

The Alpine Club of Canada

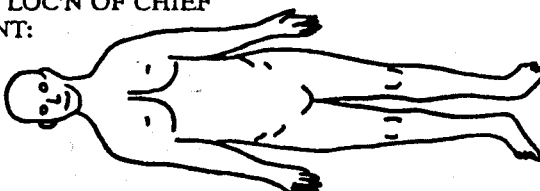

Field Accident Report Form

PATIENT INFORMATION

PATIENT NAME:		sex: _____	age: _____
address:		phone: _____	
health care #:	plan #:	company/instit.: _____	
accident notification to be given to: NAME:		relationship:	phone: _____
address:		phone: _____	
AIRWAY: open <input type="checkbox"/>	obstructed <input type="checkbox"/>	BLEEDING: internal <input type="checkbox"/>	external <input type="checkbox"/>
OBSERVATIONS AT 10 MINUTE INTERVALS			
CONTINUOUS MONITOR	START TIME: _____ HRS	_____ HRS	_____ HRS
Level of conscious. eyes verbal motor			
Respir. rate character			
Pulse rate character			
Pupils (L) size mm reaction			
Pupils (R) size mm reaction			
Skin colour temp			
OVERALL CONDITION: lucid <input type="checkbox"/> stable <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor <input type="checkbox"/> life threatening <input type="checkbox"/>			
MEDIC ALERT DETAILS: ALLERGIES:			
MEDS GIVEN:	1) drug	dosage	time
	2) drug	dosage	time
	3) drug	dosage	time

COMPLETED BY: _____

ACCIDENT INFORMATION

DATE OF ACCIDENT:		TIME OF ACCIDENT:	
CURRENT LOC'N OF PATIENT:			
map name #: _____		map sheet: _____ scale: _____ grid ref: _____	
hut <input type="checkbox"/> tent <input type="checkbox"/> bivi <input type="checkbox"/> open <input type="checkbox"/> subalpine <input type="checkbox"/> alpine <input type="checkbox"/> elevation: _____			
PATIENT'S EQUIPMENT COLORS: jacket: _____ helmet: _____ pack: _____ tent: _____			
# REMAINED WITH PT. M: ___ F: ___		Name of support leader with patient: _____	
WEATHER		WIND dir'n _____ strnth _____ TEMP: _____ °C	
SKY:	clear <input type="checkbox"/> ptcl <input type="checkbox"/> ocast <input type="checkbox"/> obscd <input type="checkbox"/> ceiling: _____	visibility in mtrs: _____ in kms: _____	
PRECIP:	type: _____ accum rate: _____		
TERRAIN		slope angle: _____ aspect: _____	
FOREST:	thick <input type="checkbox"/> gladed <input type="checkbox"/> open <input type="checkbox"/> krumholz <input type="checkbox"/> meadow <input type="checkbox"/> heather <input type="checkbox"/> grass <input type="checkbox"/>		
CLIFF:	scree <input type="checkbox"/> ledge <input type="checkbox"/> ridge <input type="checkbox"/> gully <input type="checkbox"/> pinnacle <input type="checkbox"/> col <input type="checkbox"/> hanging <input type="checkbox"/>		
GLAC'R:	crevassed <input type="checkbox"/> ice-fall <input type="checkbox"/> covered <input type="checkbox"/> dry <input type="checkbox"/>	wtrfall: _____ gully <input type="checkbox"/> face <input type="checkbox"/>	
ACCIDENT HIST:	roped <input type="checkbox"/> unroped <input type="checkbox"/> helmet on <input type="checkbox"/> helmet off <input type="checkbox"/> slip <input type="checkbox"/> tumble <input type="checkbox"/>		
rockfall <input type="checkbox"/> icefall <input type="checkbox"/> freefall <input type="checkbox"/> dist. in mtrs.: _____		avalanche <input type="checkbox"/> size: _____	
heat related <input type="checkbox"/> cold related <input type="checkbox"/> ski <input type="checkbox"/> animal <input type="checkbox"/> what?: _____			
DESCRIBE NATURE OF ACCIDENT/MECHANISM OF INJURY:			
CHIEF COMPLAINT:			
INDICATE LOC'N OF CHIEF COMPLAINT:			
			
EQUIPMENT AT SITE: # tents _____ # sleeping bags _____ # sleeping pads _____			
STOVES: type: _____ #: _____		FUEL AVAIL: litres ___/carts ___	
CLIMBING ROPES: #: _____ diameter: _____ length: _____			
HELMETS? Y N #: _____	CRAMPONS? Y N #: _____	ICE AXES? Y N #: _____	
HARDWARE: hammer? Y N pitons#: _____ nuts#: _____ krabs#: _____			
FIRST AID KIT: complete incomplete (circle)		OTHER: _____	
STABILIZATION OR EVACUATION PLAN (circle)			
<input type="checkbox"/> will remain at current location		require: <input type="checkbox"/> stretcher <input type="checkbox"/> spineboard	
<input type="checkbox"/> will descend/traverse to: (circle location: hut, campsite, road, pass, valley)		destination grid reference: _____	
<input type="checkbox"/> have sufficient clothes	<input type="checkbox"/> have sufficient shelter	<input type="checkbox"/> have sufficient food	<input type="checkbox"/> have sufficient manpower
manpower present is <input type="checkbox"/> experienced <input type="checkbox"/> inexperienced <input type="checkbox"/> mixed			
<input type="checkbox"/> require extra clothes	<input type="checkbox"/> require extra shelter	<input type="checkbox"/> require extra food	<input type="checkbox"/> require extra manpower
- have resources available for fire YES or NO		- are close to suitable helicopter landing site YES or NO	