Field Assessment Form

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Scene

- ☐ Hazard Check
- ☐ Primary Scene Survey
- ☐ Number of Patients ______
- ☐ Secondary Scene Survey
- ☐ Identification of EMT(s) / Responder(s)
- ☐ Assess and Remove Hazards
- ☐ Assess and Remove Patient(s)
- ☐ Scene Stabilization
- ☐ Extrication Required
- ☐ Bystanders Present
- ☐ First Aid already in Progress
- ☐ Additional FA Responders Present

Incident History |what|when|where|how|witnesses|

Date: (dd/mm/yy) _ _/_ _/_ _

Subject Information

Subject Name (see ICF 1 for more sunject info):			Time (military):
Date of Birth (dd/mm/yy) _ _/_ _/_ _	Age:	Gender: ☐ male ☐ female	Police File #:
Hair Colour:	Weight:	Complexion:	Height:

Chief Complaint:

Presenting Problem

- ☐ Airway Obstruction
- ☐ Respiratory Arrest
- ☐ Cardiac Related
- ☐ Cardiac Arrest
- ☐ Unconscious / Unresponsive
- ☐ Shock
- ☐ Head Injury
- ☐ Allergic Reaction
- ☐ Seizure
- ☐ Stroke / CVA
- ☐ General Illness/Malaise
- ☐ Diabetic Related
- ☐ Pain:
- ☐ Behavioural Disorder
- ☐ Substance Abuse
- ☐ Poisoning
- ☐ Spinal Injury
- ☐ Fracture / Dislocation
- ☐ Amputation
- ☐ Multiple Trauma
- ☐ Trauma—Blunt
- ☐ Trauma—Penetrating
- ☐ Soft-Tissue Injury
- ☐ Bleeding/Hemorrhage
- ☐ OB / GYN
- ☐ Burns
- ☐ Other:
- ☐ Environmental
  - ☐ Heat
  - ☐ Cold
  - ☐ HAZMAT
- ☐ Obvious Death
- ☐ DCI

Mechanism of Injury

- ☐ MVA
- ☐ Struck by Vehicle
- ☐ Fall of _____' (_____ m)
- ☐ Unarmed Assault
- ☐ Armed Assault
- ☐ Other:
- ☐ Missed Decompression
- ☐ Ascending too Fast
- ☐ Extended Bottom Time
- ☐ Animal Attack
- ☐ Object:
- ☐ Dive too Deep
- ☐ Mixed-Gas Related
- ☐ Current Related
- ☐ Other Environment:

Vital Signs/History

Past History

- ☐ Hypertension
- ☐ Seizures
- ☐ Diabetes
- ☐ Allergy
- ☐ Medication
- ☐ Stroke
- ☐ COPD
- ☐ Cardiac
- ☐ Other:

Eye opening	GCS
Spontaneous	4
Response to verbal command	3
Response to pain	2
no response	1
Best Verbal Response	
Oriented	5
Confused	4
Inappropriate Words	3
Incomprehensible sounds	2
No verbal response	1
Best motor Response	
Obeys commands	6
Locales to pain	5
Withdraws to pain	4
Flexion to pain	3
Extension to pain	2
No motor response	1

Time	Resp.	Pulse	B.P.	Level of Conscious.	G.C.S.	R	Pupils	L	Skin
	Rate: ☐ Regular ☐ Shallow ☐ Laboured	Rate: ☐ Regular ☐ Irregular	/	☐ **A**lert ☐ **V**erbal ☐ **P**ain ☐ **U**nresp.		_ ☐ ☐ ☐ ☐ ☐	size (mm) Normal Dilated Constricted Sluggish No-Reaction	_ ☐ ☐ ☐ ☐ ☐	☐ Unremarkable ☐ Cool ☐ Warm ☐ Moist ☐ Dry ☐ Pale ☐ Cyanotic ☐ Flushed ☐ Jaundiced
	Rate: ☐ Regular ☐ Shallow ☐ Laboured	Rate: ☐ Regular ☐ Irregular	/	☐ **A**lert ☐ **V**erbal ☐ **P**ain ☐ **U**nresp.		_ ☐ ☐ ☐ ☐ ☐	size (mm) Normal Dilated Constricted Sluggish No-Reaction	_ ☐ ☐ ☐ ☐ ☐	☐ Unremarkable ☐ Cool ☐ Warm ☐ Moist ☐ Dry ☐ Pale ☐ Cyanotic ☐ Flushed ☐ Jaundiced
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Assessment/Treatment

Physical Assessment	Head / Neck	Upper Extr.	Chest / Back	Abd. / Pelvic	Lower Extr.
1. Pain					
2. Wound					
3. Fracture / Disloc. Open					
4. Fracture / Disloc. Closed					
5. Bleeding / Hemorrhage					
6. Loss of Motion/Sensation					
7. Sprain / Strain					
8. Burn Deg ____ %					
9. Internal					

Comments:

Treatment Given

- ☐ Airway Cleared
- ☐ Oxygen Administered at ____ LPM, Method: _____________
- ☐ Oral Airway
- ☐ Suction Used
- ☐ Artificial Ventilation — Method: ______________________________
- ☐ CPR in Progress — by: ______________________________
- ☐ CPR Started @ Time: ________ Time from Arrest until CPR: ____ Minutes
- ☐ EKG Monitored (attach tracing) — Rhythm(s): ______________________
- ☐ Defibrillation / Cardioversion — No. Times: _____ With ______ Joules (or watt/sec.)
- ☐ Medication Administered (type): ______________________________
- ☐ IV Fluid: ______________ No. Established: _______ No. Attempts: ________
- ☐ MAST Inflated (Time Inflated): _________
- ☐ Bleeding / Hemorrhage Controlled (method used): ______________________
- ☐ Spinal Immobilization ☐ Neck ☐ Back
- ☐ Limb Immobilization ☐ Fixation ☐ Traction
- ☐ Heat Applied ☐ Cold Applied
- ☐ Vomiting Induced @ Time: ________ Method: ______________________
- ☐ Other Treatment Given:

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