

CASUALTY CARD (*Note times and events on reverse)

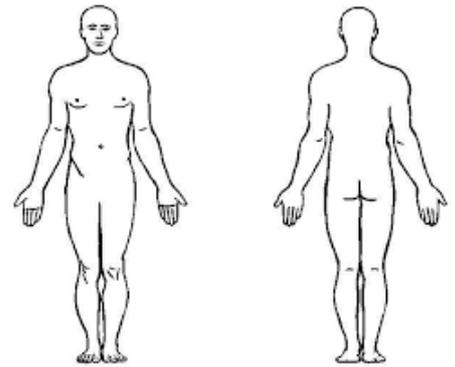
Date of Incident

Time of Incident*

Casualty First Name & Surname	DOB	Age	M/F
Address	Tel		
	Mobile		
Emergency contact	Tel		
Doctor	Tel		

Past medical history

PRIMARY SURVEY		SECONDARY SURVEY Physical Exam	
Airway		Head	<input type="checkbox"/>
Open <input type="checkbox"/>	Obstructed <input type="checkbox"/>	Eyes	<input type="checkbox"/>
Clear <input type="checkbox"/>	Possible injury <input type="checkbox"/>	Ears (fluid / blood)	<input type="checkbox"/>
Breathing		Nose (fluid / blood)	<input type="checkbox"/>
Normal <input type="checkbox"/>	Problem <input type="checkbox"/>	Mouth (blood / smell)	<input type="checkbox"/>
Circulation		Neck	<input type="checkbox"/>
Signs of circulation	<input type="checkbox"/>	Chest	<input type="checkbox"/>
External bleeding <input type="checkbox"/>	Slight <input type="checkbox"/>	Abdomen (rigidity)	<input type="checkbox"/>
	Severe <input type="checkbox"/>	Pelvis (instability)	<input type="checkbox"/>
Response Level		Lower extremities	<input type="checkbox"/>
Alert	<input type="checkbox"/>	Upper extremities	<input type="checkbox"/>
Voice	<input type="checkbox"/>	Spine	<input type="checkbox"/>
Pain	<input type="checkbox"/>	Pulse	<input type="checkbox"/>
Unresponsive	<input type="checkbox"/>	Check pockets	<input type="checkbox"/>



Notes

SECONDARY SURVEY

Symptoms & Signs	
Illnesses (check pockets)	
Allergies (check pockets)	
Medicines (check pockets)	
Last meal (type and time)	
Events leading to situation	

VITAL SIGNS

Time																				
Breathing Rate																				
Pulse Rate																				
Temperature																				
Colour																				
Pupils L / R																				
Pulse below wound																				
AVPU level																				

RESCUE REQUEST

Time of incident		Date			
Location		Grid Ref			
Nearest feature					
Stay here	Y/ N	Moving to			
Description of incident					
Hazards					
Help at scene	First Aider	<input type="checkbox"/>	Paramedic	<input type="checkbox"/>	Doctor <input type="checkbox"/> Nurse <input type="checkbox"/>
Closest vehicle access					
Local weather					
Contact numbers of people at scene of incident	Name			Mobile	
	Name			Mobile	
	Name			Mobile	
	Name			Mobile	
Other casualties	Name	Age	M / F	Condition	Treatment
Casualty 2					
Casualty 3					
Casualty 4					
Casualty 5					
RESOURCES (Describe)					
Water			Fuel supplies		
Food			Clothing		
Lighting			Storm shelters		
Stoves			Communications		
Tents			Medical supplies		
GROUP DETAILS					
Number in party	<input type="checkbox"/>	Experience levels	Excellent	<input type="checkbox"/>	Good <input type="checkbox"/> Poor <input type="checkbox"/>
Able to walk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Overall group condition	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor <input type="checkbox"/>
NAME OF PERSON CARRYING THIS CARD					
POSITION / APPOINTMENT/ROLE					
TIME & DATE DEPARTED SCENE TO GET HELP					
SUPORVISOR (Name)			MOBILE		