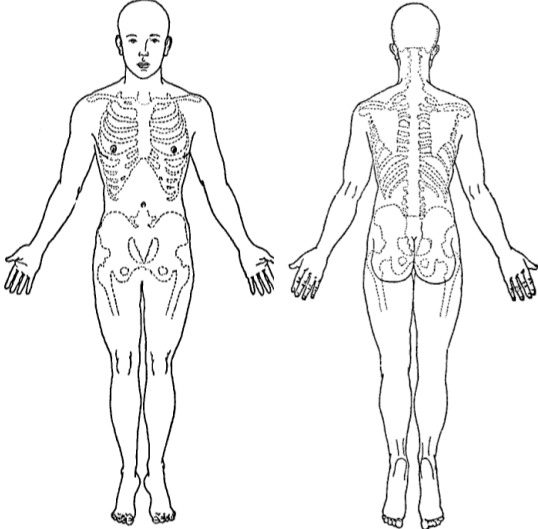


WILDERNESS FIRST AID EVALUATION

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

VICTIM'S CONTACT INFO	
Name _____	
Phone _____	
Dr. or Emerg. Contact Name _____	
Dr. or Emerg. Contact Phone _____	

HISTORY	
Signs & 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	

FIRST AID APPLIED	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
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	LOC (AVPU)	PULSE	BREATHS per Min	SKIN TEMP	SKIN COLOR
Initial	AM				
	PM				
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				

