

MAZAMA TRAIL TRIPS FIRST AID REPORT FORM

Use this form to document an accident or illness on a Trails Trip Outing (presumes Basic First Aid training).

Scene Survey (safety, initial impression, gloves, permission)

# of Patients:	Introduce self, obtain permission to assist: Y N	Location:	Time:	Description of scene:
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Check A,B,C's – Stop and Fix

Airway:	Breathing:	Circulation (bleeding):	Suspect spinal or head injury? Y N <i>If Y, do not move patient, keep head and back from moving.</i>	Protect patient from environmental conditions (cold, heat, hazards).
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Patient Information:

Name:	Age:	Phone:	Address:	Emergency Contact:
	Sex: M/F			

Document Injuries/Illness

Ask what happened, where it hurts

Injury: Ask or check for wounds on HEAD, NECK, CHEST, ABDOMEN, PELVIS, ARMS/HANDS, LEGS/FEET, BACK.

Illness: Ask patient to describe the symptoms they are feeling, for how long.

Describe:

Describe First Aid Given:

Medical History

Allergies:

Medications:

Past Medical History:

Last Food/Water:

Evacuation Plan

Self Evacuation?

Describe Plan:

Call Emergency 911?

Describe Plan:

Rescuer Name(s):

Phone:

Email:

Notes: