

Assessment = What you think is wrong

Treatment Plan = How you are going to treat patient

Evacuation Plan = How you are going to evac patient

POSSIBLE PROBLEMS	CURRENT PROBLEMS	
Traumatic Problems Injury (include wounds, abrasions, & bruises) to: <ul style="list-style-type: none"> ▲ Spine ▲ Head ▲ Neck ▲ Chest ▲ Abdomen ▲ Pelvis ▲ Back ▲ Extremities 	Time	
Critical System Problems <ul style="list-style-type: none"> ▲ Spinal Cord Injury ▲ Concussion/Increased ICP ▲ Respiratory Distress ▲ Volume Shock 		
Environmental Problems Dehydration/Exertional 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		
Medical Problems Non-urgent Px = No Red Flags Urgent Px = Red Flags		
Refer to Pages 97 & 98 in the Wilderness Medicine Handbook		

Monitor	FIELD TREATMENT
Anticipated Px & S/Sx	
Behavioral & Psychological Problems	
S/SX OF POTENTIAL BEHAVIORAL & PSYCHOLOGICAL DISTRESS <ul style="list-style-type: none"> <input type="checkbox"/> Does not participate in group discussions or decision making. <input type="checkbox"/> Has little or no interest in friendships or daily activities. <input type="checkbox"/> Withdrawn, seeks solitude whenever possible. <input type="checkbox"/> Shunned by group members. <input type="checkbox"/> Constantly fidgets, appears anxious or afraid. <input type="checkbox"/> Appears easily annoyed, irritable, or unusually critical. <input type="checkbox"/> Appears distracted, speaks unusually slowly, or rambles. <input type="checkbox"/> Appears sad or unhappy, exhibits episodes of crying. <input type="checkbox"/> Poor appetite or overeating. <input type="checkbox"/> Shares beliefs that other group members find unusual/bizarre. <input type="checkbox"/> Sudden or noticeable change in daily functioning. <input type="checkbox"/> Exhibits disruptive behavior. <input type="checkbox"/> Unusually emotional. <input type="checkbox"/> Exhibits on-going conflict with group members or staff. <input type="checkbox"/> Exhibits on-going irrational behavior. <input type="checkbox"/> Complains of numerous unexplained physical ailments. <input type="checkbox"/> Exhibits an inability to cope with daily problems/activities. <input type="checkbox"/> Self-identifies as distressed, overwhelmed, or severely overwhelmed. 	
BEHAVIORAL & PSYCHOLOGICAL PROBLEMS REQUIRING AN EVAC <ul style="list-style-type: none"> <input type="checkbox"/> Field staff are uncomfortable with the situation. <input type="checkbox"/> Patient exhibits on-going inability to cope despite support. <input type="checkbox"/> Pt's behavior negatively affects other members' experience. <input type="checkbox"/> Pt is not taking prescribed Rx meds for a mental health condition. <input type="checkbox"/> Pt has the potential to harm themselves or others. <input type="checkbox"/> Pt wishes they were dead or expresses suicidal thoughts. 	

Develop one plan to address your pt's current problems and another to address any anticipated problems that require a more urgent evacuation if pt's S/Sx change over time.

NON-URGENT LEVEL 3 EVACUATION PLAN

EVAC INITIATED

Date: Time: Type:

Requested Professional Consult from:

Requested Evacuation Assistance from:

URGENT LEVEL 1 or 2 EVACUATION PLAN
(Circle Evac Level)

EVAC INITIATED

Date: Time: Type:

Requested Professional Consult from:

Requested Evacuation Assistance from:

ADDITIONAL PATIENT NOTES

RESPONDER'S NAME

Email	Phone
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WFA WAFA WFR WEMT EMT
 Paramedic Nurse PA Physician