

CASUALTY ASSESSMENT FORM



Operation name:

First aider names:

Time:

Date:

1. CASUALTY DETAILS:

Surname:

First name:

Date of birth:

Age:

Sex:

Female

Male

Address:

Home phone:

Business phone:

Cell/other phone:

Email address:

GP:

Phone:

Next of Kin:

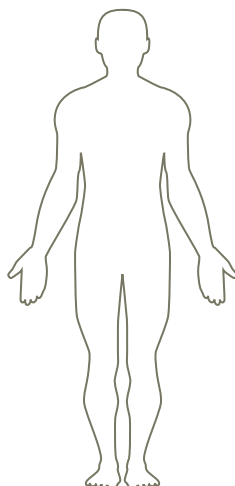
Phone:

2. FIRST CHECKS: SAFETY – RESPONSE – AIRWAY – BREATHING – CIRCULATION

Complaints:

Events leading to problem/onset:

3. ASSESSMENT:



Mark injury site

Past medical history:

Medications:

Allergies:

Last ate/drank at:

Examination found:

4. PAIN:

Provoked or improved by:

Quality:

Region/radiation:

Severity:

Timing:

Blood loss:

Y

N

Passed urine since incident:

Y

N

Vomited:

Y

N

5. VITAL SIGNS:

Time taken:	Pulse: Rate per Min	Respiration: Rate per Min	Skin: Eg. warm/cold colour	Patient response: Use code below	Pupils: Use code below	Pain level: 1 = lowest 10 = highest	Temp:

Response (use letter): Alert Voice Pain Pupils (use letter): Equal and reacting Unequal

6. LIMB BASELINES FOR INJURED LIMB:

Time taken:	Colour:	Warmth:	Sensation:	Pulse: At foot or wrist

7. TREATMENT RECORD: (Eg Events/Treatment Given)

Time taken:

Event/Treatment: (Eg gave 2 Panadol, splintered fracture, toileted, turned on left side, etc)

8. General Comments: