

Patient Record Card

Contacting the Emergency Services

L-Location: Address & Access
I-Incident: What has Happened
O-Other Services: Police Mountain Rescue
N-Nos of Casualties: Including Triage
E-Extent of Injuries: Including Treatment
L-Link Person: who to contact
T-Treatment Given: care given so far

Vital Signs

RR: 12-20 rpm	Grey: \downarrow O ₂	Red: ↑ O ₂
PR: 60-100 bpm	Blue: \downarrow O ₂	C.Red: CO
BP: 120/80mmHg	Gr: Nausea	Ye: Jaund.

D-Danger: Scene Safety | Mol R-Response: LoC | AVPU C-Catastrophic Bleed: Haemorrhage Control | PID A-Airway: Open & Maintained | Head Tilt Chin Lift or Jaw Thrust B-Breathing: Normal Breathing? | Look, Listen Feel, Feel 10s NO!! YES!! C-Circulation (Pump): CPR & AED C-Circulation (Bleed): Pooling Test - Ratio: 30:2 - Unless Mol **D-Disability:** Head to Toe Survey - Rate: 100-120 Drowning or Px **E-Environment:** Consider 3 Hypos <18yo | 5xRB First - Depth: 1/3 **Consider and Complete Full Accident Procedure, Even During CPR**

		incluein	. & Patient De	talis				
Date:		Time:	Location:					
Px Name:		Px Address:						
Px Phone:	/	Incident History	•					
ICE Name:							ALTAPS - See	
ICE Phone:							- See Ask	
102 i none.							- Look	
1 st Aider Name:							- Touch	
							- Active M	
1 st Aider Phone:							 Passive N Strength 	
							- Strength	
				Patien	t History			
	9-12	S - Signs &						
12-2-1	1 1 1	Symptoms						
A - Allergies								
1/1-1/1/		M -Medication						
		P - Past Medical History L - Last In & Out E - Events Leading						
	Y/- 5,5(
	1/629							
(The)) (irel 接							
(C) (May C) (May C)		Up To						
Front	Back \			Steps	Taken			
). / Location	1-1	Time/ Date	Illness/ Injury	Trea	atment Giv	en	Comms to	Em Serv
of Injury	()							
le C	الدلسية							
Dight	Left							
Right	Leit	Patient S	Signs & Sympt	oms		T		1
Time								
Pulse Rate & Character								
Resp. Rate & Character				-				
Level of Consciousness Colour								
CUIUUI	1	1	1	1	1	I	1	1

Temperature