

Medical Incident Report

Date: _____ Time: _____ Division: _____

<u>Line</u>	<u>Information</u>	<u>Notes</u>
1.	<p>Level of Severity:</p> <p><input type="checkbox"/> RED/PRIORITY 1 – Airway obstruction; difficulty breathing; altered Level Of Consciousness; major trauma/blood loss; cardiac chest pain; crush injury; penetrating wounds; open fracture; 2^o or 3^o burn > 5 palm sizes or suspected inhalation; severe allergic reaction.</p> <p><input type="checkbox"/> YELLOW/PRIORITY 2 – Closed fracture; significant trauma/lacerations; not able to walk; 2^o or 3^o burn < 5 palms sizes; allergic reaction; significant sickness.</p> <p><input type="checkbox"/> GREEN/PRIORITY 3 – Small area abrasions or lacerations; allergic reaction; minor sprain; general sickness.</p>	<p>2. <u>Triage Page 100, IRPG – 2014</u> <i>ALS Ambulance or Air Medivac/Extraction. Medical radio traffic has priority Emergency radio traffic restricted to: On site Medic, Div. Sup. or on scene P.O.C. Consider alternate freq. for essential OPS traffic.</i></p> <p><i>Ambulance or air transport/extraction if at remote location. Consider field medic transport. Medical radio traffic may have priority as above.</i></p> <p><i>MEDICAL TRANSPORT via crew, ground support, field medic, or air if at remote location. Fire radio traffic unchanged.</i></p>
3.	<p><u>On-Scene Point of Contact:</u> _____</p> <p><u>Patient Assessment / Injuries & Treatment:</u></p> <p>Age _____ Sex _____ Weight _____</p> <p>Chief Complaint: _____</p> <p>_____</p> <p>Treatment Plan: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Assessment Page 100, IRPG – 2014</u> <u>Treatment Page 101-110</u></p> <ul style="list-style-type: none"> • Level Of Consciousness _____ • Breathing _____ • Pulse Rate _____ • Skin Color - Normal Pale Bluish Red • Skin Moisture- Normal Dry Moist Profuse • Skin Temp. _____ Normal Hot Cool Cold • Pupils _____ • Blood Pressure _____ / _____ • SpO₂ _____ • Blood Sugar _____
4.	<p><u>Patient Location:</u></p> <p>_____</p> <p>Lat: _____ ° _____ ' Long: _____ ° _____ ' _____</p>	<p><i>Drop Point, Staging area, Division, Spike, Camp, Line area or GPS</i></p>
5.	<p><u>On Scene Medical and IC:</u></p>	<p><i>Crew medic, Field medic Who is the IC for this incident?</i></p>
6.	<p><u>Preferred Patient Transport Method:</u> LZ Location / GPS</p> <p>Lat: _____ ° _____ ' Long: _____ ° _____ ' _____</p> <p>Ground Contact: _____</p>	<p><i>MEDICAL TRANSPORT OPTIONS – Ambulance, Air Medivac/Extraction, crew, ground support, field medic, LZ Hazards: Trees, power lines, Wind direction, slope. Consider a Primary and Secondary response for all Red & Yellow patients.</i></p>
7.	<p><u>Additional Resources</u></p>	<p><i>Hoist, SKED, Backboard, Litter, Rope, Paramedic w/ALS, Trauma Bag, O2, AED, Extraction, HAZ Mat, Fire Suppression</i></p>
8.	<p><u>Documentation</u></p>	
9.	<p><u>On Scene Changes:</u></p>	