



Medical Report Record (Retain at site)

For the First Aid Scribe to record the primary First Aider's findings.
The Get Help Team needs to snap a photo of this card!

© 2022 CMC rev. 2-20-2022

1. **Secondary Assessment -- Head-to-Toe Exam**
 - a. Scalp? Ears? Nose? Eyes? Mouth? Neck? _____
 - b. Shoulders? Arms? Fingers? Spine? Chest? _____
 - c. Abdomen? Pelvis? Legs? Feet? Toes? CSMs? _____
2. **Vital Signs – Record this item #2 findings in the chart on page 2**
 - a. Level of Responsiveness (Alert + Oriented x ____):
----- A+Ox4 if conscious: (i.e., Alert+ Oriented to Person, Place, Time, Event)
----- AVPU if not conscious: Alert to? Voice? Pain? Unresponsive?
 - b. Pulse (50-100 normal. Note rate, rhythm, strength)?
 - c. Respirations (12-20 normal. Note rate, rhythm, effort)?
 - d. Skin signs (Note color, temperature, moisture)?
 - e. Blood pressure (At radial or pedal. Note weak or strong)?
 - f. Pupils (Note size, shape, reactivity to light)?
 - g. CSM's (Check extremities. Circulation/Sensitivity/Motion)
3. **Medical History**
 - a. Chief complaint? _____
 - b. Symptoms? _____
 - c. Allergies? _____
 - d. Medications? _____
 - e. Pertinent medical history? _____
 - f. Last intake/output? _____
 - g. Events recently? _____
4. **Mental/psychological state?** calm agitated despair scared other
5. **Overall Assessment**
 - a. Severity (life threatening, severe, moderate, low)? _____
 - b. Trend (deteriorating, stable, improving)? _____
6. **List significant injuries in order of severity. Indicate treatment and/or actions taken:** _____
7. **Evacuation Decision**
 - a. Immediate? If not immediate, when? _____
 - b. Resources requested (litter, helicopter, special meds)? _____

8. Patient Information

- Name? _____
- Age? _____ Gender? _____ Weight? _____
- Emergency contact name? _____
- Phone? _____ email? _____
- Emergency contact address/location? _____

- Relationship? _____ Permission to call? Y? N? Unknown?

9. Vital Signs Record (20 minutes if responsive; every 5 minutes if not)

TIME	Initial __:__	__:__	__:__	__:__	__:__
Level of Responsiveness -Alert? -Oriented?					
Pulse/min -Regular? -Strong?					
Respirations /min -Regular? -Easy?					
Skin (SCTM) -Color? -Temp? -Moisture?					
Blood Pressure (radial/pedal) -weak -strong					
Pupils (PERRL) -Size? -Equal? -Round? -React to Light?					
CSM's (arms/legs) -Circulation? -Sensitivity? -Motion?					