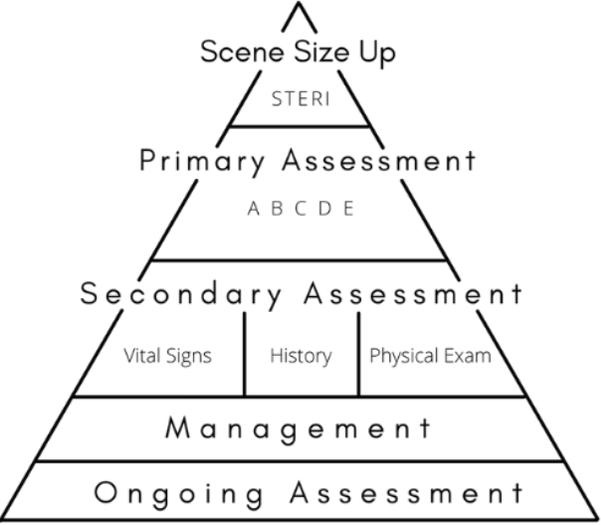


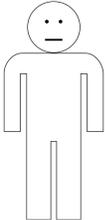
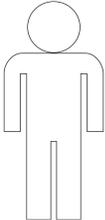
# Patient Care Report

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Medical Provider(s): \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ M F  
 Date of Birth: \_\_\_\_\_  
 Contact Info: \_\_\_\_\_  
 Location of Accident/Illness: \_\_\_\_\_



**What is wrong? What happened?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MEDICAL HISTORY		PAIN ASSESSMENT	
<b>S - What are your symptoms?</b>		<b>O - What were you doing when the pain started?</b>	
<b>A - Do you have any food or drug allergies?</b>		<b>P - Does anything make the pain better or worse?</b>	
<b>M - Which medications do you take?</b>		<b>Q - What does the pain feel like?</b>	
<b>P - Do you have any medical conditions?</b>		<b>R - Does the pain radiate anywhere?</b>	
<b>L - When was the last time you ate or drank anything?</b>		<b>S - On a scale 1 to 10, what is your pain?</b>	
<b>Any issues with urination or bowel movements?</b>		<b>T - How long have you been in pain?</b>	

*VITAL SIGNS							
Normal vital ranges for adults are given below and are to be used as a guide.							
Time:							
LOC							
HR (60-100 bpm)							
RR (12-20 bpm)							
O2 Sat >90%							
BP (120/80)							
Skin (PWD)							
<b>PHYSICAL EXAM FINDINGS:</b>							
I need to look over your body to be sure I am not missing any problems.							
Is this okay?							
_____							
_____							
_____							
_____							
_____							
				 Front		 Back	

TREATMENTS, INTERVENTIONS, AND ONGOING ASSESSMENT	
Time	Intervention

ASSESSMENT SUMMARY/NOTES

**Resources:**

**I'm trained in Wilderness First Aid, can I help you?**

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**I'm going to quickly look for possible bleeding over your entire body.**

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**Please do not move your head or body. I'm worried you might have a spinal injury.**

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**Call for help.**

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- Nexus**
1. Patient is A&O x 3/4
  2. Patient is sober
  3. Patient has no spinal pain in the neck or back
  4. Patient has no issues moving or feeling arms or legs
  5. Patient has no distractions preventing them from feeling pain

Patients with a femur fracture, pelvic or hip fracture, or spinal injury must be moved carefully. Move patients as little as possible. Keep the patient warm if the environment is cool or cold.

- Splinting Guidelines:**
- Always check for good circulation, movement, and sensation below the site of injury before and after splinting:
- Check for a pulse in injured arm or leg
  - Be sure patient can move fingers or toes
  - Be sure the patient can feel you touching their fingers or toes
- Any issues with circulation, movement, or sensation require immediate evacuation.

- Characteristics of a good splint:**
1. Rigid to support the injury
  2. Immobilizes joints/bones on either side of the injury
  3. Padded for protection
  4. Adjustable for comfortable
  5. Accessible for CMS assessment