Patient Treatment Form

DATE		INSARAG Preparedness – Response	TEAM	
			SECTOR	
TIME			GPS LOCATION	Lat:
				Long:

TREATED BY: CONTACT DETAILS Tel:
QUALIFICATION: Email:

PATIENT DETAILS
NAME NATIONALITY
AGE GENDER M/F

HANDOVER TO:

Locals/family	❑	_____	Medical team	❑	_____
Ambulance	❑	_____	Helicopter	❑	_____
Hospital	❑	_____	Field Hospital	❑	_____
Mortuary	❑	_____	Other	❑	_____

Type of Entrapment/Incident		Date	Time
	First Detection		
	First USAR Contact		
	First Physical Contact		
	Extrication		

INJURIES IDENTIFIED				Add Details
Penetrating Trauma	❑	Blunt Trauma	❑	
Amputation	❑	Dehydration	❑	
Burns	❑	Fractures	❑	
Crush	❑	Blast	❑	
Head Injury	❑	Other	❑	

VITAL SIGNS (Where Applicable)	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE
RESPIRATORY RATE									
PULSE									
BLOOD PRESSURE									
AVPU/GCS									
BLOOD GLUCOSE									
SPO2									
ETCO2									
Temperature									
Urine Output									
OTHER									

TREATMENT GIVEN

INTERVENTIONS	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	
FLUIDS	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TOTAL
DRUGS	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TIME/DATE	TOTAL

ADDITIONAL INFORMATION

NAME: TITLE: SIGNATURE: