

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	BRMRG - Audrey Wilson
AMRG - Charles Kollar	BRMRG - Bob Koester → Proxy given to Becky Hancock
MSAR - Peter McCabe	RSAR - Terri Anne Midgette
MSAR - Darrel Hale	RSAR - Melody Midgette
SMRG - Gary Mechtal	SWVaMRG - Kevin Brown
SMRG - Andrew Marsh - Proxy given to (GM)	SWVaMRG - Tony Bordeaux
TSAR - Dave Carter	PVRG - Michael Vatalaro
TSAR - Kevin Reynolds	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? - none noted

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 General Administrative Manual. *Failure to resolve the issue means that the issue shall be dropped and the restraint removed.*

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

October 25, 1995

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 to 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/Mission efforts - Dave Carter

Operations manual

New Business

Proposals for upgrading staff

Committee actions/proposals

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 Training/Hauling Systems with TSAR
- 9 & 10 Sept 95 Raven's Roost Vertical Simulation with TSAR
- 23 Sept 95 Training/Land Navigation with TSAR
- 25 Sept 95 Missing Aircraft Search/Mecklenburg - Clarksville
- 25 Sept 95 (5) Members responded
- 25 Sept 95 Fundraiser/Burger King's Cashola Program
- 25 Sept 95 \$91.38 raised
- 25 Sept 95 Fundraiser/Burger King's Cashola Program
- 25 Sept 95 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
- 25 Sept 95 \$147.00 raised
- 14 Oct 95 WAL-MART Safety Awareness Week
- 14 Oct 95 Public Awareness
- 20-22 Oct 95 GSAR Institute/Fort AP Hill
- 20-22 Oct 95 (2) Members attended FTL course
- 20-22 Oct 95 (1) Member attended FTM course

Future events:

- 10-12 Nov 95 Will complete 2nd weekend of GSAR Institute at Fort AP Hill
- 18 Nov 95 Training/Land Navigation with Mark Eggeman of TSAR
- 25 Nov 95 Fundraiser/Burger King's Cashola Program
- 25 Nov 95 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 Report

10/28/95

Agenda

**ASRC
Operations**

GHM 94

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

Recent Operations

1/1 95 -> 8/6 95

**ASRC
Operations**

GHM 94

18 Incidents Total

LPS: 13

Susp:	1
441:	10
442:	1
443:	1

Evidence Searches: 1

441: 1

A/C SAR Incident: 3

441: 1

443: 2

Cave Rescue Incident: 1

**Equipment
request only**

Va	Pa	Md	WVa
1 7 1 1 1 2 1	1 1		2
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:	6		5	1		
3 hrs	1		1			
4 hrs	2		1		1	
8 hrs	2		2			
10 hrs	1				1	
13 hrs	1		1			
24 hrs	1				1	
49 hrs:	1	1				

Operations Analysis

1/1 95 -> 8/6 95

ASRC
Operations

GHM 94

Multi-subject incidents (3)

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

LPS (11) age

	Male	Female	Totals
0 -> 15		2 (1 w/ mother)	2
15-> 55	3	2 (1 w/daughter)	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

Brainstorm on Issues

ASRC
Operations

GHM 94

Brainstorm on Issues

ASRC
Operations

GHM 94

Brainstorm on Issues

ASRC
Operations

GHM 94

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. The ASRC also allows each group the right and authority to limit the response and utilization of minors at an incident.]

Problem 4:

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Problem 5:

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Adm. Recommendation

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

GHM 94

Problem 7:

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

GHM 94

Problem 9:

A.7 Semi-Technical Evacuation Kit :- The following constitute a 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)

climbing helmets preferred

climbing helmets

Problem 10:

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.

Personnel Data Sheet

Name: _____ S.S.N.#: _____ - _____ - _____ D.O.B.: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ - _____ - _____ (W) _____ - _____ - _____ (O) _____ - _____ - _____

Group or Affiliation: _____

S.A.R. Certifications:

	<u>Date of Issue</u>	<u>Date of Expiration</u>
Call Out Qualified:	____/____/____	____/____/____
Field Team Member:	____/____/____	____/____/____
Field Team Leader:	____/____/____	____/____/____
Incident Staff:	____/____/____	____/____/____
Incident Commander:	____/____/____	____/____/____

Other Search and Rescue Certifications: _____

Medical Certifications:

	<u>Date of Expiration</u>			
C.P.R.:				
Standard First Aid:	____/____/____			
First Responder:	____/____/____	<input type="checkbox"/> Virginia	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
		<input type="checkbox"/> Nat. Registry	<input type="checkbox"/> Wash. D.C.	<input type="checkbox"/> Other _____
Emergency Medical Technician:	____/____/____	<input type="checkbox"/> Virginia	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
		<input type="checkbox"/> Nat. Registry	<input type="checkbox"/> Wash. D.C.	<input type="checkbox"/> Other _____
Shock Trauma:*	____/____/____	<input type="checkbox"/> Virginia	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
		<input type="checkbox"/> Nat. Registry	<input type="checkbox"/> Wash. D.C.	<input type="checkbox"/> Other _____
C.C.T./C.R.T./Intermediate:*	____/____/____	<input type="checkbox"/> Virginia	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
		<input type="checkbox"/> Nat. Registry	<input type="checkbox"/> Wash. D.C.	<input type="checkbox"/> Other _____
Paramedic:*	____/____/____	<input type="checkbox"/> Virginia	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
		<input type="checkbox"/> Nat. Registry	<input type="checkbox"/> Wash. D.C.	<input type="checkbox"/> Other _____
Wilderness E.M.T.	____/____/____			

Other Certifications: _____

* Name of Primary Medical Director: _____ Phone 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 occurred.
- 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.N.	T.O.S.	T.O.F.	T.O.E.	T.O.T.	INCIDENT #
1	2	3	4	5	6	7

8
RESPONSE LOCATION:

PATIENT INFORMATION

NAME: S.S.N. - - D.O.B.

ADDRESS: AGE: RACE: SEX:

CITY: STATE: ZIP:

CHIEF COMPLAINT, SYMPTOM, ONSET	HISTORY, ROUTINE MEDS	ALLERGIES
		C.P.R. START <input type="checkbox"/> NONE <input type="checkbox"/> LAY <input type="checkbox"/> FIRE/RESCUE <input type="checkbox"/> POLICE <input type="checkbox"/> S.A.R. <input type="checkbox"/> OTHER

TIME	LEVEL OF CONSCIOUSNESS	RESPIRATIONS	PULSE	B/P	SKIN	PUPILS	SCORES
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.

IV PROCEDURES	FLUID TYPE	LOCATION	VOLUME OR RATE	GAUGE	TIME	INITIAL	ATTEMPTS	# OF UNSUC. ATTEMPTS
1	Peripheral IV #1							
2	Peripheral IV #2							
3	External Jugular							
4	Internal Jugular							
5	Intraosseous							
6								

IV BOX:

OLD# NEW#

OLD# NEW#

DRUG BOX:

OLD# NEW#

MEDIC SIGN:

E.V.A.C.	NO PATIENT	TREATMENT	METHOD OF CONTACT	TRANSFER OF CARE
<input type="checkbox"/> WALKED OUT <input type="checkbox"/> CARRIED OUT / ASSISTED <input type="checkbox"/> SEMI-TECH <input type="checkbox"/> BY VEHICLE <input type="checkbox"/> OTHER	<input type="checkbox"/> CANCELLED <input type="checkbox"/> FALSE CALL <input type="checkbox"/> UNABLE TO LOCATE <input type="checkbox"/> INCIDENT SUSPENDED <input type="checkbox"/> OTHER	<input type="checkbox"/> PATIENT REFUSAL <input type="checkbox"/> NO ILLNESS OR INJURY <input type="checkbox"/> D.O.A. <input type="checkbox"/> TREATED - TRANSFERRED <input type="checkbox"/> POLICE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> P.O.V. <input type="checkbox"/> OTHER <input type="checkbox"/> HELICOPTER	<input type="checkbox"/> COR-MED <input type="checkbox"/> HEAR <input type="checkbox"/> TELEPHONE <input type="checkbox"/> CELLULAR <input type="checkbox"/> DIRECT <input type="checkbox"/> STANDING ORDERS	BASE STATION CONTACTED TIME: _____ PHYSICIAN AGENCY: _____ UNIT #: _____ TECHNICIAN: _____ <input type="checkbox"/> E.M.T. <input type="checkbox"/> EMT-ST <input type="checkbox"/> C.C.T. <input type="checkbox"/> PARA

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

NEWCOMB STATION

CHARLOTTESVILLE, VIRGINIA 22904

PATIENT CARE REPORT

DATE	T.O.N.	T.O.S.	T.O.F.	T.O.E.	T.O.T.	INCIDENT #
	:	:	:	:	:	

RESPONSE LOCATION:

PATIENT INFORMATION

NAME: 9 S.S.N. 10- D.O.B. 11
 ADDRESS: 12 AGE: 13 RACE: 14 SEX: 15
 CITY: _____ STATE: _____ ZIP: _____

CHIEF COMPLAINT, SYMPTOM, ONSET 16	HISTORY, ROUTINE MEDS 17	ALLERGIES 18
C.P.R. START <input type="checkbox"/> NONE <input type="checkbox"/> LAY <input type="checkbox"/> FIRE/RESCUE <input type="checkbox"/> POLICE <input type="checkbox"/> S.A.R. <input type="checkbox"/> OTHER		

TIME	LEVEL OF CONSCIOUSNESS	RESPIRATIONS	PULSE	B/P	SKIN	PUPILS	SCORES
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ <input type="checkbox"/> Normal Clear L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ <input type="checkbox"/> Normal Clear L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ <input type="checkbox"/> Normal Clear L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ <input type="checkbox"/> Normal Clear L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ <input type="checkbox"/> Normal Clear L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____

IV PROCEDURES	FLUID TYPE	LOCATION	VOLUME OR RATE	GAUGE	TIME	INITIAL	ATTEMPS	# OF UNSUC. ATTEMPS
1 Peripheral IV #1								
2 Peripheral IV #2								
3 External Jugular								
4 Internal Jugular								
5 Intraosseous								
6								

IV BOX: OLD# _____ NEW# _____
 DRUG BOX: OLD# _____ NEW# _____
 MEDIC SIGN: _____

E.V.A.C.	NO PATIENT	TREATMENT	METHOD OF CONTACT	TRANSFER OF CARE
<input type="checkbox"/> WALKED OUT <input type="checkbox"/> CARRIED OUT / ASSISTED <input type="checkbox"/> SEMI-TECH <input type="checkbox"/> BY VEHICLE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> CANCELLED <input type="checkbox"/> FALSE CALL <input type="checkbox"/> UNABLE TO LOCATE <input type="checkbox"/> INCIDENT SUSPENDED <input type="checkbox"/> OTHER _____	<input type="checkbox"/> PATIENT REFUSAL <input type="checkbox"/> NO ILLNESS OR INJURY <input type="checkbox"/> D.O.A. <input type="checkbox"/> TREATED - TRANSFERRED <input type="checkbox"/> POLICE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> P.O.V. <input type="checkbox"/> OTHER <input type="checkbox"/> HELICOPTER	<input type="checkbox"/> COR-MED <input type="checkbox"/> HEAR <input type="checkbox"/> TELEPHONE <input type="checkbox"/> CELLULAR <input type="checkbox"/> DIRECT <input type="checkbox"/> STANDING ORDERS	BASE STATION CONTACTED TIME: _____ PHYSICIAN AGENCY: _____ UNIT #: _____ TECHNICIAN: _____ <input type="checkbox"/> E.M.T. <input type="checkbox"/> EMT-ST <input type="checkbox"/> C.C.T. <input type="checkbox"/> 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

Lay: A bystander 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 **ONLY** if the trousers were inflated.

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PATIENT CARE REPORT

DATE	T.O.N.	T.O.S.	T.O.F.	T.O.E.	T.O.T.	INCIDENT #
	:	:	:	:	:	

RESPONSE LOCATION:

PATIENT INFORMATION

NAME: _____ S.S.N. _____ D.O.B. _____

ADDRESS: _____ AGE: _____ RACE: _____ SEX: _____

CITY: _____ STATE: _____ ZIP: _____

CHIEF COMPLAINT, SYMPTOM, ONSET	HISTORY, ROUTINE MEDS	ALLERGIES
		C.P.R. START <input type="checkbox"/> NONE <input type="checkbox"/> LAY <input type="checkbox"/> FIRE/RESCUE <input type="checkbox"/> POLICE <input type="checkbox"/> S.A.R. 19 <input type="checkbox"/> OTHER

TIME	LEVEL OF CONSCIOUSNESS	RESPIRATIONS	PULSE	B/P	SKIN	PUPILS	SCORES
20	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L R <input type="checkbox"/> Normal Rates L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L R <input type="checkbox"/> Normal Rates L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L R <input type="checkbox"/> Normal Rates L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L R <input type="checkbox"/> Normal Rates L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L R <input type="checkbox"/> Normal Rates L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L R <input type="checkbox"/> Normal Rates L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. Trauma C.R.A.M.S. A.P.G.A.R.

IV PROCEDURES	FLUID TYPE	LOCATION	VOLUME OR RATE	GAUGE	TIME	INITIAL	ATTEMPS	# OF UNSUC. ATTEMPS
1 Peripheral IV #1								
2 Peripheral IV #2								
3 External Jugular								
4 Internal Jugular								
5 Iatrogenous								
6								

IV BOX:
OLD# NEW#
OLD# NEW#
DRUG BOX:
OLD# NEW#
MEDIC SIGN:

E.V.A.C.	NO PATIENT	TREATMENT	METHOD OF CONTACT	TRANSFER OF CARE
<input type="checkbox"/> WALKED OUT <input type="checkbox"/> CARRIED OUT / ASSISTED <input type="checkbox"/> SEMI-TECH <input type="checkbox"/> BY VEHICLE <input type="checkbox"/> OTHER	<input type="checkbox"/> CANCELLED <input type="checkbox"/> FALSE CALL <input type="checkbox"/> UNABLE TO LOCATE <input type="checkbox"/> INCIDENT SUSPENDED <input type="checkbox"/> OTHER	<input type="checkbox"/> PATIENT REFUSAL <input type="checkbox"/> NO ILLNESS OR INJURY <input type="checkbox"/> D.O.A. <input type="checkbox"/> TREATED - TRANSFERRED <input type="checkbox"/> POLICE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> P.Q.V. <input type="checkbox"/> OTHER <input type="checkbox"/> HELICOPTER	<input type="checkbox"/> COR-MED <input type="checkbox"/> HEAR <input type="checkbox"/> TELEPHONE <input type="checkbox"/> CELLULAR <input type="checkbox"/> DIRECT <input type="checkbox"/> STANDING ORDERS	BASE STATION CONTACTED TIME: _____ PHYSICIAN AGENCY: _____ UNIT #: _____ TECHNICIAN: _____ <input type="checkbox"/> E.M.T. <input type="checkbox"/> EMT-ST <input type="checkbox"/> C.C.T. <input type="checkbox"/> PARA

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

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PATIENT CARE REPORT

DATE	T.O.N.	T.O.S.	T.O.F.	T.O.E.	T.O.T.	INCIDENT #
	:	:	:	:	:	

RESPONSE LOCATION: _____

PATIENT INFORMATION

NAME: _____ S.S.N. _____ 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
☐ POLICE ☐ S.A.R. ☐ OTHER

TIME	LEVEL OF CONSCIOUSNESS	RESPIRATIONS	PULSE	B/P	SKIN	PUPILS	SCORES
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ <input type="checkbox"/> Normal Clear L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ <input type="checkbox"/> Normal Clear L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ <input type="checkbox"/> Normal Clear L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ <input type="checkbox"/> Normal Clear L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ <input type="checkbox"/> Normal Clear L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ <input type="checkbox"/> Normal Clear L R <input type="checkbox"/> Labored Diminished L R <input type="checkbox"/> Shallow Wheezing L R	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____

IV PROCEDURES	FLUID TYPE	LOCATION	VOLUME OR RATE	GAUGE	TIME	INITIAL	ATTEMPTS	# OF UNSUC. ATTEMPTS
1 Peripheral IV #1								
2 Peripheral IV #2								
3 External Jugular	21							
4 Internal Jugular								
5 Introsseous								
6								

IV BOX:

OLD# 22 NEW#
 OLD# 22 NEW#

DRUG BOX:

OLD# 23 NEW#

MEDIC SIGN: 24

E.V.A.C.	NO PATIENT	TREATMENT	METHOD OF CONTACT	TRANSFER OF CARE
<input type="checkbox"/> WALKED OUT <input type="checkbox"/> CARRIED OUT / ASSISTED <input type="checkbox"/> SEMI-CONSCIOUS <input type="checkbox"/> BY VEHICLE <input type="checkbox"/> OTHER	<input type="checkbox"/> CANCELLED <input type="checkbox"/> FALSE CALL <input type="checkbox"/> UNABLE TO LOCATE <input type="checkbox"/> INCIDENT SUSPENDED <input type="checkbox"/> OTHER	<input type="checkbox"/> PATIENT REFUSAL <input type="checkbox"/> NO ILLNESS OR INJURY <input type="checkbox"/> D.O.A. <input type="checkbox"/> TREATED - TRANSFERRED <input type="checkbox"/> POLICE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> P.O.V. <input type="checkbox"/> OTHER <input type="checkbox"/> HELICOPTER	<input type="checkbox"/> COR-MED <input type="checkbox"/> HEAR <input type="checkbox"/> TELEPHONE <input type="checkbox"/> CELLULAR <input type="checkbox"/> DIRECT <input type="checkbox"/> STANDING ORDERS	BASE STATION CONTACTED _____ TIME: _____ PHYSICIAN _____ AGENCY: _____ UNIT #: _____ TECHNICIAN: _____ <input type="checkbox"/> E.M.T. <input type="checkbox"/> EMT-ST <input type="checkbox"/> C.C.T. <input type="checkbox"/> PARA

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 American 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 transferred.

APPALACHIAN SEARCH & RESCUE CONFERENCE, INC.

P.O. BOX 440

NEWCOMB STATION

CHARLOTTESVILLE, VIRGINIA 22904

PATIENT CARE REPORT

DATE	T.O.N.	T.O.S.	T.O.F.	T.O.E.	T.O.T.	INCIDENT #
	:	:	:	:	:	

RESPONSE LOCATION:

PATIENT INFORMATION

NAME: _____ S.S.N. _____ D.O.B. _____

ADDRESS: _____ AGE: _____ RACE: _____ SEX: _____

CITY: _____ STATE: _____ ZIP: _____

CHIEF COMPLAINT, SYMPTOM, ONSET	HISTORY, ROUTINE MEDS	ALLERGIES
		C.P.R. START <input type="checkbox"/> NONE <input type="checkbox"/> LAY <input type="checkbox"/> FIRE/RESCUE <input type="checkbox"/> POLICE <input type="checkbox"/> S.A.R. <input type="checkbox"/> OTHER

TIME	LEVEL OF CONSCIOUSNESS	RESPIRATIONS	PULSE	B/P	SKIN	PUPILS	SCORES
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____
	<input type="checkbox"/> Awake & Oriented <input type="checkbox"/> Awake & Disoriented <input type="checkbox"/> Not Awake, Arousable <input type="checkbox"/> Unresponsive	Rate: _____ Clear L.R. <input type="checkbox"/> Normal Rates L.R. <input type="checkbox"/> Labored Diminished L.R. <input type="checkbox"/> Shallow Wheezing L.R.	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> MAST	<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Cool <input type="checkbox"/> Warm	<input type="checkbox"/> Normal <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unreactive	G.C.S. _____ Trauma _____ C.R.A.M.S. _____ A.P.G.A.R. _____

IV PROCEDURES	FLUID TYPE	LOCATION	VOLUME OR RATE	GAUGE	TIME	INITIAL	ATTEMPS	# OF UNSUC. ATTEMPS
1	Peripheral IV #1							
2	Peripheral IV #2							
3	External Jugular							
4	Internal Jugular							
5	Intraosseous							
6								

IV BOX:

OLD# _____ NEW# _____

OLD# _____ NEW# _____

DRUG BOX:

OLD# _____ NEW# _____

MEDIC SIGN: _____

E.V.A.C.	NO PATIENT	TREATMENT	METHOD OF CONTACT	TRANSFER OF CARE
<input type="checkbox"/> WALKED OUT <input type="checkbox"/> CARRIED OUT / ASSISTED <input type="checkbox"/> SEMI-TECH <input type="checkbox"/> BY VEHICLE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> CANCELLED <input type="checkbox"/> FALSE CALL <input type="checkbox"/> UNABLE TO LOCATE <input type="checkbox"/> INCIDENT SUSPENDED <input type="checkbox"/> OTHER _____	<input type="checkbox"/> PATIENT REFUSAL <input type="checkbox"/> NO ILLNESS OR INJURY <input type="checkbox"/> D.O.A. <input type="checkbox"/> POLICE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> P.O.V. <input type="checkbox"/> OTHER <input type="checkbox"/> HELICOPTER	<input type="checkbox"/> COR-MED <input type="checkbox"/> HEAR <input type="checkbox"/> TELEPHONE <input type="checkbox"/> CELLULAR <input type="checkbox"/> DIRECT <input type="checkbox"/> STANDING ORDERS	BASE STATION CONTACTED _____ NAME: _____ PHYSICIAN _____ AGENCY: _____ UNIT #: _____ TECHNICIAN: _____ <input type="checkbox"/> E.M.T. <input type="checkbox"/> EMT-ST <input type="checkbox"/> C.C.T. <input type="checkbox"/> PARA

VIII Narrative

30.) 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 relevant 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.

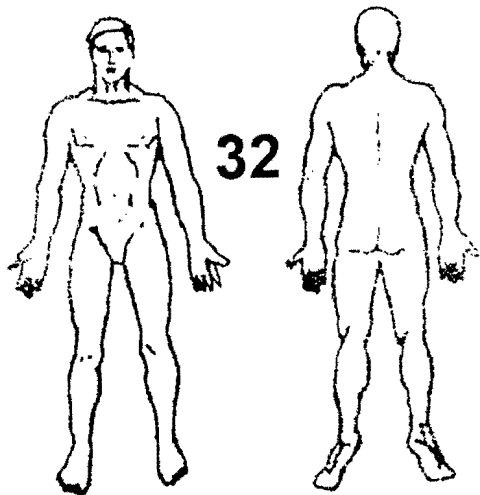
34.) Patient Refusal

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.

INCIDENT # **30**

31

32



PROVIDERS NAME

NAME

CERTIFICATION #

SIGNATURE

33

Hereby refuse treatment and/or transport

By

34

Date

/

/

Time

:

SIGNATURE

WITNESS

COMPONENTS	SCORE	RULE OF NINES	lbs.	kg.
Circulation				
Normal capillary refill and BP > 100	2			
Delayed capillary refill or 85 < BP < 100	1			
No capillary refill or BP < 85	0			
Respirations				
Normal	2			
Abnormal (labored or shallow)	1			
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 Cram's 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	6. Intrusion of passenger compartment space greater than one foot
2. All pedestrians struck by a motor vehicle	7. Associated death in the accident
3. All motorcycle accidents	8. Burns greater than 20%
4. Penetrating injuries of the head, neck, torso, and/or proximal extremities	9. Burns associated with suspected respiratory burns
5. Ejection from the vehicle	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	