DATE			TEAM	
TIME			SECTOR	
			GPS LOCATION	Lat:
				Long:

TREATED BY: CONTACT DETAILS Tel:
QUALIFICATION: Email:

PATIENT DETAILS
NAME NATIONALITY
AGE GENDER M/F

HANDOVER TO:

Locals/family	❑	______	Medical team	❑	______
Ambulance	❑	______	Helicopter	❑	______
Hospital	❑	______	Field Hospital	❑	______
Mortuary	❑	______	Other	❑	______

Type of Entrapment/Incident		Date	Time
	First Detection		
	First USAR Contact		
	First Physical Contact		
	Extrication		

INJURIES IDENTIFIED — Add Details

Penetrating Trauma	❑	Blunt Trauma	❑
Amputation	❑	Dehydration	❑
Burns	❑	Fractures	❑
Crush	❑	Blast	❑
Head Injury	❑	Other	❑

VITAL SIGNS (Where Applicable)	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE
RESPIRATORY RATE									
PULSE									
BLOOD PRESSURE									
AVPU/GCS									
BLOOD GLUCOSE									
SPO2									
ETCO2									
Temperature									
Urine Output									
OTHER									

TREATMENT GIVEN

INTERVENTIONS	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	

FLUIDS	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TOTAL

DRUGS	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TOTAL

ADDITIONAL INFORMATION

NAME: TITLE: SIGNATURE: