

Emergency Procedures

Subject's Name: _____

Age: _____ Gender: _____ Height: _____ Weight: _____

Expedition Number: _____ Itinerary Number: _____

Exact Location (Mark with X on map): _____

Exactly what Happened: _____

Scene Description (include environmental conditions): _____

SUBJECTIVE:

Patient Complains of: _____

Mechanism of Injury: _____

Allergies: _____

Medications: _____

Past History: _____

Last Meal: _____

Events Leading up to Injury: _____

OBJECTIVE:

Upon further examination, this was found: _____

When sending for help:

Write down

EVERYTHING

Send 4 CALM people

Bring the following:

1. Water
2. Food
3. Map & Compass
4. First Aid Kit (small)
5. Lighter
6. Raingear
7. Warm Clothes
8. Watch
9. Flash Light

REMEMBER:

Do NOT overexert

Use good common sense

STAY CALM!!!

What provoked pain?

What kind of pain

(Quality)?

Has pain moved?

Severity (1-10)?

Time—When did it start

and does it come & go?

Time	Pulse	Respiration	Blood Pressure	Skin	Temperature	AVPU
			/			
			/			
			/			
			/			
			/			

Alert x3
 Voice
 Responsive
 Pain Responsive
 Unresponsive

Assessment (know problems)	Anticipated (worst case)	Plan (what will be done for subject)