

Patient Assessment	
Patient Name:	Date: Time:
A irway	
B reathing	
C irculation	
D isability	
E nvironment	
F ocused Exam	
Head/Neck	
Shoulders/Clavicle	
Chest/Sternum	
Abdomen	
Pelvis/Hips	
Legs/Feet	
Arms/Hands	
Back Cervical Thoracic Lumbar Sacrum Coccyx	
G et Vitals	
Time	
Level of Responsiveness (AVPU)	
Heart Rate/Rhythm/Quality	
Respiration Rate/Rhythm/Quality	
Skin Color/Temp/Moisture	
H istory	
Chief Complaint	
MOI (Mechanism of Injury)	
S ymptoms	
O nset	
P rovoke/Palliate	
Q uality	
R adiate (Leads to where?)	
S everity (1-10)	
T rend (When did it start)	
A llergies	
M edications	
P ertinent History	
L ast Intake/Output	
E vents Preceding	

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SOAP Note					
Date:		Time:			
Patient	Name:				Age:
	Address:				M or F
	Phone:			Notify:	
	Relation:			Phone:	
Subjective	(moi c/c opqrst)				
	(Patient Exam SAMPLE History)				
Vital Signs	Time	AVPU	HR/Character	RR/Character	SCTM
Assessment					
Plan					

Rescue Request	
Location	Quadrangle/Coordinates Area Description
On The Scene Plans	Stay Put Evacuate to trail to road to local shelter Will send some members out Notes:
Equipment Needed	Food Water Shelter Stove and Fuel Sleeping Bags Climbing Hardware Rope Notes:
Weather	Temp: Hot Warm Cold Freezing Precip: Dry Intermittent Rain Rain Snow Notes:
Type of Evacuation	Lowering Operating Carry Out Rigid Stretcher Helicopter None until specialized medical assistance Notes:
Remaining Party Members	Name _____ Notify _____ Phone _____
Notes	

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Vital Sign Record							
Time	Heart Rate		Respiratory Rate		Skin	LOR	BP
Date Hour	Beats Per Minute	Character: Strong Weak Regular Irregular	Breaths Per Minute	Character: Deep Shallow Noisy Labored	Color Temperature Moisture	AVPU	Blood Pressure
Focused Spine Exam: Date _____ Time _____ Patient Assessment/History Complete _____ Reliable (A+0x3, Sober, No Distract Injury) _____ CSM (4 Extremities) _____ No Spine Tenderness _____							