

# COAST WILDERNESS MEDICAL TRAINING



Canadian  
Red Cross Training  
Partner

## PATIENT CARE REPORT

PATIENT NAME:		AGE:	FAMILY DOCTOR:	RESPONSE NO.
CHIEF COMPLAINT / DESCRIPTION OF INCIDENT		ATTENDANT:		CALL TIMES Time Call to Dispatch: _____ Time Enroute: _____ Time at Scene: _____ Time at Hospital: _____ Time Clear: _____
MECHANISM OF INJURY / HISTORY OF ILLNESS		DRIVER:		
RELEVANT PAST MEDICAL HISTORY		ATTENDANT LICENSE LEVEL:		
MEDICATIONS		PHYSICAL EXAM		
ALLERGIES		Level of Responsiveness _____		
		Head & Neck _____		
		Chest / Ausc _____		
		C.V.S. _____		
		Abdomen _____		
		Back _____		
		Extremities _____		
		Neuro _____		
		Blood Loss _____		

CARE GIVEN	AIRWAY	OXYGEN	PAIN ASSESSMENT					PUPILS		
<input type="checkbox"/> Bleeding Mgt <input type="checkbox"/> Dress Wound <input type="checkbox"/> CPR <input type="checkbox"/> AED <input type="checkbox"/> SMR <input type="checkbox"/> IV Therapy <input type="checkbox"/> Comfort Care <input type="checkbox"/> Fracture Mgt.	<input type="checkbox"/> Cleared <input type="checkbox"/> Positioned <input type="checkbox"/> Suctioned <input type="checkbox"/> Assisted <input type="checkbox"/> OPA <input type="checkbox"/> NPA	<input type="checkbox"/> NC <input type="checkbox"/> SFM <input type="checkbox"/> NRBM <input type="checkbox"/> BVM <input type="checkbox"/> Pocket Mask _____ O2 LPM	O					R	L	Equal Reactive Dilated Constricted Other Size (mm)
			P							
			Q							
			R							
			S							
			T							

VITALS CHECKS (Q. 5-15 MINUTES)													
TIME	GCS				VITAL SIGNS							OTHER CHECKS	
	E	V	M	GCS	Pulse	Resp	SpO2	BP	Skin	CBG	Temp		

TREATMENTS & PROTOCOLS		
TIME	TREATMENT PROVIDED / PROTOCOL PERFORMED	OUTCOMES / EFFECTS

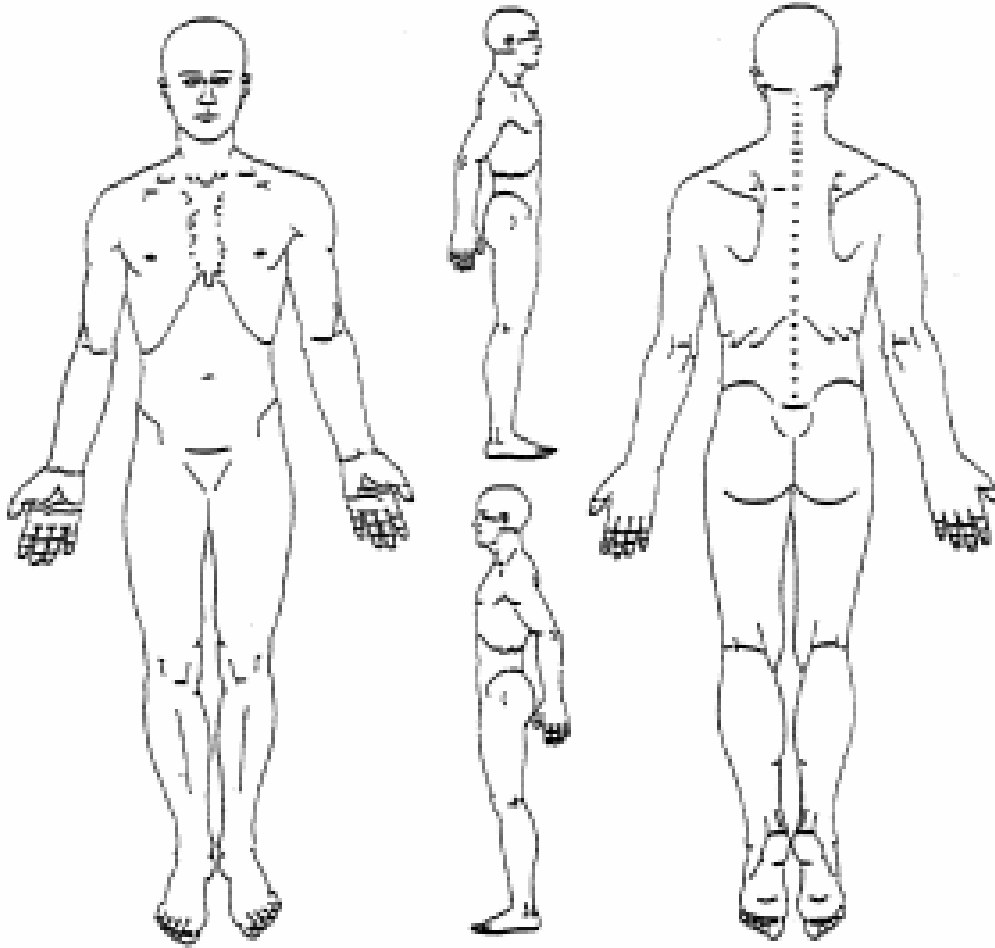
*Anatomical Diagram on Reverse*

**COAST WILDERNESS  
MEDICAL TRAINING**  
PATIENT CARE REPORT



Canadian  
Red Cross  
Training  
Partner

Please indicate injuries, pain, and other findings on the diagrams below.



Comments, Descriptions, and Explanations

---

---

---

---

---

---

---