_\_  
**SCENE DESCRIPTION:** (who, what, where, how)

1. **Take control**
  - Self
  - Others
2. **Is it safe?**
3. **Primary survey**
  - Response
  - Airway
  - Breathing
  - CPR or chest compressions
4. **Shock management**
  - Rest & reassure
  - Pain relief
  - Environmental protection
5. **Secondary survey**
  - Head to toe
  - Vital signs
  - Medical history
6. **Plan of action**
7. **Treatment**
8. **Evacuation**

## VITAL SIGNS

Check vital signs every 15 minutes until condition is stable (4 sets of signs with same, or better recordings). Then every hour until condition is stable. Then every 4 hours.

**Levels of consciousness**

**A** - Alert and oriented: **A x 4**= the victim knows their name, the place, the time and what happened  
**A x 3**= can only answer three of the above questions  
**A x 2**= can only answer two of the above questions  
**A x 1**= can only answer one of the above questions

**V** - Verbal: the victim responds vaguely to shouted commands or questions  
**P** - Pain: the victim responds only to painful stimuli (pinch ear)  
**U** - Unresponsive: there is no response at all

		<b>TIME →</b>						
<b>LEVEL OF CONSCIOUSNESS</b> <i>normal: Ax4</i>	Ax4, Ax3, Ax2, Ax1, V, P, U (see box above)							
	<b>PULSE</b> <i>normal: 50 to 80, regular, strong</i>	Rate (beats/min)						
	Rhythm (regular? irregular?)							
	Character (strong? weak?)							
<b>RESPIRATION</b> <i>normal: 12 to 16, regular, average (up to 20 at high altitude)</i>	Rate (breaths/min)							
	Rhythm (regular? irregular?)							
	Character (normal? deep? shallow? wheezy?)							
<b>SKIN</b> <i>normal: pink, warm, dry</i>	Colour (pink, yellow, red, white, grey, bluish)							
	Temperature (hot, warm, cool, cold)							
	Moisture (dry, moist, clammy, sweaty)							
<b>TEMPERATURE</b> (if skin is hot or infection is a possibility) <i>normal: oral 36.5°C</i>								
<b>COMMENTS</b> (e.g. Lake Louise score, CSM, pain score, pupil size)								

# MEDICAL HISTORY

## Symptoms

(ask these questions for each symptom, as appropriate)

What is the problem? When did it start? How did it start/happen? Describe the symptom/pain. Where is it? Does it move anywhere else? Is it coming and going? Is it getting better or worse? On a scale of 1 to 10 (1 being no pain at all, 10 being the worst pain you can imagine), how severe is the pain?

What makes symptoms/pain better/worse (e.g. food, drink, position)? Have you taken anything for it?

Has this problem happened before? (if so, what was it called, how was it treated?).

Do you have any other symptoms or pain anywhere else? (Repeat questions above for each symptom/pain).

**Is there anything else?** How have you been sleeping? How are you feeling (worried, depressed, frightened)? What do you think it is?

## Ins & Outs

**Liquid:** amount drunk in last 24 hrs (e.g. water, juice, cordial, tea, coffee, soup). Is this normal for you?

**Urination:** how many times in last 24 hrs? What was the colour, amount and smell of last pee?

**Food:** quantity eaten in last 24 hrs (usual amount, less, much less or none)

**Bowel movements:** how many times in last 24 hrs? Is this normal for you?

**Vomit:** what was vomited, amount? How many times in last 24 hrs?

**Menstruation (women):** if appropriate, ask: Are your periods normal? Could you be pregnant?

# PHYSICAL EXAMINATION

**Head to Toe** (describe in detail and/or draw a diagram)

Head and neck

Chest and rib cage

Back and spine

Belly (abdomen)

Pelvis

R leg

L leg

R arm

L arm

CSM (*circulation, sensation, movement*)

BOM (*bites, odours, medi alert tags*)

AT ALTITUDE: *Lake Louise Score*

*HAPE? listen to chest*

*HACE? heel-to toe walking test, finger-nose test, standing test, mental test*

→ Did the victim lose consciousness? Yes / No. If yes, how long for?

## General Medical History

**Previous medical history:** Do you have any medical conditions or illnesses (e.g. asthma, diabetes, epilepsy, blood pressure, angina)? Have you been to the doctor in the last 12 months? What for? Have you had any serious illnesses, injuries or operations in the past?

**Medications/recreational drugs/alcohol/smoking:** Are you taking any medications? What for? Dose? Did a doctor prescribe them? Have you missed any medications you should be taking? Have you been drinking alcohol or using any recreational drugs? Do you smoke?

**Allergies:** Are you allergic to anything (e.g. medications, food, stings, adhesive tape, pollen)? What is the reaction? Do you think your present problem could be caused by your allergy?

## DIAGNOSIS

(if you have one)

Are there any other possibilities?

## WHAT COULD GO WRONG NEXT?

## TREATMENT AND MANAGEMENT PLAN

(what are you going to do now and over the next few days?)

## ASSESSMENT:

condition is OK, mild, moderate, serious, shocked