

# Wilderness and Remote First Aid Report Form/Rescue Request

## Report Form

Injured or Ill Person's Name:

Age:

Date:

Time Started:

### Evacuation Evaluation

Time of incident: \_\_\_\_\_ AM/PM

Mechanism of Injury (MOI)/Nature of illness (circle all that apply):

Fall    Illness    Cold    Heat    Burn    Allergy    Bite    Sting

Other \_\_\_\_\_

### Primary (Initial) Assessment

Consciousness

Airway

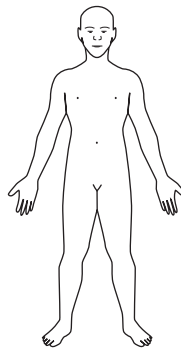
Breathing

Circulation

Disability

Environment and Expose

Brief Description of Incident



### Secondary (Focused) Assessment

Level of Consciousness (LOC)

Chief Complaint

Signs and Symptoms

Allergies

Medications

Pertinent Past Medical History

Last Intake/Output

Events Leading Up to the Incident

	Vital Signs	Initial	Ongoing	Ongoing	Ongoing
	Time				
<b>Hands-On Physical Exam (DOTS)</b>	LOC (AVPU)				
Head/Neck	Breathing (Rate and Quality) 12–20				
Chest	Pulse (Rate and Quality) 60–100				
Abdomen	Skin (Color, Temp, Moisture) PWD				
Pelvis	Pupils (Equal, Round, Reactive to Light)				
Legs/Arms	CSM (Circulation, Sensation, Motion)				
Spine	<b>Injured or Ill Person's Address:</b>				
<b>Completed by:</b> Level of Training:	<b>Notify</b> (Name and Phone Number): Relationship:				

# Rescue Request

<p><b>Exact Location</b> (include map if possible)          Quadrangle: _____ Section: _____          Area Description          Terrain          Local Weather</p>	<p><b>First Aid Given</b></p>					
<p><b>On-Site Plans</b>  <input type="checkbox"/> Stay  <input type="checkbox"/> Evacuate to:          Stay overnight: Yes or No          On-site equipment (circle all that apply):          Tent Stove Food Insulation Flare CB Radio          Other _____</p>						
<p>Evacuation needed: Carry-Out, Helicopter, Lowering,          Raising          Equipment needed: Rigid Litter, Food, Water,          Other _____</p>	<p><b>Evacuation Plan</b></p>					
<p><b>Party members remaining:</b> Beginners, Intermediate, Experts</p> <table border="1"> <thead> <tr> <th data-bbox="213 1010 445 1050">Name</th> <th data-bbox="445 1010 676 1050">Notify</th> <th data-bbox="676 1010 908 1050">Phone</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Notify	Phone		
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