

LA TROBE UNIVERSITY FIRST AID REPORT



Date: / / **Location:** _____ **Time:** _____

Casualty Name: **Gender:** **DOB:** / /

SURNAME GIVEN NAME

Casualty address: _____

Post Code: _____

Telephone: () _____

History of Accident/Injury

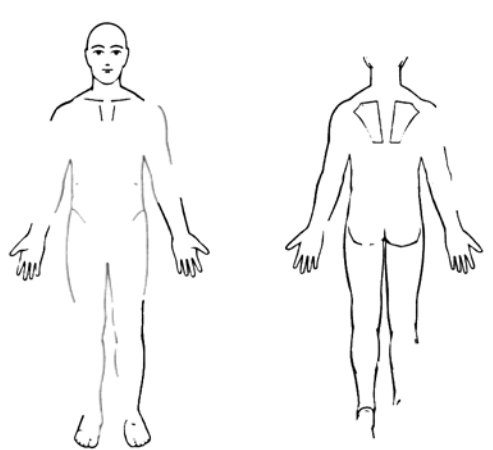
What?	How?	When?

Medication taken? _____ **Time:** _____

INITIAL CASUALTY ASSESSMENT

Breathing	Skin	Pulse	Conscious	Notes
1.Normal	1.Normal	1.Normal	1.Alert	Allergies? _____ _____ _____ _____ _____ _____ _____ _____
2.Shallow	2.Pale	2.Slow	2.Confused	
3.Absent	3.Flushed	3.Rapid	3.Drowsy	
4.Wheeze	4.Moist/clammy	4.Strong	4.Unconscious	
5.Gasping	5.Dry	5.Weak		
6.Rapid	6.Sweaty	6.Not Detected		
7.Slow	7.Cool/Cold	7.Regular		
	8.Warm/Hot	8.Irregular		

Time	Pulse	Resp.	Temp.	Conscious State	Pupil's size	Pupil's reaction
					R L	R L



- A- Abrasion
- Bl- Bleeding
- BU- Burns
- C- Contusion
- D- Deformity
- F- ?Fracture
- L- Laceration
- P- Pain
- S- Swelling
- T- Tenderness

ALL INFORMATION RECORDED IS STRICTLY CONFIDENTIAL

Treatment:

Referred:

Hosp. (AMB) n _____

Car number _____

Hosp. (Car) n _____

Name _____

Own doctor n _____

Name _____

Nil n _____

Signature: _____ **Print name:** _____ **Time out:** _____