

WILDERNESS FIRST AID EVALUATION

INITIAL ASSESSMENT		Date of Incident
Level of Consciousness (LOC, A, V, P, U)	<input type="checkbox"/> Alert	Time of Incident
	<input type="checkbox"/> Responds to Verbal	
	<input type="checkbox"/> Responds to Pain	Adult Normals:
	<input type="checkbox"/> Unresponsive	Pulse 60-100/m Breaths 12-15/m Temp 98.6 °F
Pulse	Breaths	Cap refill < 2s Pupils: equal & reactive

HISTORY

Signs and Symptoms _____

Allergies / Med-Alerts _____

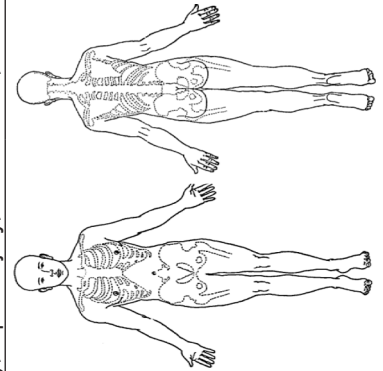
Medications _____

Pertinent Past History _____

Last Food or Drink _____

Events Leading to Accident _____

EXAM for Deformity, Open injury, Tenderness, Swelling



Examine: Head, Neck, Chest, Abdomen, Pelvis, Extremities, Back, Skin

INJURED OR ILL PERSON'S CONTACT INFO

Name _____

Phone _____

Doctor or Emergency Contact Name _____

Doctor or Emergency Contact Phone _____

FIRST AID APPLIED

Date Started _____ Time Started _____ AM
PM

Name of Caregiver _____

EVACUATION REQUEST

Total number to Evac, including injured or ill person on this form _____

Injured or Ill Person's Name _____

Injured or Ill Person's Phone _____

Doctor or Emergency Contact Name _____

Doctor or Emergency Contact Phone _____

Date of Incident _____ Time of Incident _____ AM
PM

Brief description of incident: _____

Injuries (prioritize, noting pain level): _____

First aid given: _____

Vitals Time	LOC (AVPU)	PULSE	BREATHS per Min	SKIN TEMP	SKIN COLOR
Initial					
AM					
PM					
AM					
PM					
AM					
PM					
AM					
PM					

EVACUATION REQUEST

Exact location (include map or sketch): _____

GPS Lat: _____ " ° ' " "

GPS Long: _____ " ° ' " "

Area description: _____

Terrain or hazards rescuers need to be aware of: _____

Site visible from air? Look for (describe landmarks, signals, tent color, etc.):
 Yes / No _____

Radio or cell phone communications? _____

On-site plan: If stay put is NO, will evacuate to:
 Will stay put Yes / No _____
 Can stay overnight? Yes / No _____

List on-site equipment available: _____

List equipment or supplies needed: _____

Party members remaining _____ Notify/phone _____

VITAL SIGN RECORD		Every 15 minutes for 1st hour or if changing. Every hour if stable.									
Date	Time	LOC (AVPU)	Pulse		Pulse Below Injury		Breaths		Pupils	Skin	Other
			Rate	Character	Rate	Character	Rate	Character			
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	PM										
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