



BCKC - INCIDENT REPORTING FORM

Name: _____ Age: _____ Sex: _____

Address: (Street) _____ (City / Prov.) _____

(Postal Code) _____ Telephone: (Home) _____ (Cell) _____

Emergency Contact: (Name) _____

Emergency Contact Telephone: (home) _____ (Cell) _____

Healthcare Number: _____ Tetanus Immunization: (last date) _____

Past Medical History: _____

Allergies: (food, drugs, environmental) _____

Medications Presently Taken: _____

Patient Consent: I have carefully read this report and agree that the information is accurate. I accept the prescribed treatment.

Signature: _____

Date: _____

Witness: _____

Date: _____

Refusal of Treatment: I have carefully read this report and understand its contents. I agree that the information is accurate. I hereby refuse the prescribed treatment.

Signature: _____

Date: _____

Witness: _____

Date: _____

Patient Released to: (Medical Personnel)

Time: _____ Date: _____

Name: (status) _____

Service: _____

Transferring to: _____

By: _____

Signature: _____

Person Completing This Form:

Name: _____

Address: _____

Telephone: _____

Signature: _____

Date: _____

PRIMARY SURVEY

SCENE PRIMARY SURVEY:

Extrication from Scene needed: Yes / No

Extrication time: Rescuer to patient: _____

Patient to safety: _____

Issues: _____

PATIENT PRIMARY SURVEY

Airway: Patent / Partially obstructed / Obstructed

(If Partially obstructed or obstructed **Airway cleared:** Yes / No

How (method) : _____)

C-spine: Kept in alignment: Yes / No By whom: _____

Breathing: **Rate:** _____ / min **Quality:** Easy / Laboured - Equal / Unequal
Color: Normal / Pale / Flushed / Cyanotic

Circulation: **Pulse:** Radial(wrist) / Brachial (elbow) / Femoral (groin) / Carotid (neck)

Quality: Strong / Weak - Regular / Irregular - Bounding / Thready

Cap. Refill: < 2 secs / > 2 secs

Heart sounds: Present / Not present

Chest sounds: Air in / No Air In

Major Bleeding: Yes / No (where) _____

If yes – Controlled?: Yes / No (how) _____

Disability: Alert / Verbal / Painful Stimuli / Unresponsive

Pupils: [Reactive to light / not reactive to light] – [Equal in size / Not Equal in size]

(circle best response)

SECONDARY SURVEY

Expose: Find All Injuries

Minor Bleeding? Yes / No

(where) _____ Controlled? (how) _____

(where) _____ Controlled? (how) _____

Fahrenheit: Keep the patient warm.

Get Vital Signs:

Pulse: _____ / min

LOC: Alert / Verbal / Painful Stimuli / Unconscious

Resp: _____ / min

Skin: [Normal / Pale / Flushed / Cyanotic] – [Hot / Warm / Cold] - [Dry / Moist]

Pupils: [Reactive / Not Reactive] - [Equal / Not Equal]

Head to Toe and Inspect Back:

R arm (findings) _____

L arm: (findings) _____

Torso: (findings) _____

R leg: (findings) _____

L Leg: (findings) _____

Back: (findings) _____

Treatment Given: Splints: _____

Dressings: _____

LONG TERM CARE (> 4 HOURS)

Reassessment of Identified Injuries and Overall Condition: (Reassess every hour)

Time: _____ Injury: _____ Condition: _____

Time: _____ Injury: _____ Condition: _____

Time: _____ Injury: _____ Condition: _____

Time: _____ Injury: _____ Condition: _____

Time: _____ Injury: _____ Condition: _____

Time: _____ Injury: _____ Condition: _____

Time: _____ Injury: _____ Condition: _____

Time: _____ Injury: _____ Condition: _____

Ongoing Patient Assessment:

Assessment	Time	Time	Time	Time	Time	Time
Pulse -						
Rate (# beats per minute)						
Quality (strong (S) /weak (W))						
Cap. refill: (< 2 sec. / > 2 sec.)						
Level Of Alert: A / V / P / U						
Resp. rate (per minute)						
Skin:						
Hot / Warm / Cold						
Dry / Moist						
Normal / Pale / Flushed / Cyanotic						
Pupils:						
Reactive (+) / Not reactive (-)						
Equal (=) / Not equal (≠)						
Fractures: (#)						
Color of limb						
Sensation below #						
Warmth below #						
Pulse present (+) or absent (-)						
Bleeding:						
Controlled (C) or Uncontrolled (U)						
# of added bandages						
Urine output						
Oral intake (limit amount)						
Food						
Fluids - estimate amount						
Temperature						

Evacuation Needed: Yes / No

Date and Time Evacuation Initiated: _____

ETA: _____

Called / Sent

Who: _____

Type of Assistance requested:

Special Services / EVAC / Ambulance / Police / SAR

Equipment needed: Extrication / Ropes / Basket / Spinal Board

Extrication of Patient: Assistance required / No assistance required

Extent of Injuries: (list all) _____

ACCIDENT LOCATION INFORMATION:

Date: _____ **Time:** _____

Location: Map # _____ **Grid Ref.** _____

Weather: Temperature; _____ Clouds: _____ Winds: _____

Visibility: _____

Transferring to Meeting Place: Yes / No

YES? Time Left: _____

ETA: _____

Meeting Place: Location: Map # _____ **Grid Ref.** _____

Landing Place: Available / Not Available

Secured and marked: _____