

CASUALTY ASSESSMENT FORM

Operation name:							
First aider names:					Time:		
					Date:		
1. CASUALTY DETAIL	S:						
Surname:		First nan	ne:				
Date of birth:		Age:		Sex:	Female	Male	
Address:							
Home phone:	Business phone: Cell/other phone:						
Email address:							
GP:					Phone:		
Next of Kin:	Next of Kin: Phone:						
2. FIRST CHECKS: SAFETY – RESPONSE – AIRWAY – BREATHING – CIRCULATION							
Complaints:							
Events leading to pro	Events leading to problem/onset:						
3. ASSESSMENT:							
	Past medical history:						
Medications: Allergies:							
9 1 0	Last ate/drank at:						
	Examination found:						
Mark injury site							

4. PAIN:								
Provoked or improved by:								
Quality:								
Region/radi	ation:							
Severity:								
Timing:								
Blood loss:	Y	N Passed	urine since in	cident:	\mathbf{Y} \mathbf{N}	Vomited:	YN	
5. VITAL SIG	GNS:							
Time taken:	Pulse: Rate per Min	Respiration: Rate per Min	Skin: Eg, warm/cold colour	Patient response: Use code below	Pupils: Use code below	Pain level: 1 = lowest 10 = highest	Temp:	
Response (use letter): Ald	ert Voice Pain	Pupils (us	e letter): Equ a	al and reactin	ig Unequal		
6. LIMB BASELINES FOR INJURED LIMB:								
Time taken:	Cold	our:	Warmth:	S	ensation:	Pulse: At foot o	r wrist	

7. TREATMENT RECORD: (Eg Events/Treatment Given)				
Time taken:	Event/Treatment: (Eg gave 2 Panadol, splintered fracture, toileted, turned on left side, etc)			
8. General Comm	nents:			