

**Wilderness First Aid Incident Report**

Incident Date \_\_\_\_\_ Incident Time \_\_\_\_\_

**1 Scene & Safety Survey**☐ Trauma ☐ Illness: Medical or environmental

Victim # \_\_\_\_ of \_\_\_\_ total victims

Mechanism of Injury (MOI) or Nature of Illness (NOI)

(1 form per victim)

Scene description: Victim, terrain, weather, hazards

Protective gear:

**2 Primary Survey**☐ Severe spinal MOI **OR** ☐ Possible spinal MOI **+** ☐ Possible spinal injury physical findings →☐ Initiated spinal precautions @ \_\_\_\_:\_\_\_\_ time✓ LOC/LOR ☐ Responsive → ☐ Alert ☐ Verbal ☐ Pain - **OR** - ☐ Unresponsive✓ Airway ☐ Open - **OR** - ☐ Not open → ☐ Jaw Thrust @ \_\_\_\_:\_\_\_\_ time - **OR** - ☐ Head-Tilt Chin Lift @ \_\_\_\_:\_\_\_\_ time✓ Breathing ☐ Yes - **OR** - ☐ Not breathing → ☐ Rescue breathing @ \_\_\_\_:\_\_\_\_ time✓ Circulation ✓ Carotid pulse ☐ Present - **OR** - ☐ Absent or ☐ No signs of life → Chest compressions @ \_\_\_\_:\_\_\_\_ time✓ Circulation ✓ Bleeding: ☐ Major → Manual pressure applied @ time \_\_\_\_:\_\_\_\_ until \_\_\_\_:\_\_\_\_ Location \_\_\_\_\_☐ Minor → ☐ Covered to protect rescuers @ time \_\_\_\_:\_\_\_\_ Location \_\_\_\_\_**CONSENT**☐ "ALERT" → consent obtained☐ Not "ALERT", irrational or a minor →  
"implied consent"☐ **OR** Refused Aid (fill out Refusal Form)

Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_

☐ Male ☐ Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_

**3 Secondary Survey****SAMPLE** S = Subjective or Symptoms What happened? What is the Chief Complaint?

"SAMPLE" continues on side 2

**\* Vital Signs:** Every 15 minutes x 4; then every 30 minutes x 2; then hourly until stable, then every 2 to 4 hours; AND with any change in condition.**Pain - CSM:** When applicable

Time →								
Event →								
Minimal intervals:	Baseline	15 min.	30 min.	45 min.	60 min.	90 min.	120 min.	
* LOC: AVPU								
* A+O x ____								
* Pupils								
* Pulse								
* Respirations								
S * Temp								
K * Color								
I * Moisture								
N * Moisture								
PAIN = 0 – 10								
+ Location								
Location								
C Circulation								
S Sensation								
M Motion								

**3 Secondary Survey** **SAMPLE** *Continued*Allergies: \_\_\_\_\_Medications, alcohol & recreational drugs taken within the last 24 hours: \_\_\_\_\_Past Medical History: \_\_\_\_\_Last meal & fluid intake: \_\_\_\_\_Events preceding the incident: *(if not covered in chief complaint)* \_\_\_\_\_**Head to Toe Exam** Tenderness Pain Swelling Bruising Wound Burn Bleeding Deformity Dislocation Fracture: Open Closed

Head Face Neck CSF  
 Clavicle Chest Sternum Ribs  
 Back Spine  
 Abdomen Pelvis  
 Arm Hand Leg Foot CSM

**Assessment, Interventions & Reassessment**

Injuries, conditions, potential problems	Interventions @ time ____:	Reassessment @ time ____:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

**Spinal Injury Rule Out** AFTER patient is warm, stable, all injuries treated and **NO** significant distracting pain.

- Pain scale** = \_\_\_\_ 1. Alert + oriented x 4, sober & has NO distracting pain. ☐ NO → STOP ☐ YES → Go to 2  
 2. Normal sensation + movement in all 4 extremities ☐ NO → STOP ☐ YES → Go to 3  
 3. Is there any pain or deformity when the entire SPINE is PALPATED? ☐ YES → STOP ☐ NO → Go to 4  
 4. Able to: (1) Touch chin to chest, (2 & 3) both shoulders and (4) Raise chin up as far as possible AND without PAIN?  
☐ NO → Maintain Spinal Precautions ☐ YES → Release Spinal Precautions

**Plan** Current location \_\_\_\_\_ (UTM, coordinates or landmark) ☐ Map attached☐ Runners sent (#) \_\_\_\_\_ Sent out @ time \_\_\_\_\_ to \_\_\_\_\_☐ Stay in place until \_\_\_\_\_ ☐ Walk out ☐ Self ☐ Assistance of \_\_\_\_\_Evacuation required: ☐ Non-urgent: stable, but unable to walk out ☐ Urgent: Unable to walk out with significant injuries or conditions ☐ Emergent: Unable to walk out and with serious or life threatening injuries or conditions**Witnesses, rescuers and phone numbers**Name: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Staying with victim ☐ Runner ☐ Left (not with group)Name: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Staying with victim ☐ Runner ☐ Left (not with group)Name: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Staying with victim ☐ Runner ☐ Left (not with group)Name: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Staying with victim ☐ Runner ☐ Left (not with group)Completed By: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Staying with victim ☐ Runner