Wilderness First Aid

Start Here

INITIAL ASSESSMENT

Level of Consciousness: A V P U

Respirations: (Rate & Character)

Pulse: (Rate & Character)

SAMPLE HISTORY

Signs and **S**ymptoms:

Allergies:

Medications:

Past History:

Last Oral Intake:

Events Leading to Accident:

PHYSICAL EXAM (DOTS)

Head:

Neck:

Chest:

Abdomen:

Pelvis:

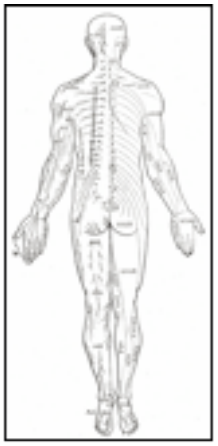
Extremities:

Back:

Skin:

Victim's Name:	
Male or Female *(Circle One)*	Age:
Address:	
City	State
Phone:	

First Aid Report Form



First Aid Given & Supplies Used

Date Started: / /

Time: _____ AM / PM *(Circle One)*

Emergency Care and Safety Institute

Rescue Request

Time of Incident: AM / PM	Date: / /

Nature of Incident:

❑ Fall ❑ Illness ❑ Heat ❑ Cold

❑ Burn ❑ Allergy ❑ Bite or Sting

❑ Other

Brief Description of Incident:

Injuries:	First Aid Given:
Pain *(Location)*:	
Skin Temp/Color	
Consciousness: A V P U	

Time	Initial			Leave Scene
Pulse				
Respiration				

Victims Name:	Age:
Address:	
Notify *(Name)*	
Relationship	Phone

Vital Sign Record

Time	Breaths		Pulse		Pulse Below Injury	Pupils	Skin	LOC	Other
	Rate	Character Deep Shallow Noisy Labored	Rate	Character Strong Weak Regular Irregular	Strong Weak Absent	Equal Unequal Reactive	Color Temp Moistness	AVPU	

Emergency Care and Safety Institute

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:

On-site Contact	Telephone/Radio