

Medical Incident Report

Use items one through nine to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS/DISPATCH

Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)

2. INCIDENT STATUS: Provide incident summary and command structure

Nature of Injury/Illness		Describe the injury (Ex: Broken leg with bleeding)
Incident Name:		Geographic Name + "Medical" (Ex: Trout Meadow Medical)
Incident Commander:		Name of IC
Patient Care:		Name of Care Provider (Ex: EMT Smith)

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment.

Provide additional patient info after completing this 9 Line Report. See page 100 for detailed Patient Assessment.

Number of Patients:	Male/Female	Age:	Weight:
Conscious?	<input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!		
Breathing?	<input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!		
Mechanism of Injury: <i>What caused the injury?</i>			
Lat./Long. (Datum WGS84) Ex: N 40° 42.45'x W 123° 03.24'			

4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY

SEVERITY	TRANSPORT PRIORITY
<input type="checkbox"/> URGENT-RED Life threatening injury or illness. Ex: Unconscious, difficulty breathing, bleeding severely, 2°-3° burns more than 4 palm sizes, heat stroke, disoriented.	Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE .
<input type="checkbox"/> PRIORITY-YELLOW Serious injury or illness. Ex: Significant trauma, not able to walk, 2°-3° burns not more than 1-2 palm sizes	Ambulance or consider air transport if at remote location. Evacuation may be DELAYED .
<input type="checkbox"/> ROUTINE-GREEN Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness	Non-Emergency. Evacuation considered Routine of Convenience .

5. TRANSPORT PLAN:

<p>Air Transport: (Agency Aircraft Preferred)</p> <input type="checkbox"/> Helispot <input type="checkbox"/> Short-haul/Hoist <input type="checkbox"/> Life Flight <input type="checkbox"/> Other <p>Ground Transport:</p> <input type="checkbox"/> Self-Extract <input type="checkbox"/> Carry-Out <input type="checkbox"/> Ambulance <input type="checkbox"/> Other

6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:

- Paramedic/EMT(s) Crew(s) SKED/Backboard/C-Collar
- Burn Sheet(s) Oxygen Trauma Bag
- Medication(s) IV/Fluid(s) Cardiac Monitor/AED
- Other (e.g., splints, rope rescue, wheeled litter)**

7. COMMUNICATIONS:

Function	Channel Name/Number	Receive (Rx)	Tone/ NAC*	Transmit (Tx)	Tone/ NAC*
<i>Ex: Command</i>	<i>Forest Rpt, Ch. 2</i>	<i>168.3250</i>	<i>110.9</i>	<i>171.4325</i>	<i>110.9</i>
COMMAND					
AIR-TO-GRND					
TACTICAL					

8. EVACUATION LOCATION:

<p>Lat./Long. (Datum WGS84) <i>EX: N 40° 42.45' x W 123° 03.24'</i></p>	
Patient's ETA to Evacuation Location:	
Helispot/Extraction Size and Hazards	

9. CONTINGENCY:

<p>Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...</p>
