

**EMERGENCY REPORT FORM – PAGE 1**

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Patient's Name \_\_\_\_\_

Age \_\_\_\_\_ yr Date \_\_\_\_\_ Time \_\_\_\_\_

**1. Initial Exam:**

Airway Open? Breathing? Circulation – Pulse?  
 Stop major bleeding – Check for any life threats  
 and major injuries.

Stabilize neck if any suspicion of spine injury.

**2. Level of Consciousness (LOC):**

Alert     Responds to verbal commands

Responds to pain     Unconscious

**3. Protect the patient and yourselves. Prevent further injury.****4. Detailed Exam:** (Performed by 1 person)**RECORD FINDINGS & TREATMENT.**

Head:  Lacerations     Depressions \_\_\_\_\_

Pupils:  Constricted     Dilated     Unequal

Ears:  Fluid? Color \_\_\_\_\_

Nose:  Fluid? Color \_\_\_\_\_

Mouth:  Blood?

Neck:  Wounds     Deformities \_\_\_\_\_

Chest:  Unequal movement     Fractured ribs

Abdomen:  Pain     Rigidity    Where? \_\_\_\_\_

Pelvis: Stability: \_\_\_\_\_

Legs: Wounds, deformities \_\_\_\_\_

Feet: Check pulses, movement, sensation

Arms: Wounds, deformities \_\_\_\_\_

Hands: Check pulses, movement, sensation

Back: Wounds, deformities, pain \_\_\_\_\_

Skin: Color \_\_\_\_\_

Hot     Cold     Moist     Dry

**5. History:**

What happened? \_\_\_\_\_

Where does it hurt? \_\_\_\_\_

Allergies? \_\_\_\_\_ Medications? \_\_\_\_\_

\_\_\_\_\_ Med-Alert tag? \_\_\_\_\_

Past relevant medical history \_\_\_\_\_

Last oral intake

Tear here and take bottom part to rescuers.

**INFORMATION FOR RESCUERS**

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ yr

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_

Person to Notify: \_\_\_\_\_

Phone: \_\_\_\_\_

What happened: \_\_\_\_\_

Training level of caretaker: \_\_\_\_\_

Injuries/Illness: \_\_\_\_\_

LOC: \_\_\_\_\_

Significant exam findings: \_\_\_\_\_

Treatment given: \_\_\_\_\_

Allergies: \_\_\_\_\_

Meds: \_\_\_\_\_

Vital signs: \_\_\_\_\_

Time | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Pulse | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Respiration | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

