ASRC BOARD OF DIRECTORS MEETING 28 OCT 95 **MINUTES**

Meeting was called to order at 1335 by Dave Carter.

BUSINESS MEETING

Attendance: (People in bold were present)

AMRG - Keith Conover

AMRG - Charles Kollar

MSAR - Peter McCabe

MSAR - Darrel Hale SMRG - Gary Mechtal

SMRG - Andrew Marsh - Proxy given to (GM) SWVaMRG - Tony Bordeaux

TSAR - Dave Carter

TSAR - Kevin Reynolds

BRMRG - Audrey Wilson

BRMRG - Bob Koester → Proxy given to Becky Hancock

RSAR - Terri Anne Midgette

RSAR - Melody Midgette SWVaMRG - Kevin Brown

PVRG - Michael Vatalaro

PVRG - Karen Vandersall

OTHERS: Candi Capozzi-TSAR, Mark Jones-TSAR, Mike Mann-PVRG, Darren Chen-BRMRG, Michael Barber-RSAR, Rob Christie-SMRG, Steve Houck-SMRG

President (Dave Carter); I would like to continue the format we used today. Doing the committee meeting before the operations meeting and BOD. Are there any comments?

Minutes (Candi Capozzi) - The minutes for 26 AUG 95, were distributed by Peter Mc Cabe through mail. Any questions? Motion to accept minutes with no corrections. Motion to accept (Yes 8 No 0 Abs 3)

Officer and Committee Reports

Treasures report - Treasurer not present.

Dave Carter - The five year plan, setting goals for SAR is being driven by federal moneys. Must have a strategic plan.

Communications: Steve Houck - Business License Expense - Did manage to recover without having to reapply. I'm not sure whether the license has gotten back to the locker yet. We are not covered till that comes back. Also, working on communications protocols of our rules under the FCC.

Trying also to get an E-mail address for all.

Safety: William Dixon - Investigating OSHA stuff with the Virginia OSHA, Maryland and Pennsylvania offices. There is a difference between OSHA and legal negligence. OSHA can be used against us. We should obey the OSHA rules as well.

Legal cause research - I cannot find a source for electronic searches for SAR laws. Not nationally. Must do states. Virginia, Maryland and Pennsylvania.

Safety issues in Ops manual. Safe to drive home issue. SOP says if they (mission base) say you can't go home you can't go home. If the person does anyway they are violating the IC SOP and the ASRC SOP. We must have a plan, AR has to come up with a way to get you home safely. Read it over. OPS manual and group chairs are responsible for enforcing conference policy.

Dave Carter - The Big issue is documentation. It needs to be in the mission/unit logs that come to the locker. William Dixon - It's in the OPS manual. There will be an investigation into and follow up. State will do the investigation. and to use other materials to supplement the SARTA materials to provide alternative approaches. These suggestions were never acted on. In conclusion: the time has come to further consider adoption of formal training materials to help guide ASRC training programs at the Group level. My Recommendation is that we move into negotiations with SARTA, which if successful, will enable the ASRC to use the SARTA materials for the primary training reference.

Modification to above proposal - if negotiations are successful that to adopt the SARTA Program and will accept in the name of the conference.

Be it known with this that Peter McCabe will have authorization to accept on the ASRC's behalf. Yes 9, No 0, Abs 2

Other new business? - nonenoted

Announcements for the good of the order.

Part of the five year plan includes pushing the training of FTM/FTL to the lower levels. Negotiations with SARTA will produce the same core materials the state is using.

We are usually being called to missions as the 2nd or 3rd shift. We have come to missions and been snotty and for that reason have not been allowed back because of attitude. Be political and careful.

A new group that calls themselves the Top of the State SAR is coming together and FTM is being taught now. Peter McCabe the Fraternal Order of Police in Washington DC is restricted to Firefighters and Police. The computer program (the paperless mission) fell by the way side and I am getting back to it.

Candi Capozzi - RocSAR - Rochester Search and Rescue is a reality in New York. FTM is already being taught. We would like to petition for probationary membership with the ASRC. This will come up in the next couple of months. This will raise the question whether we (the ASRC) are going to expand or not.

Peter McCabe - Top of the State SAR has requested an OPS manual to look at.

Dave Carter - Debrief of the Maryland Plane Crash - CAP did one alone, they did not include anyone else. We probably should get together and do one.

Meeting Adjourned 1521

Minor modifications to Annex B Added Annexes: C, D, and E

New Version: Number 2.1.1

Questions hopefully BOD can help resolve. Changes BOD Makes are Italicized

Problem 1:

- 1.5.2 Group Authority in the Field Individual groups have very limited authority once they respond to an incident. The authority they do have includes:
 - 1. Authority over their equipment
 - 2. Authority over members who are minors
 - 3. May exercise authority over their own personnel

Solved OK with BOD

Problem 2:

1.5.4 TBD: The ASRC allows each group the right and authority to limit the response of their members to an incident. Solved OK with BOD

Problem 3:

1.5.5 Authority over Minors - Once a member of the ASRC who is under the age of 18 commits to responding to an incident, the minor shall have the same privileges called out in 1.5.4, except that all minors shall obey all reasonable directions from their on-scene coordinator as described in section TBD. [TBD: the ASRC therefore reserved the right and authority to limit the response and utilization of minors at an incident. The ASRC also allows each group the right and authority to limit the response and utilization of their own minors at an incident.]

Solved OK with BOD

Problem 4:

2.3 Restraining Action - The ASRC Operations Officer may restrain any ASRC member from actively participation in ASRC operation, provided the cause of restraint has operational significance. The details of the restraint may be tailored to whatever extent desired by the Operations Officer. All such restraining actions shall be resolved by the ASRC BOD within three months, preferably at the next BOD meeting, by following the due process procedures outline in the ASRC Peneral Administrative Manual. Failure to resolve the issue means that the issue shall be dropped and the restraint perioded.

Solved OK with BOD

Problem 5:

2.3.1 Operations Officer Duties in the cause of a Restraining actions - Prior to the Operations Officer's decision to restrain a member from further operational participation, the operations officer must contact the individual(s) in question and discuss the issue with the individual(s). After that has occurred, and in the case the Operations Officer deems it necessary to retrain a member from further operation participation, the operations officer must first inform the individual of the restraining action, followed by the ASRC Chair and the appropriate Group Chair.

Solved OK with BOD

Several other problems were tabled due to lack of time and need of further discussion. They were:

- General AR Performance Duties
- Safety of Minors
- · Group Participation in non-incident events
- Medical_Stand-bys
- Fund raising events
- Authority of Groups Events vs ASRC incidents
- Semi-technical evacuation kit Helmets and gloves
- Minimum personal FTM and above equipment list
- ID Cards

Meeting Adjourned

ASRC TRAINING REPORT

Training Simulation

It was understood the September 23-24 training simulation with the National Park Service at Shenandoah National Park was postponed by SNP/NPS due to ranger staff demands for routine activities. And, it was understood that a January 27-28 date was suggested by SNP Park Superintendent Bill Wade. Messages have been left for Superintendent Wade to establish a January 1996 date for the cooperative ASRC/NPS training simulation. The dates of January 27-28 were mentioned by former ASRC Training Officer, Candi Capozzi. When the training simulation is scheduled, all GTOs will be notified in writing.

Training Committee

An attempt will be made to schedule and conduct an ASRC Training Committee meeting before or on December 16, 1995 (date of the December ASRC meeting). The ASRC Training Committee will consist of all GTOs and others. However, it should be emphasized, attempts in 1990-1993 to hold Training Committee meetings with GTOs were never successful. With the new crop of GTOs, I am hopeful the situation will be different.

FTL Written Test

All ASRC Group training officers (GTOs) will be queried to determine: (1) if they are presently using the ASRC FTL Test, and if not, why not; (2) sections of the written FTL test they would like to see revised or otherwise modified; and (3) how many FTL candidates have been given the test since it was initially distributed in 1993.

FTM Written Test

A revised 1995 Beta version of the earlier 1993 FTM Beta is being prepared for review and comment by GTOs. The 1995 Beta version will include learning module check-off forms along with learning points for each module. Plans call for a final version of the ASRC FTM written test to be released on or before February 28, 1996.

ASRC Training Materials

Background: The official ASRC Training Modules were developed in 1983 by Keith Conover and others. While there have been proposals through the years to update these materials; this has not happened. Most Groups do not use these 1983 materials, in whole or part. It seems reasonable to suggest that -- with the widely recognized ASRC Training Standards -- there is an accompanying need for uniform training materials.

Several years ago there was a proposal to adopt the SARTA (Search & Rescue Training Associates, Inc.) training materials as the ASRC training regimen. In

ASRC BOARD OF DIRECTORS MEETING 28 Oct 95 AGENDA

Call to Order - Dave Carter, Chairman

Rules of Order:

- 1. May speak no more than three minutes to any single issue.
- 2. May speak ONLY if a member of the Board.
- 3. May NOT repeat points already made by another member.
- 4. Professional demeanor will be maintained.

BUSINESS MEETING

Roll Call - Candi Cappozzi
Minutes of last Meeting - Candi Cappozzi
Treasurer's Report - Patrick Turner, Treasurer
Chairman's/Operations Report, Dave Carter, Chairman

Committee Reports: ALL REPORTS WILL BE IN WRITING and presented a secretary

Training - Peter McCabe Communications - Steve Houk ASTM report - Finnace - Patrick Turner
Safety - William Dixon
Medical Committee - Rob Cristie

Old Business

Radio license Renewal - Steve Haulk Status of 501(c)(3) - Bob Koester Status of Vision/Misson efforts - Dave Carter Operations manual

New Business

Proposals for upgrading staff Committee actions/proprosals

RICHMOND SEARCH AND RESCUE GROUP

Report to ASRC BOD 28 October 1995

As stated at the last ASRC BOD meeting on 26 August 1995, RSAR is still in the process of getting back on its feet. With the help of other SAR groups, specifically TSAR, we hope to grow much stronger over the next year.

What we have been up to:

27 Aug 95

9 & 10 Sept 95

4 23 Sept 95

5 Sept 95

...

14 Oct 95

• 20-22 Oct 95

Training/Hauling Systems with TSAR

Raven's Roost Vertical Simulation with TSAR

Training/Land Navigation with TSAR

Missing Aircraft Search/Mecklenburg - Clarksville

(5) Members responded

Fundraiser/Burger King's Cashola Program

\$91.38 raised

Fundraiser/Burger King's Cashola Program

Preventive SAR - spoke with children and parents, let them know we exist, what we do, and what they can do so that we possibly

never have to see them again

\$147.00 raised

WAL-MART Safety Awareness Week

Public Awareness

GSAR Institute/Fort AP Hill

- (2) Members attended FTL course
- (1) Member attended FTM course

Future events:

- 10-12 Nov 95
- 18 Nov 95
- 25 Nov 95

Will complete 2nd weekend of GSAR Institute at Fort AP Hill

Training/Land Navigation with Mark Eggeman of TSAR

Fundraiser/Burger King's Cashola Program

Set up Hauling System, would LIKE to have a dog team come

News:

RSAR has a new Dispatch Officer, Kelli Midgette. Tom Wring has left RSAR to concentrate on his work. (He was our Dispatch Officer.)

RSAR has a new address PO Box 115

Chesterfield VA 23832

Southwest Virginia Mountain Rescue Group

a member of the Appalachian Search & Rescue Conference, Inc.

Report to the Board of Directors Saturday October 28, 1995 Prepared by Tony Bordeaux e-mail: bordeaux@vt.edu

Standard Operating Procedures

SWVaMRG is beginning development of a set of SOP's to provide guidance in day-to-day operations of our group. We would greatly appreciate any input or advice from other groups.

Membership
45 Active Members
29 Probationary Members

ASRC Operations

ASRC Operations Report

10/28/95

GHM 94

- Recent Operations
- 1995-1996 Goals Status
- Brain Storm on Issues
- Ops Manual Status & Update
- Open Ops Manual Issues

Recent Operation	1/1 95	95	Operati				
18 Incidents Total				\ \ \ \ -	D-		GHM 94
# LPS:	13	Susp: 441: 442: 443:	1 10 1	1 7 1	Pa 1 1	IVIO	WVa 2
Evidence Searches:	1	441:	1	1			
A/C SAR Incident:	3	441: 443:	1 2	1 2			
Cave Rescue Incident:	1	Equipment request only		1			
				14	2		2

Operations Analysis 1/1 95 -> 8/6 95

ASRC Operations

GHM 94

Alerts Analysis (18)

Initial		Number moving up	
111:	3	3	
222:	2	0	
331:	5	4	(all went to 332)
332:	9	0	,
333:	5	0	

Duration from 33x to 44x or Suspension, & Results (15)

		Susp	441	442	443	Other
1 hr max: 3 hrs 4 hrs 8 hrs 10 hrs 13 hrs 24 hrs	6 1 2 2 1 1	1	5 1 1 2	1	1 1 1	
	•	•				

Operations Analysis

1/1 95 -> 8/6 95

ASRC Operations

GHM 94

Multi-subject incidents (3)

Incident type	# Subjs	Results
Cave Resuce	5	?
A/C	3	443
LPS	2	441

LPS (11) age	Male	Female	Totals
0 -> 15 15-> 55	3	2 (1 w/ mother) 2 (1 w/daughter)	2 5
56 +	2	3	5

Operations Analysis 1/1 95 -> 8/6 95

ASRC Operations

GHM 94

Proximity Analysis

SMRG	1
BRMRG	2
TSAR	2
RSAR	1

1995-1996 Goals

ASRC Operations

GHM 94

Priority	Goal
1	Finish Ops Manual
2	 Develop organization & process to do operations properly
3	 Initiate round-table discussions on common practices for incident management
4	 Initiate Operations Analysis process
5	 Initiate review of mission documentation
6	Develop baseline Vertical Rescue standards
7	 Study operational growth options

Process on Goals

ASRC Operations

GHM 94

- Ops Manual begun again
 - -- Ops Manual Committee meetings
 - -- Conference phone calls
 - -- BOD Review of critical issues
- Operations Organizational issues
 - -- BOD meeting is start.
 - -- Critical to get committee together
 - -- Critical need to get more Conference support
 - -- A good committee shall work items 3 -> 7

Manual Status

ASRC Operations

GHM 94

- Minor modifications to Section 1
- Added new section 5
- Renumbered old section 5 & 6, now 6 & &7
- Minor Modifications to Annex B
- Added Annexes: C, D, & E.

New Version: Number 2.1.1

Have issues for BOD.

Issues 1/4

ASRC Operations

GHM 94

Problem 1:

- 1.5.2 Group Authority In the Field- Individual groups have very limited authority once they respond to an incident. The authority they do have includes:
 - Authority over their equipment **
 - Authority over members who are minors.
 - May exercise authority over personnel
- ** The current practice in the ASRC is to allow for unrestricted use of Group Owned Gear during an incident. The gear is assigned to the ASRC AR for disposition by the AR during the incident.

Problem 2:

(1.5.4 TBD: The ASRC allows each group the right and authority to limit the response of their members to an incident.)

Problem 3:

1.5.5 Authority Over Minors - Once a member of the ASRC who is under the age of 18 commits to responding to an incident, the minor shall have the same privileges called out in 1.5.4, except that all minors shall obey all reasonable directions from their on-scene coordinator as described in section TBD. [TBD: The ASRC therefore reserves the right and authority to limit the response and utilization of minors at an incident.]

Issues 2/4

ASRC Operations

GHM 94

Problem 4:

2.3 Restraining Action - The ASRC Operations Officer may restrain any ASRC member from actively participating in ASRC operations, provided the cause of restraint has operational significance. The details of the restraint may be tailored to the whatever extent desired by the Operations Officer. All such restraining actions shall be resolved by the ASRC BOD within three months, preferably at the next BOD meeting, by following the due process procedures outlined in the ASRC General Administration Manual. (TBD Failure to resolve the issue means that the issue shall be dropped and the restraint removed.)

Problem 5:

2.3.1 Operations Officer Duties in the cause of a Restraining action - Prior to the Operations Officer decision to restrain a member from further operational participation, the operations officer must contact the individual(s) in question and discuss the issue with the individual(s). After that has occurred, and in the case the Operations Officer then deems it necessary to restrain a member from further operational participation, the Operations Officer must first inform the individual of the restraining action, followed by the ASRC Chair (TBD and the appropriate Group Chair).

Kill Common that was

Problem 6:

5.5.1.5 General AR Performance Duties - During an incident, the ASRC AR will perform the duties indicated below.

• • •

• The AR is responsible for ensuring that a medical call sheet is filled out for any rendered medical care associated with the incident. [TBD: This shall occur whether or not the patient is found. In the event that the subject is not found or not treated by the ASRC, the medical call sheet shall note these facts.]

Issues 3/4

ASRC Operations

Problem 7:

GHM 94

5.10.1 Safety of Minors; - The Group Representative is responsible for ensuring that the use of group minors is supervised by an appropriate responsible adult. If the ASRC AR is fulfilling the function of IC, then the IC is responsible for ensuring that the use of minors, both ASRC and non-ASRC, is supervised by a responsible adult. If there are no available adult supervisors, then the minors shall not be used. The AR is responsible for ensuring that the adult supervisor is fully aware of all the rules and regulations that apply to the minors under the supervisor's control. The AR, however, is not responsible for knowing the specific rules and regulations. (This needs some help]

Addition?

If groups have members who are minors, and these groups respond minors to ASRC incidents, then the groups shall file the group's written policy on how to use minors on incidents. A lack of a written policy means that minors may not respond. This policy shall address who has authority over minors, liabilities associated with the use of minors, what to do in the event of an injury, and any special safety issues associated with the use of minors.

Problem 8:

- 6.4 Group Participation in Non-Incident Events tbd
- 6.4.1 Medical Standbys tbd
- 6.4.2 Fund raising events tbd
- 6.4.3 Authority of Groups Events vs. ASRC Incidents Group events vs. ASRC incidents. TBD

Issues 4/4

ASRC Operations

Problem 9:

GHM 94

A.7 Semi-Technical Evacuation Kit; The following consitute an minimum Semi-Technical Evacuation Kit:

A Semi-Tech Kit is composed of equipment, all of which shall be in good working condition, to permit one field team to conduct a semi-technical evacuation in wooded terrain. The kit shall include, at a minimum, the following types and numbers of items:

• • •

(12) Helmets for the Evacuation Team (climbing helmets preferred)

replied hard or helicit.

Problem 10:

July 1

C.1.2 Minimum Personal FTM and above Equipment List - All FTM (and above) personnel are required to respond with the following equipment and carry the equipment on field tasks:

. . .

- Signal mirror (this is to be dropped)
- · Climbing Helmet (optional, but preferred)

Problem 11:

C.4 ID Cards; - All responding ASRC members who are FTL and above, and who are residents of Virginia, will obtain and carry a Virginia Search and Rescue identification card.

Problem 12:

D.9.1 (Addition) -- The FTL should determine if minors are on the field team, and who the minors' supervisor(s) are.

Appalachian Search & Rescue Conference Inc. <u>Personnel Data Sheet</u>

Name:	S.S.N.#:	D.O.B.://						
Address:								
City:	State:	Zip:						
Phone:(H)	(W)	(0)						
Group or Affiliation:								
S.A.R. Certifications:	Date of Issue	Date of Expiration						
Call Out Qualified:	/	//						
Field Team Member:	//	//						
Field Team Leader:	//	//						
Incident Staff:	/							
Incident Commander:	/							
Other Search and Rescue Certifications:_		PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE						
Medical Certifications:	Date of Expira	<u>ation</u>						
C.P.R.:								
Standard First Aid:	//	_						
First Responder:		_ □ Virginia □ Maryland □ Nat. Registry □ Wash. D.C.	☐ Pennsylvania ☐ Other					
Emergency Medical Technician:	//	☐ Virginia☐ Maryland☐ Nat. Registry☐ Wash. D.C.	☐ Pennsylvania ☐ Other					
Shock Trauma:*		☐ Virginia☐ Maryland☐ Nat. Registry☐ Wash. D.C.	☐ Pennsylvania ☐ Other					
C.C.T.\C.R.T.\Intermediate:*	//	_ ☐ Virginia ☐ Maryland ☐ Nat. Registry ☐ Wash. D.C.	☐ Pennsylvania ☐ Other					
Paramedic:*		□ Virginia □ Maryland □ Nat. Registry □ Wash. D.C.	☐ Pennsylvania ☐ Other					
Wilderness E.M.T.								
Other Certifications:			*					
* Name of Primary Medical Director:	Phor	ne Number						

Detailed Instructions

Patient Care Report

I. Time Information

- 1.) Enter the date patient was found needing treatment. Example: January 1, 1999 should appear as: (01/01/99)
- 2.) T.O.N. -Time of Notification

 The time when notification of an incident occured.
- 3.) T.O.S. Time on Scene

 Time when A.S.R.C. or affiliates arrived on scene.
- 4.) T.O.F. Time of Find

 Time when patient was found.
- 5.) T.O.E. Time of Evacuation

 Time when evacuation started.
- 6.) T.O.T. Time of transfer

 Time when patient was transferred to another agency.
- 7.) Incident #

 Use A.S.R.C.'s incident number for the mission. For group activities, groups will be responsible for contacting the A.S.R.C. Medical Officer prior to the event for an incident number to be issued.

II. Location Information

8.) Enter the address locating the scene where the patient was found.

APPALACHIAN SEARCH & RESCUE CONFERENCE, INC. P.O. BOX 440 **NEWCOMB STATION** CHARLOTTESVILLE, VIRGINIA 22904 PATIENT CARE REPORT DATE T.O.S. T.O.F. T.O.T. INCIDENT # 6 8 RESPONSE LOCATION: PATIENT INFORMATION .s.s.n. _____ NAME:_ . D.O.B. ADDRESS: AGE:_____ RACE:___ SEX:_ CITY:_ STATE: ZIP: CHIEF COMPLAINT, SYMPTOM, ONSET HISTORY, ROUTINE MEDS ALLERGIES C.P.R. START ☐ NONE ☐ LAY FIRE/RESCUE SAR. POLICE OTHER TIME LEVEL OF CONSCIOUSNESS RESPIRATIONS **PULSE** SKIN **PUPILS SCORES** Awake & Oriented Normal - Flashed Normal acs. Clear LR Awake & Disorlegied □ Normal Pele Cynnotic Rales 1. R □R>I. □ L>R Trauma Not Awaka, Arousable C.R.A.M.S. Regular Molet Warm Labored Diminished LR Dry Dilated ☐ Constricted Unresponsive MAST A.P.G.A.R. <u> C∞l</u> ☐ Shallow Wheezing LR Irregular Unreactive Flushed
Cynnotic Awake & Orlented G.C.S. Normal Normal Clear LR Awake & Disoriented Pale ☐ Normal Treeme Rales LR □R>L □ L > R Not Awake, Arossable C.R.A.M.S. ☐ Labored Diminished LR ☐ Reguler Dry Moist Dilated Constricted MAST Uaresponsive AP.G.A.R. Shallow Wheesing LR Irregular Cool Warte Unreactive Awake & Oriented - Floabed Normal Normal G.C.S. Clear L.R. Awake & Disoriented Pale Cynnotic Normai Trenme Rales LR □R>L □ L > R C.R.A.M.S. Not Awaka, Aronsable Diminished LR Regular

Labored

Wheezing LR Irregular

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Diminished LR Regular
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Clear LR

Raies LR

Clear LR

Rales LR

Labored Diminished LR Regular

Shallow

☐ Normel

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Normal

Shellow

Labored

Rate:

Unresponsive

Unresponsive

Unresponsive

Awake & Orleated

Awake & Oriented

Awake & Disoriented

Not Awake, Arousable

Awake & Disoriented

Not Awake, Arousable

		Awake &	Disoriented e, Aronsable	Rate: Normal Labored Shallow	Cleer LR Rajes LR Diminished LR Wheezing LR	Regular	/[MAST	Normal Pale Dry Cool	Flushed Cyanoti Moist Warm	1	L	L > R Constricted	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.	
IV	PROC	EDURES	FLUID	TYPE	LOCATION	VOLUM OR RATE	ΛE	GAUGE	TIME	INITIAL	ATTEMPS	# OF UNSUC. ATTEPS			
1	Perip	heral IV#1			, ,								IV BOX:		
2	Peripl	heral IV#2											OLD#	N	EW#
3	Exter	nai Jugular			***************************************								OLD#		EW#
4	Interr	ısi Jugular								•			DRUG BO		EW#
5	Iteros	seous											OLD#	141	5 ** #
6	T												MEDICS	ICN.	

Dry

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Normal

MAST

☐ MAST

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Moist

Warm

- Flashed

Cyanotic

Moist

☐ Warm

Dilated

Normal

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C.R.A.M.S.

A.P.G.A.R.

E.V.A.C.	NO PATIENT	TREATMENT	METHOD (OF CONTACT	TRANSFER OF CARE
WALKED OUT CARRIED OUT / ASSISTED SEMI-TECH BY VEHICLE OTHER	CANCELLED FALSE CALL UNABLE TO LOCATE NOMENT SUSPENDED OTHER	PATIENT REFUSAL NO ELLNESS OR ENJURY D.O.A. TREATED TRANSFERRED POLICE AMBULANCE P.O.V. OTHER HELICOPTER	COR-MED HEAR TELEPHONE CELLULAR DIRECT STANDING ORDERS	HASE STATION CONTACTED TIME: PHYSICIAN	AGENCY:

III. Patient Information

- 9.) Enter the name of the patient. If the name is unknown, write "unknown" and add important identifiers. Example: Unknown white female, unknown black male.
- 10.) Enter patient's Social Security Number.
- 11.) Enter the patient's date of birth. If date of birth is unknown, leave this section blank. Example: January 1, 1999 (01/01/99)
- 12.) Enter the mailing address of the patient. Be as complete as possible. If the address is unknown, leave this section blank.
- 13.) Enter the patient's age. If age is unknown, enter the approximate age of the patient.
- 14.) Write the approximate response to indicate the patient's race.

B = Black

H = Hispanic

W = White

N = Native American

O = Oriental

15.) Enter "M" for male or "F" for female.

IV. Patient Care Information

- 16.) Chief Complaint, Symptom, Onset

 Enter primary complaint or problem prompting your response. In cases of multiple injuries, list the most serious injury only.
- 17.) History, Routine Meds
 In this section, record details of any past medical history relevant to the new injury and any medication patient may have taken.
- 18.) Allergies
 List any allergies patient may have.

APPALACHIAN SEARCH & RESCUE CONFERENCE, INC. P.O. BOX 440

P.O. BOX 440 NEWCOMB STATION CHARLOTTESVILLE, VIRGINIA 22904

	CARE RE		O.N.	T.O.S.			O.F.]	T.C).E.	Т.	O.T.		INCIDENT	#	
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NAME			4	5			******			S.S.N	12		1	O.B SEX:_	12	
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CITY:_				STA	ΓE:		_ ZIP:									
CHIEF CO	MPLAINT, SYN	APTOM, ON	SET			HIST	ORY, ROUTI	NE ME	DS	***************************************	ALL	ERGIES				
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TIME		SCIOUSNESS		PIRATIONS	PULSE		B/P			KIN			IPILS		ORES	
	Awake &		Rate:	Clear L R Rales L R	ļ			No		Cyanotic		orazsi > I.	□ L > R	G.C.S. Treume		
	☐ Not Awak		Labores	d Diminished LR	Regular	_ ا	☐ MAST	☐ Dr	y	Moist		ilated	Constricted	C.R.A.M.S. A.P.G.A.R.		
	Awake &		Rate:	Wheezing L R Clear L R	Irregular	+-		Con		□ Warm □ Flushed		areactive ormei		GCS		
	Awake &		Normal	Rațes LR				Pal	•	Cyanoti		> L	□ L > R	Treums		
	□ Not Awak □ Unrespon		Labored Shallow		Regular Irregular	/	☐ MAST	Dr.		☐ Moist ☐ Warm	—	ilated areactive	Constricted	C.R.A.M.S. A.P.G.A.R.		
	Awake &		Rate:	Clear L R				☐ No	resal	Plushed	l On	ormal		G.C.S.		
	Awake &		Normal		Regular			☐ Pel		☐ Cynnotic		> L ilated	L>R Constricted	C.R.A.M.S.		
	Unrespon		Shellow		_	/	☐ MAST	ii.		Warm	- 1 -	arestúve		AP.G.AR.		
	Awake &		Rate:	Clear L R				□ No □ Pai		☐ Flashed	–	ormsi	□ L>R	G.C.S. Treums		
	Not Awak	e, Arousable	Labored		Regular	١,	/	□ Dr		Moist		ikated	Constricted	C.R.A.M.S.		
	Unrespon		Shallow	Wheesing L R Clear L R		1	MAST	□ Co		☐ Warm ☐ Flushed		aresclive		G.C.S.		
	Awake &		Normal					Pel		Cyneod	_	ormei > L	□ L>R	Trauma		
	☐ Not Awak		Laboret			/	☐ MAST	O Dr		Molat	,	ilated aresctive	Constricted	C.R.A.M.S. A.P.G.A.R.		
	Awake &		Rate:	Clear LR	Irregular	L		□ Co		☐ Warm ☐ Flushed		ormai		G.C.S.		
	Awake &		☐ Normal	Raies L.R.	n			□ Pel		Cynnet			□ L > R	Traums C.R.A.M.S.		
	O Corespon	•	Labore	d Diminished LR Wheezing LR	Regular Irregular	/	☐ MAST	□ Dr		☐ Maist ☐ Warm	, —	ilated areactive	Coustricted	AP.G.A.R.		
					VOLU	VE					,	# O UNS	F.			
IV PRO	CEDURES	FLUID	TYPE	LOCATION	OR RATI		GALGE	TIN	1E	INITIAL	ATTEMP	SATTE	PS			
1 Perip	heral IV#1		7										IV BOX	:		
2 Perip	heral IV#2												OLD	# NE	W#	
3 Exter	nai Juguiar	7											OLD		W#	
7	nal Jugular	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************									DRUGI		T far	
5 Iteros	sseous												OLD	# NE	W#	
6										***		1	MEDIC	SIGN:		
									~ =						ADE	
E.V	A.C.	NO PA	TIENT	TREATME	NT		WETH	OD (CONTAC			IRANS	FER OF C	ARE	
□ WALKE	ED OUT	☐ CANCE	LLED	PATIENT REF	1		OR-MED		BASE	STATION C	ONTACTED	AGEN	CY:	····		
CARRII		☐ FALSE	CALL	NO ILLNESS OF	ENUTERY		☐ HEAR									
SEMI -		UNABLE	TO LOCATE	TREATED -TRANSPE	TOWATON TOANGETORES		☐ TELEPHONE TIM		IIME			UNIT #:				
☐ BY VEH	HICLE	_	T SUSPENDED	POLICE A			RECT			PHYSICL	AN				EMT-S	
OTHER		OTHER		☐ P.O.V. ☐ O	THER	☐ st	ANDING OR	DERS							PARA	

19.) C.P.R. - Start

This section is only used when C.P.R. is performed. Check appropriate box to identify starter of C.P.R.

None: C.P.R. was not performed Lav: A bystandard started C.P.R.

Fire/Rescue: C.P.R. was started by Fire/Rescue personnel

Police/Sherriff: C.P.R. was started by Police or Sherriff's personnel

S.A.R.: C.P.R. was started by Search and Rescue personnel

Other: C.P.R. was started by anyone who does not fit in any other categories

V. Vital Signs

20.) Vital Signs

Record a minimum of the first vital signs taken at the scene and at least one set every 15 minutes thereafter. Enter all the information applicable to this section.

Note: This section consist of 8 parts.

Time: Only enter military times in this section. Refer to the section MILITARY TIME in GENERAL INSTRUCTIONS if needed to alculate military times.

Level of Consciousness: Enter the degree of the patient's alertness and awareness to verbal/painful stimuli.

Respiration: Enter the patient's breathing status.

Pulse: Enter patient's pulse rate. Mark either "Regular" or "Irregular" to identify the rhythm.

B/P (Blood Pressure): Enter the patient's blood pressure. Fill in the M.A.S.T. (Military Anti-Shock Trousers) box <u>ONLY</u> if the trousers were inflated.

APPALACHIAN SEARCH & RESCUE CONFERENCE, INC. P.O. BOX 440 NEWCOMB STATION

CHARLOTTESVILLE, VIRGINIA 22904

DAT	CARE REPORT	T.O.N.	T.O.S.		T.O.F.		T.O	.E.	T.O	.т.		INCIDENT	#
		1	:				:		:				
RESPO	NSE LOC	ATION:											
	NT INFORM			,									
NAME:				!			,	s.s.n	-	-	n	О.В	
	SS:											SEX:	
									•				
	PLAINT, SYMPTOM,				1	ROUTINE ME			ALLER	GIES			
	•						•						
				1					C.P.R.		П	- D	TIRE/RESCUE
									□ ro		□ LAY	19 🗒	THER
TIME	LEVEL OF CONSCIOUS!	ESS RES	PIRATIONS	PULSE	B/F		SF	CIN		PUPI			ORES
,	Awake & Oriented	Rate:	- Clear LR				rest	Plushed	Nor	mei		G.C.S.	
	Awake & Disorient Not Awake, Arouss	_ tretma		Regular	/			Cymeetic	□R > □ Dile		L>R Constricted	Trauma C.R.A.M.S.	
20	Unresponsive	Shallov		irregular	/ o x	AST C		☐ Moist ☐ Wares	Unr		Commission	AP.G.AR.	
	Awake & Orleated	-	- Clear L R				rmaj	Flushed	Nor			G.C.s.	
	Awake & Disories Not Awake, Arous	1 - 1.41		Regular				Cyneotic			L>R Constricted	Treums C.R.A.M.S.	
1	Unresponsive	Shallov			/O N	LAST C		☐ Moist ☐ Warm	Uer	_	Constructed	A.P.G.A.R.	
	Awake & Orleated	Rate:	- Clear LR	ļ	1	/ Une	rmal	Plushed	☐ Nor			G.C.s.	
- 1	Awake & Disories: Not Awake, Arouse			n	/			Cynnotic			L>R	CRAMS.	
	Unresponsive	ble Labore		Regular		AST C	-	☐ Moist ☐ Warm	, —	ted _ eactive -] Constricted	AP.G.A.R.	
	Awake & Oriented					/ Un	rmal	Flushed	Nor	mai		G.C.S.	
1	Awaka & Disories			l	/	P		Cyanotic	[R>		L>R	Trauma C.R.A.M.S.	
1	☐ Not Awake, Arouse ☐ Unresponsive	ble Labore		Regular		AAST C		☐ Moist ☐ Warm	☐ Dila		Constricted	A.P.G.A.R.	
	Awake & Oriented		Clear LR	- Ittegatar	+		rmel	Flashed	Nor			G.C.S.	
1	Awake & Disories			_	/	<u>□ P</u> •		Cynnotic		_	L>R	Traums C.R.A.M.S.	
	Not Aweke, Arouse Unresponsive	ble Labore			1/0	LAST C		☐ Moist ☐ Warm	☐ Dile	_	Constricted	AP.G.AR	
	Awake & Oriented		_ Clear L R	- trregular	1.	100	rmei	☐ Flushed	Nor			G.C.s.	
	Awake & Disories	ed Norms		_	ľ /	□ P4	le	Cymaetic		L [L>R	Trauma	
	☐ Not Awake, Arouss ☐ Unresponsive	L Labor.		Regular	1/00	MAST C		Moist	Dis	_] Constricted	C.R.A.M.S. A.P.G.A.R.	 -
		Shallov	Wheezing LR	☐ Irregular VOLU	1	IASI C	ol	Warns	Liter	# OF	1		
PROC	EDURES FL	UID TYPE	LOCATION	OR		NGE TI	ΛE	INITIAL A	TTEMPS	UNSUC			
FROCE	EDORES PC	OID LIFE	LOCATION	RAT		403C 118	,, L	INITIAL A	I I CIVIL 3	AHIEFS	IV BOX:		
Periph	eral IV#1										OLD#	NE	3/4
Periphe	eral IV#2												
Extern	al Jugular										OLD#	NE ¹	N#
Interna	l Jugular										DRUG BO		
5 Iteross		****									OLD#	NEV	V#
5	-		 								MEDIC S	ICN.	
E.V./	A.C. NO	PATIENT	TREATME					ONTACT		I	RANSF	ER OF C	ARE
WALKED OUT CANCELLED PATIENT REFUSAL				COR-MI	t D	BASE	STATION CO	VIACTED	AGENCY				
CARRIE		SE CALL	☐ NO ELLNESS OF	INJURY	□ HEAR □								
ASSISTE				D.O.A.			TELEPHONE TIME:			UNIT #			
] BY VEHI	acn _	DENT SUSPENDED	l — —		CELLUI			PHYSICIAN	,	TECHNIC	IAN:		□E.M.: □EMT-
OTHER_	on		□ POV. □ o	- 1	DIRECT								С.С.т.
~ · · · · · · ·			I D	1	CTAND!	AC UBULEDS	1						PAR

Skin: Enter patient's skin color and temperature.

Pupils: Enter the patient's pupil reaction to light.

Scores: Enter the appropriate scores for any or all of the test listed.

Scores can be calculated in Appendix A.

VI. I.V. Procedures

21.) I.V. Procedures

If I.V. therapy is performed, enter the requested information for each I.V. attempted or established.

22.) I.V. Box

Enter the number of the old I.V. box used and the new I.V. box replacing the used box.

23.) Drug Box

Enter the number of the old drug box used and the number for the new drug box seal.

24.) Medic Sign

Medic's signature for drug box verification.

VII Disposition:

25.) E.V.A.C.:

Check appropriate box

Walked out: Patient was able to ambulate unassisted

Carried/Assisted: Patient was assisted by one or two people Semi-Tech: Patient was carried out by three or more people

Vehicle: Patient was evacuated by a vehicle Other: Describe how patient was evacuated

26.) No Patient

If you do not give any care to a patient, mark the appropriate box to identify the

APPALACHIAN SEARCH & RESCUE CONFERENCE, INC. P.O. BOX 440

NEWCOMB STATION

CHARLOTTESVILLE, VIRGINIA 22904

PATIENT CARE RE	PORT		OI :	AILLOTT	LOVILLE, VII	NUINE	1 444	204				
DATE	T.C	N.C	T.O.S.		T.O.F.		T.C	D.E.	T.O.T.		INCIDENT	#
		:	:		:			:	:			
RESPONSE I	OCAT	CION.										
PATIENT INF				į				~ ~	-	- _		
											.O.B	
ADDRESS: CITY:								AGE:.	R	ACE:	SEX:_	
CHI I:CHIEF COMPLAINT, SYN			STA	re:	1							_
.nier complaint, syn	TPTOM, ONS	SEI			HISTORY, ROU	TINE ME	:DS		ALLERGIE:	3		
									C.P.R. STAR	.		
				·					□ NONE	LAY		FIRE/RESCUE
		,							☐ POLICE	☐ s.a.r	. 0	OTHER
TIME LEVEL OF CON			IRATIONS	PULSE	B/P			KIN		UPILS	sc	ORES
Awake &		Rate:	Clear L R Railes L R			ON DPa	ormal ele	☐ Flashed ☐ Cyanotic	Normal	□ L>R	G.C.S. Tranma	<u></u>
Not Awake	*	Labores		Regular		□ Di		Moisi	☐ Dilated	Constricted	CRAME	
Unrespon		Shellow		Irregular	MAST	100		□ Waran	Unreactiv	/e	A.P.G.A.R.	
Awake &		Rate:	Clear LR Rates LR		/	' UNo	ormai sic	☐ Flushed ☐ Cyanotic	□ Normal □ R > L	□ L>R	G.C.S. Trauma	<u> </u>
Not Awak		Laborer		Regular	/ / / / /	Пр		Moist	Dileted	Constricted	C.R.A.M.S.	
Unrespon		Shallow		irregular	MAST	100	******	Warm	Unreactiv	<u>/e</u>	A.P.G.A.R.	
Awake &		Rate:	Clear L R Raies L R			/ No		☐ Flus hed☐ Cywnotic	□ Normal	□ L>R	G.C.S. Traume	
Not Awak		Labored	Diminished LR	Regular	/	□ Dr	-	Moist	Dilated	Constricted	C.RAMS.	
Unrespon		Shallow Rate:		☐ Irregular	MAST		ormai	□ Warm	Unreactive	/e	AP.G.A.R.	=
Awake &		Normal	Clear L R Raies L R		/	DP.		☐ Flushed ☐ Cyanotic	□ Normal □ R > L	□ L>R	G.C.S. Trauma	
Not Awak		Labored	Diminished LR	Regular	☐ MAST	_ D		Moist	Dilated	Constricted	C.R.A.M.S. A.P.G.A.R.	
☐ Unrespon		Shallow Rate:	Wheezing L R Clear L R	[] fereguier	1	1000	ooi ormei	☐ Warm ☐ Flushed	Unreactive Normal	<u>'4</u>	G.C.S.	
Awake &		Normai				□ P•		Cymnotic	□R>L	□ L×R	Transa	
Not Awak		Laborer		Regular	☐ MAST	_ D		Moist	Dilated Unreactive	· Constricted	C.R.A.M.S. A.P.G.A.R.	—
Awake &		Rete:	Wheezing LR	_			ormel	☐ Warm ☐ Flushed	Normal	•	G.C.S.	
Awake &	Disortented	Normal		_	' /	☐ Pe	ıle.	Cympotic	_ R>L	□ L>R	Trauma	
Not Awak		Labore		Regular Irregular	MAST			Molet	Dilated Unreactive	Constricted	C.R.A.M.S. A.P.G.A.R.	—
D omicipus		Shallow	Wheezing L R	VOLU		□ c _o)OI	☐ Warm		oe I		
V PROCEDURES	ELUID	TYPE	LOCATION	VOLUI	GAUG	AIT E	ΛE	INITIAL AT	TEMPS ATT	SUC.		
	, 20,0			RAT					TEM C AT	IV BOX:		
1 Peripheral IV#1		•								OLD#	OO NE	W#
2 Peripheral IV#2		4-									ZZ NE	
3 External Jugular						4—				DRUG BO		**#
4 Internal Jugular										OLD#	^^	W#
5 Iterosseous												
6										MEDIC S	IGN:	<u> 24</u>
E.V.A.C.	NO PA	TIENT	TREATME	ENT	METI	HOD	OF (CONTACT		TRANSF	ER OF C	CARE
WALKED OUT	CANCE		D PATIENT REF	USAL	COR-MED		BASI	STATION CONT	TACTED ACT	NCY:		
CARRIED OUT /			O NO ILLNESS OF	INJURY	☐ HEAR		_					
ASSE	□ FALSE		D.O.A.		TELEPHONE		TIME	ß:	וואט —	· #:		
SEM TEO		OLOCATE	TREATED -TRANSFE		CELLULAR		-	PHYSICIAN	TEC	HNICIAN:		□em □emt
BY VEHICLE	OTHER		P.O.V.		DIRECT				_			c.c.
OTHER	- OTHER				C STANDING O	DDFDC	1					PAR

27.) Treatment

Choose the appropriate box pertaining to treatment or disposition.

28.) Method of Contact

Mark the appropriate box to indicate the method used to contact the receiving hospital.

Enter the name of the base station contacted (example: Fairfax Hospital, M.C.V.-Richmond),

time of the call, and the physician who was contacted.

29.) Transfer of Care

Agency: The name of the agency to whom care was transferred. (example:

Choice Amercian Ambulance, Hillsboro Rescue Squad)

Unit Number: The identifier of what unit/units your patient was transported.

(example: A109, M309)

Technician: The name and level of individual to whom care was transfered.

APPALACHIAN SEARCH & RESCUE CONFERENCE, INC. P.O. BOX 440

P.O. BOX 440 NEWCOMB STATION CHARLOTTESVILLE, VIRGINIA 22904

DAT	CARE REP	ORT T.C	.N.	T.O.S.		T.O.F.	T.C).E.	T.O.T.		INCIDENT	#
1		:		:		:		:	;			•
							·					
RESPO	ONSE L	OCAT	ION:		······································							
PATIE	NT INFO	ORMA'	TION									
NAME:.	*							s.s.n		D.	O.B	
ADDRE	SS:							AGE:_	RA	CE:	SEX:	
CITY:_				STAT	E:	ZIP:				, ·	•	
CHIEF COM	IPLAINT, SYME	PTOM, ONS	ET			HISTORY, ROUTI	NE MEDS		ALLERGIES			
									C.P.R. START	☐ LAY	п,	IRE/RESCUE
									POLICE	□ SAR	_	THER
TIME	LEVEL OF CONS	CIOUSNESS	RESPI	RATIONS	PULSE	B/P	s	KIN		PILS		ORES
	Awake & O		Rate:	Clear LR		/	☐ Normal	Flushed	Normal	□ L>R	G.C.S. Trauma	
	Not Awake,	Arousable	Normal Labored	Raies LR Diminished LR	Regular		Dry	Cynnotic Moist	R>L Dilated	Constricted	C.R.A.M.S.	
	Unresponsi		Shellow Rais:		Irregular	MAST	Cool	☐ Warm ☐ Flushed	Unreactive		A.P.G.A.R.	
	Awake & O	isoriented	Normal	Cleor L.R. Raies L.R.			Pale	Cymaotic	_ R>L	□ L > R	Trauma C.R.A.M.S.	
	☐ Not Awake. ☐ Unresponsi		Labored Shallow		Regular Irregular	☐ MAST	□ Dry □ C∞I	☐ Moist	Dilated Unreactive	Constricted	A.P.G.A.R.	
	Awake & O		Rate:	Clear L R	FT (Liefalvi		Normal	Plusbed	Normal	_	G.C.S. Trauma	
	Awaka & D		Normal	Raies L.R. Diminished L.R.	Regular		Pale	Cymnotic Moist	R>L Dilated	L>R Constricted	C.R.A.M.S.	
	Unresponsi	ive	Shallow	Wheezing L R		MAST	□ C∞I	☐ Wartes	Unreactive		A.P.G.A.R.	
	Awake & O		Rate:	Clear L.R. Rales L.R.			Normal Pale	☐ Flushed ☐ Cyanotic	Normal R>L	□ L > R	Trauma	
	Not Awake.	Arquiable	Labored	Diminished LR	Regular	MAST	☐ Dry	☐ Moist ☐ Warm	Dilated Unreactive	Constricted	C.R.A.M.S. A.P.G.A.R.	
	Awake & O		Shallow Rate:	Wheezing L R Clear L R	- irregular		Normal	Flushed	Normel		G.C.S.	
	Awake & D		Normal	Rales LR Diminished LR	□ Parenture		Dry	Cyanotic Moist	R>L Dilated	☐ L > R ☐ Constricted	C.R.A.M.S.	
	Unresponsi		Labored Shallow	Wheezing LR		☐ MAST	Cool	Warm	Unreactive		A.P.G.A.R.	
	Awake & O		Rate:	Clear L.R. Raies L.R.			Normal Pale	☐ Flushed ☐ Cynnodic	□ Normel □ R > L	□L>R	G.C.S. Treums	
	Not Awake,	Arousable	Labored	Diminished LR	Regular	☐ MAST	Dry	Moist	Dilated Unreactive	Constricted	C.R.A.M.S. A.P.G.A.R.	
	Unrespons	ive	Shallow	Wheezing L R	☐ trregular VOLUI		□C∞I	∏ Warm	# O UNS	F		
IV PROC	EDURES	FLUID	TYPE	LOCATION	OR RATE		TIME	INITIAL AT	TEMPS ATTE	JC. PS		
	heral IV#1			,	,					IV BOX:		
1	herat IV#2									OLD#	NE	
_	nal Jugular									OLD#	NE'	W#
4	nai Jugular									DRUG BO	JX: NE	N#
5 Iteros											,,,,	. • • •
6										MEDIC S	SIGN:	
F \/		NO D		TOF AT110	ALT.	METH	OD OF	CONTACT		TRANSF	ER OF C	ARE
	A.C.	NO PA	ATIENT	TREATME				E STATION CON	TACTED			
☐ WALKE	1	CANCE		D PATIENT REF		☐ COR-MED ☐ HEAR	-		AGEN	C Ti		
CARRIE ASSIST		☐ FALSE		D.O.A.	,	TELEPHONE	28	E:	UNIT	#;	29	
SEMI-1	- 1		E TO LOCATE	POLICE A		CELLULAR	40	PHYSICIAN	TECH	NICIAN:		
BY VEH		OTHER		POLICE DA		DIRECT						□ C.C.T. □ PARA

VIII Narrative

Incident Number
 Copy from front of form.

31.) Narrative

In this section, record details of the chief complaint, signs and symptoms, and events leading up to the accident or injury. Record any findings during patient assessment, and any medical history relevent to the new injury. Any comments pertinent to the patient's condition are important. In addition to this information, it is good practice to write a brief summary of the treatment given while the patient is in your care. If more space is needed, start another Patient Care Report.

32.) Visual Identification

Mark with an "X" over the affected area.

33.) Providers' Names

List names of providers, and certification numbers, then have them sign. Example: Jamie Doe; 111-33-9999; signature.

34.) Patient Refusal

Enter the required information in the spaces provided, then go over the information with the patient. Have the patient sign the form to indicate they understand the terms of this refusal, and have one witness sign the refusal.

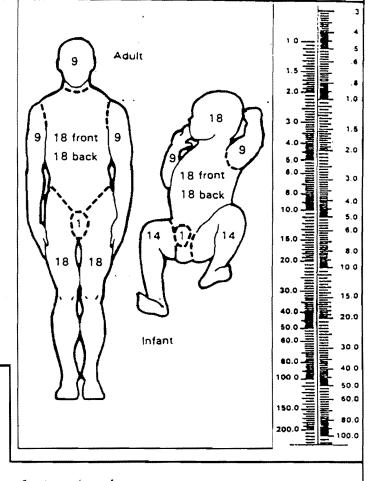
NCIDENT # 30			
	31		
4			
		PROVIDERS NAME	
\mathbf{a}	NAME	CERTIFICATION #	SIGNATURE
	•	33	
(32 /) ()			·
划分16			
		:	
	Hereby refuse treatment		
Ву 34	Date /	, , , , , , , , , , , , , , , , , , ,	Time :
	WITNESS		

COMPONENTS	CORE
Circulation	
Normal capillary refill and BP>100	2
Delayed capillary refill or 85<8P<100	
No capillary refill or BP < 85	0
Respirations	
Normal	2
Abnormal (labored or shallow)	
Absent	0
Abdomen/Thorax	
Abdomen and thorax nontender,	2
Abdomen and thorax tender	1
Abdomen or thorax compromised (flail chest,	
rigid abdomen, penetrating wounds)	. 0
Motor -	
Normal	2
Responds only to pain (other than decerebrate)	. 1
No response (or decerebrate)	0
Speech	
Normal	2
Confused	. , 1
No intelligible words	0

In the event of a significant trauma, the Crams Score and the mechanism of injury should be reported as soon as possible to the receiving hospital. A full patient report will follow at the appropriate time.

Mechanism of Injury

- 1. Falls greater than 15 feet
- 2. All pedestrians struck by a motor vehicle
- 3. All motorcycle accidents
- 4. Penetrating injuries of the head, neck, torso, and/or proximal extremities
- Ejection from the vehicle



RULE OF NINES

lbs.

kg.

- 6. Intrusion of passenger compartment space greater than one foot
- 7. Associated death in the accident
- 8. Burns greater than 20%
- 9. Burns associated with suspected respiratory burns
- 10. High energy dissipation injuries
- 11. Prolonged extrication greater than 30 minutes.

APGAR SCORING CHART								
SIGN	.0	1	2	PTS. SCORE				
Heart Rate	Absent	Below 100	Over 100					
Respiratory Effort	Absent	Weak cry Hypoventilation	Good crying					
Muscle Tone	Limp	Some flexion of Extremities	Well flexed					
Response to Stimulation	No Response	Grimace	Cough or Sneeze					
Color	Blue, Pale	Body pink Extremities blue	Completely pink					
			Apgar Total					