

CASUALTY ASSESSMENT



Date:

Casualty name:

Age:

yrs Male/Female

Onset of symptoms: Time:

Description:

Time	Record observations every 15 mins and when casualty's condition changes							
Highest level of response	Alert, Voice, Pain, Unresponsive							
BLS	Note times started and stopped							
AED	Note times applied shocks given		Note if					
Orientation	Day	✓ normal	✗ abnormal					
	Place	✓ normal	✗ abnormal					
	Person	✓ normal	✗ abnormal					
Personality change	✓ absent		✗ present					
Chest pains	✓ absent		✗ present					
Respiratory rate	(breaths/minute)							
Pulse rate	(beats/minute)							
Vision	Normal, Tunnel, Blurred, Double							
Head & neck	Tingling/numbness	Left/Right/Both						
	✓ normal Facial weakness	Left/Right/Both						
Upper limb	Tingling/numbness	Left/Right/Both						
	✓ normal Weakness	Left/Right/Both						
Trunk	Tingling/numbness	Left/Right/Both						
	✓ normal							
Lower limb	Tingling/numbness	Left/Right/Both						
	✓ normal Weakness	Left/Right/Both						
Eye/hand coordination	✓ normal		✗ abnormal					
Oxygen therapy	Note time started & stopped. Note O ₂ %							
Fluid administered	Note time and amount (mls)							

Assessor name:

Contact name:

Tel:

Vessel call sign:

This form (& dive computer & buddy if appropriate) should accompany the casualty to medical facilities

INCIDENT PROCEDURE



- TAKE CONTROL
- ASSESS THE SITUATION
- DELEGATE ACTION
- CONTACT THE EMERGENCY SERVICES

Tell them: Who you are - Type of emergency - Location

EMERGENCY SERVICES - UNITED KINGDOM		
At sea	All incidents: Coastguard Lives in immediate danger: Decompression illness:	VHF DSC (or Channel 16) Mayday (distress button) Pan Pan
On land	Decompression illness: England, Wales Northern Ireland: Scotland: Near drowning: Lost diver:	BHA/RN Diver Helplines 07831 151523 0345 408 6008 Ambulance 999 or 112 Coastguard / Police 999 or 112

Decompression Illness
Keep the casualty quiet
Lie casualty flat on back
Do NOT raise legs
Administer 100% oxygen
Administer fluids

Basic life support	
Check safety	
↓	
Unresponsive	→ Shout for help
↓	
Open airway	
↓	
Not breathing normally?	→ Send for / go for AED Call emergency services
↓	
30 chest compressions	
↓	
CC+RB 30:2 (follow voice prompts when AED in use)	

DIVE DETAILS

Casualty name:

Ascent	Normal Y/N	Rapid Y/N	Missed Stops	mins
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Use separate sheet for buddy	Incident dive	Previous dives (most recent first)			
GAS MIX (if rebreather write RB and diluent mix)					
Surface interval (since previous dive)					
Depth m & Dive time (surface to surface, or 1st stop if taken)					
Stop 1 (mins @ m) & deco mix					
Stop 2 (mins @ m) & deco mix					
Stop 3 (mins @ m) & deco mix					
Surfacing time (and date if needed)					