

CASUALTY REPORT FORM



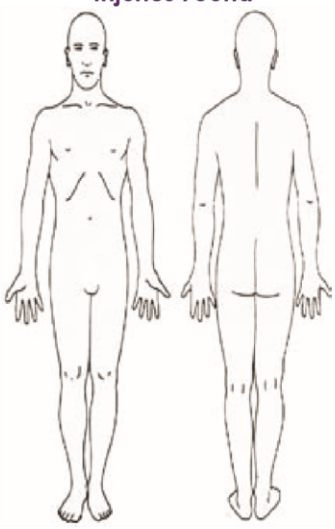
Complete as much of this form as possible.
The form should remain with the casualty at all times.

A. T. M. I. S. T. HANDOVER				
A	Age:	Date of Birth:		
	Name:			
T	Time of incident:			
	Time \ arrived:			
M	Mechanism of injury/ Medical complaint:			
I	Injuries found/ Medical findings:			
S	Signs & Symptoms	Present? Y/ N	Tourniquet used? Y TIME / N	
	MASSIVE BLEED	A C V P U		
	RESPONSE			
	AIRWAY	Open & Clear:	Y/ N	
	BREATHING	Rate:		
	CIRCULATION	Pulse:	% SP02:	
	TEMPERATURE	HOT	NORMAL	COLD
	Other Casualty Info:		S. A. M. P. L. E.	
T	Treatment given:			
	Medication given/taken:			

OTHER USEFUL CASUALTY INFORMATION
<p>S Signs and Symptoms How do they feel? What do they look like? What is their problem? _____</p>
<p>A Allergies: Do you have any allergies? _____</p>
<p>M Medications: Do you take any medications for anything? _____</p>
<p>P Past Medical History: Has this happened before? Recent illness? _____</p>
<p>L Last IN last OUT: Are you eating, drinking normal? When did you last eat? When did you last toilet? _____</p>
<p>E Events What happened prior to, during and after the incident? _____ _____ _____</p>

INFORMATION FOR MOUNTAIN RESCUE	
Your mobile/telephone number: _____	Second phone number: _____
Your location: Grid Ref: _____	
Description of your location: _____	
How many in the group: _____	Age ranges of the group: _____
Any pre-existing medical conditions in the group: If yes detail below: _____	
Clothing description of group: (i.e. colours rather than brand) _____	
DIAL 999/112 request the appropriate Rescue Services	

IMMEDIATE ACTION (PRIMARY SURVEY - ABC's)		EMERGENCY
Airway <ul style="list-style-type: none"> → CONSCIOUS - Clear and Open <input type="checkbox"/> → CONSCIOUS - But with an Airway Problem → <input type="checkbox"/> → UNCONSCIOUS → Check & Open → <input type="checkbox"/> (Chin lift head tilt/jaw thrust) 		EMERGENCY: Dial 999/112 If they remain unconscious this is an EMERGENCY
Breathing <ul style="list-style-type: none"> → Present and NORMAL <input type="checkbox"/> (between 10 & 30 breaths per minute) → Present NOT NORMAL (shallow/deep/rapid/slow/painful) → <input type="checkbox"/> → ABSENT → CPR → <input type="checkbox"/> 		EMERGENCY: Dial 999/112
Circulation <ul style="list-style-type: none"> → 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 C 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
_____ _____		_____ _____	_____ _____
Pain score No Pain 0 1 2 3 4 5 6 7 8 9 10 Severe Pain			

MONITOR VITAL SIGNS	ACVPU = Alert Confused Voice Pain Unresponsive									
TIME										
A C V P U										
BREATHING RATE										
PULSE										
PAIN SCORE FROM 0-10										