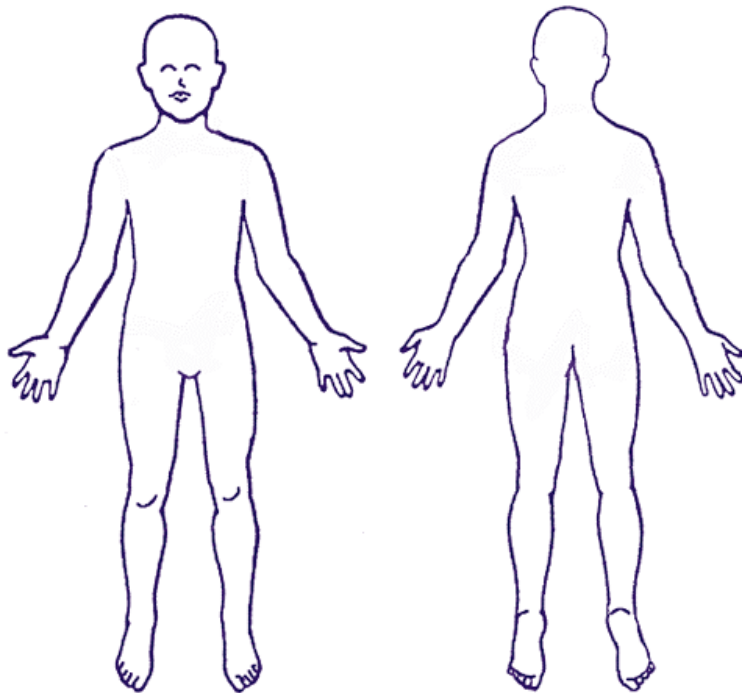


Casualty Monitoring Form

Date	Time	Location – six fig grid including map letter code
Cas name	Address	
Cas tel no		
ICE Name	ICE tel number(s)	
Mechanism of injury. (What happened? How did it happen to the casualty?)		
Name of first aider	Tel numbers of first aiders present	

Indicate injury site on diagrams and add any comments



Casualty Monitoring Form

	Information	Questions to ask	Casualty reply
S	Signs Symptoms	Do you mind if I make a record? How are you feeling? Can I look at the injury?	
A	Allergies Age Athleticism	Is this the first time occurred? What is your job/hobbies?	
M	Medication	Have you recently taken any medication? Details	
P	Past history	When did you last visit the doctor/hospital?	
L	Last meal	What have you eaten recently?	
E	Events	What happened?	

Other comments

Time (24 hr clock)					
Pulse	Rate (per min)				
	Character				
Breathing	Rate (per min)				
	Character				
Temperature	Warm/dry				
	Hot/wet				
	Hot/dry				
	Cold/wet				
	Cold/dry				
Colour					
Level of consciousness	Alert				
	Voice				
	Pain				
	Unresponsive				
Pulse present	Radial pulse				
	Femoral pulse				
	Carotid pulse				

PULSE character can be described as Strong (S), Weak (W), Bounding (B), Regular (R), Irregular (I)
 BREATHING can be described as Deep (D), Shallow (S), Wheezy (W), Bubbly (B), Noisy (N)