



**Assessment = What you think is wrong**

POSSIBLE PX	TIME	CURRENT PX	ANTICIPATED PX
<p><b>Traumatic Px</b></p> Unstable Spine Concussion / ↑ ICP Trunk Injury Respiratory Distress Volume Shock Unstable Extremity Injury Stable Extremity Injury Wounds			
<p><b>Environmental Px</b></p> Dehydration / Low Sodium Cold / Hypothermia Heat Exhaustion / Stroke Frostbite / Burns Local / Systemic Toxin Local / Systemic Allergy Near Drowning Acute Mountain Sickness Lightning SCUBA / Free Diving			
<p><b>Medical Px</b></p> Circulatory System Px Respiratory System Px Nervous System Px Endocrine System Px Gastrointestinal System Px Genitourinary System Px Ear Px Eye Px Tooth & Gum Px Skin Px Infectious Disease			

ADDITIONAL PATIENT NOTES

**Plan = What you are going to do**

FIELD TREATMENT	MONITOR
Time	

EVACUATION PLAN									
Time	Level								
	1 2 3 4	<input type="checkbox"/> None	<input type="checkbox"/> Self	<input type="checkbox"/> Assist	<input type="checkbox"/> Carry	<input type="checkbox"/> Litter	<input type="checkbox"/> Vehicle		
	1 2 3 4	<input type="checkbox"/> None	<input type="checkbox"/> Self	<input type="checkbox"/> Assist	<input type="checkbox"/> Carry	<input type="checkbox"/> Litter	<input type="checkbox"/> Vehicle		
	1 2 3 4	<input type="checkbox"/> None	<input type="checkbox"/> Self	<input type="checkbox"/> Assist	<input type="checkbox"/> Carry	<input type="checkbox"/> Litter	<input type="checkbox"/> Vehicle		

**Additional Information**

RESCUER 1 Name		Age
E-mail	Male	Female
Address	Phone	
	Cell	
	Organization	
RESCUER 2 Name		Age
E-mail	Male	Female
Address	Phone	
	Cell	
	Organization	
WITNESS 1 Name		Age
E-mail	Male	Female
Address	Phone	
	Cell	
	Relationship	
WITNESS 2 Name		Age
E-mail	Male	Female
Address	Phone	
	Cell	
	Relationship	
WITNESS 3 Name		Age
E-mail	Male	Female
Address	Phone	
	Cell	
	Relationship	

EMERGENCY CALL LOG		
Time	Number	Person/Organization