Wilderness First Aid Basics

First Aid Report Form

American Red Cross

Start Here First Aid Given **Rescue Request** INITIAL ASSESSMENT Time of Incident: Level of Consciousness: AM Nature of Incident: Respiration: ☐ Fall ☐ Illness ☐ Heat ☐ Cold ☐ Burn ☐ Allergy \square Bite or Sting \square Other Pulse: **Brief Description of Incident SAMPLE HISTORY** Signs and Symptoms: Allergies: Detach Here - Keep this section with victim Medications: Pertinent Past History: Injuries: First Aid Given: Last Fluid or Food: **Events Leading to Accident: PHYSICAL EXAM (DOTS)** Head: Neck: Pain (Location): Skin Temp/Color: Chest: Abdomen: Consciousness: Pelvis: Initial: Extremities: Time: Back: Resp: Skin: Pulse: Victim's Name: Age: Victim's Name: Age: Address Completed by: Date: Time Started: Notify (Name) Relationship: Phone:

Rescue Request Exact Location (include map if possible): Area Description: Terrain: On-site Plans: ☐ Will stay put ☐ Will evacuate to: _____ Can stay overnight: ☐ Yes □ No On-site equipment: Evacuation needed for:_____ Equipment needed:_____ Party members remaining: Notify/Phone Name

Vital Sign Record

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Record Time	Breaths		Pulse		Pulse Below Injury	Pupils	Skin	State of Conscious- ness	Other
	Rate	Character	Rate	Character	ilijui y			liess	
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