

CASUALTY REPORT FORM

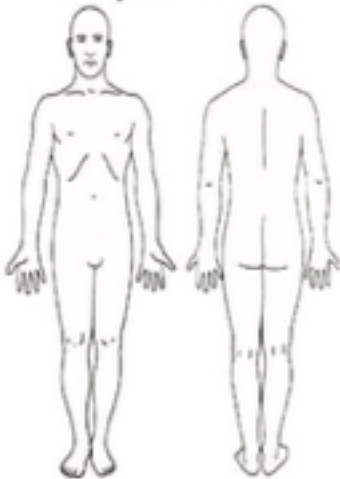
Complete as much of this form as possible. The form should remain with the casualty at all times.

PERSONAL DETAILS OF CASUALTY	NEXT OF KIN DETAILS
Sex: _____	Name: _____
Name: _____	Relationship: _____
Age: _____ Date of Birth: ____ / ____ / ____	Tel: _____
Address: _____ _____ _____	
Tel: _____	
OTHER USEFUL CASUALTY INFORMATION	DESCRIPTION OF ACCIDENT/ILLNESS
S igns and symptoms: _____	Time: _____
A llergies: _____	Details: _____ _____ _____ _____ _____ _____ _____
M edications: _____	
P ast Medical History: _____	
L ast Meal: _____	
E vents - what has happened: _____ →	
	Give a full and detailed account

IMMEDIATE ACTION (PRIMARY SURVEY - ABC's)		EMERGENCY
Airway	CONSCIOUS - Clear and Open <input type="checkbox"/>	
	CONSCIOUS - But with an Airway Problem → <input type="checkbox"/>	EMERGENCY: Dial 999/112
	UNCONSCIOUS → Check & Open → <input type="checkbox"/> (Chin lift head tilt/jaw thrust)	If they remain unconscious this is an EMERGENCY
Breathing	Present and NORMAL <input type="checkbox"/> (between 10 & 30 breaths per minute)	
	Present NOT NORMAL → <input type="checkbox"/> (shallow/deep/rapid/slow/painful)	EMERGENCY: Dial 999/112
	ABSENT → CPR → <input type="checkbox"/>	
Circulation	No life-threatening bleeding <input type="checkbox"/>	
	LIFE-THREATENING BLEEDING: → <input type="checkbox"/> External bleeding Tummy tender/distended Broken pelvis/ thigh bone	EMERGENCY: Dial 999/112

CASUALTY EXAMINATION

Injuries Found



Description of Findings

Level of Response: **A V P U**

Ask casualty or next of kin about **S A M P L E** (see overleaf)

First Aid Given

Time

Medication given/taken

Dose

Time

No Pain Severe Pain
Pain score **0 1 2 3 4 5 6 7 8 9 10**

MONITOR VITAL SIGNS

AVPU = A=ALERT V=REPONS TO VOICE P=REPONS TO PAIN U=UNRESPONSIVE

TIME													
Levels of Response AVPU													
BREATHING RATE													
PULSE													
PAIN SCORE FROM 0-10													

ADDITIONAL INFORMATION

(If Casualty does not consent to your proposed action, declines ambulance, refuses treatment etc. record it here and ensure they sign)

ACTION AFTERWARDS

AMBULANCE CALLED ☐ SENT TO HOSPITAL ☐ TO GP ☐ HOME ☐ BACK TO WORK ☐

NAME OF FIRST AIDER SIGNATURE

CASUALTY SIGNATURE DATE TIME

