

Assessment = What you think is wrong

POSSIBLE PROBLEMS	CURRENT PROBLEMS	
<p>Traumatic Problems Musculoskeletal Injury to:</p> <ul style="list-style-type: none"> • Spine • Head • Chest • Abdomen • Pelvis • Extremities <p>Soft Tissue Injury</p>	Time	
<p>Critical System Problems</p> <ul style="list-style-type: none"> • Spinal Cord Injury • Concussion / Increased ICP • Respiratory Distress • Volume Shock 		
<p>Environmental Problems Dehydration / Hyponatremia Sun Injury Heat Exhaustion / Heat Stroke Exertional Rhabdomyolysis Minor Heat Injury Thermal ± Respiratory Burn Lightning Injury Cold Response / Hypothermia Freezing Injury / Non-freezing Injury Drowning Toxic Reaction Local Allergic Reaction Anaphylaxis Acute Mountain Sickness SCUBA / Free Diving Injury</p>		
<p>Medical Problems Non-urgent Px = No Red Flag S/Sx Urgent Px = Red Flag S/Sx</p>		

NON-URGENT S/SX FOR MEDICAL PROBLEMS REQUIRING A LEVEL 3 EVAC

- Any problem that is persistent, uncomfortable, and not relieved by or responding to Tx OR needs advanced assessment and Tx beyond what is possible in a field setting.

RED FLAG S/SX FOR MEDICAL PROBLEMS REQUIRING A LEVEL 2 EVAC

- Abdominal pain, loss of appetite and fever ± non-specific tenderness and chills that are NOT accompanied by diarrhea.
- Abdominal pain and tenderness accompanied by stomach or intestinal bleeding (coffee ground vomitus, black tar-like stools, or wine-colored stools).
- Abdominal pain accompanied with a positive heel-drop test.
- Pain that begins slowly and gradually gets worse over a period of days.
- Intracranial, thoracic, and abdominal pain, even mild pain, from an unknown medical mechanism in pts > 60 years of age.
- Open globe injury to the eye.

RED FLAG S/SX FOR MEDICAL PROBLEMS REQUIRING A LEVEL 1 EVAC

- An abrupt change in mental status or vision loss that does not spontaneously resolve within a few minutes or reoccurs.
- All VPU pts. Consider hypoglycemia in the insulin dependant diabetic.
- Abrupt, new, and severe, intracranial and thoracic pain—and similarly debilitating abdominal and/or flank pain not clearly attributable to a kidney stone.
- Chest pain or pressure not clearly attributable to heartburn.
- Acute respiratory distress from an unknown cause or severe, high-risk asthma attack.
- Large amounts of bright red blood from the mouth or anus.
- Vaginal bleeding when bleeding exceeds 5 soaked maxi-pads per day.
- Severe abdominal pain with guarding and tense (rigid) abdominal muscles. Pt typically presents on back with knees bent. Movement increases the pain.
- Abdominal pain that becomes specific or is accompanied by rebound pain.
- Abdominal pain and tenderness with the clinical pattern of volume shock.

Treatment Plan = How you are going to treat your patient

MONITOR	FIELD TREATMENT
Anticipated Px & S/Sx	

ADDITIONAL PATIENT NOTES

Evacuation Plan = How you are going to evac your patient

Develop one plan to address your patient's current problem and another to address any anticipated problems that require a more urgent evacuation.

Time	Level	Type
1 2 3 4	<input type="checkbox"/> Self <input type="checkbox"/> Assist <input type="checkbox"/> Carry <input type="checkbox"/> Litter <input type="checkbox"/> Surface Vehicle <input type="checkbox"/> Air Transport	
1 2 3 4	<input type="checkbox"/> Self <input type="checkbox"/> Assist <input type="checkbox"/> Carry <input type="checkbox"/> Litter <input type="checkbox"/> Surface Vehicle <input type="checkbox"/> Air Transport	
1 2 3 4	<input type="checkbox"/> Self <input type="checkbox"/> Assist <input type="checkbox"/> Carry <input type="checkbox"/> Litter <input type="checkbox"/> Surface Vehicle <input type="checkbox"/> Air Transport	

NON-URGENT LEVEL 3 EVACUATION PLAN

Evacuation Assistance Requested from _____ at _____

URGENT LEVEL 1 OR LEVEL 2 EVACUATION PLAN

Evacuation Assistance Requested from _____ at _____

RESPONDER'S NAME

Email _____ Phone _____

WFA WAFA WFR WEMT EMT Paramedic Nurse PA Physician