WILDERNESS FIRST AID EVALUATION

INITIAL ASSESSMENT

Level of Consciousness (LOC, **A,V,P, U**)
- ☐ **A**lert
- ☐ Responds to **V**erbal
- ☐ Responds to **P**ain
- ☐ **U**nresponsive

Pulse _____ Breaths _____

Date of Incident

Time of Incident AM PM

Adult Normals:
Pulse 60-100/m Cap refill < 2s
Breaths 12-15/m Pupils: equal
Temp 98.6 °F & reactive

HISTORY

Signs & symptoms

Allergies / Med-Alerts

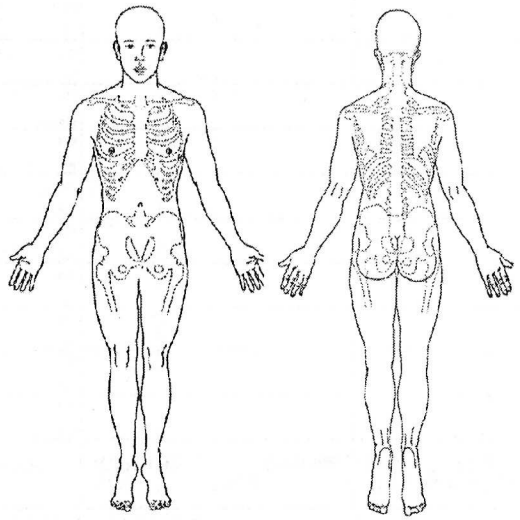
Medications

Pertinent Past History

Last Food or Drink

Events Leading to Accident

EXAM for **D**eformity, **O**pen injury, **T**enderness, **S**welling



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

VICTIM'S CONTACT INFO

Name

Phone

Dr. or Emerg. Contact Name

Dr. or Emerg. Contact Phone

FIRST AID APPLIED

Date Started

Time Started AM PM

Name of care giver

EVACUATION REQUEST

Total # to Evac, including victim on this form _____

Victim's Name

Victim's Phone

Dr. or Emerg. Contact Name

Dr. or Emerg. 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					
AM PM					

VITAL SIGN RECORD

Every 15 minutes for 1st hour or if changing. Every hour if stable.

Date	Time	LOC (AVPU)	Pulse Rate	Pulse Charcter	Pulse below injury Rate	Pulse below injury Charcter	Breaths Rate	Breaths Charcter	Pupils	Skin	Other
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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? Yes / No

Look for (describe landmarks, signals, tent color, etc.)

Radio or cell phone communications?

On-site plan:

Will stay put Yes / No

Can stay overnight? Yes / No

If stay put is NO, will evacuate to:

List on-site equipment available:

List equipment or supplies needed:

Party members remaining

Notify/phone