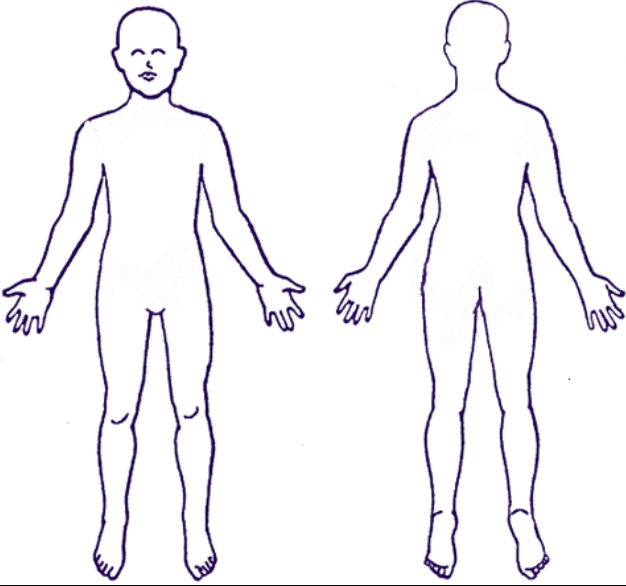


WILDERNESS REMOTE FIRST RESPONDER S.O.A.P. NOTES

EMERGENCY ACTION PRINCIPLES																																																																											
1. Survey the scene. 2. Check for responsiveness and call EMS. 3. Do a primary survey and care for life-threatening conditions. 4. Do a secondary survey. 5. Keep monitoring the ABCs. 6. Help the casualty rest and give reassurance.																																																																											
PERSONAL INFORMATION OF PATIENT																																																																											
Date	Time (Am / Pm)	Location of Response (Address)																																																																									
Last Name	First Name	Age	Sex (M or F) Weight (Lbs / kg)																																																																								
Parent / Guardian's Name	Nationality	Date of Birth (D/M/Y)	Medical Alert																																																																								
Patient's Full Address		Telephone Number (Work)																																																																									
INITIAL ASSESSMENT																																																																											
LEVEL OF CONSCIOUSNESS (AVPU)																																																																											
1. Alert	2. Verbal	3. Painful	4. Unresponsive																																																																								
Chief Complaint / Apparent Threat To Life 		Mechanism of Injury <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 10%;">CHECK</th> <th style="width: 40%;">INJURY</th> <th colspan="2" style="width: 50%;">GLASCOW COMA SCALE</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Psychiatric</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">Eye Opening</td> <td>Spontaneous</td> <td style="text-align: center;">4</td> </tr> <tr> <td>2.</td> <td>Airway</td> <td>To Voice</td> <td style="text-align: center;">3</td> </tr> <tr> <td>3.</td> <td>Head</td> <td>To Pain</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4.</td> <td>Wound</td> <td>None</td> <td style="text-align: center;">1</td> </tr> <tr> <td>5.</td> <td>Neck / Back Injury</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">Verbal response</td> <td>Oriented</td> <td style="text-align: center;">5</td> </tr> <tr> <td>6.</td> <td>Burn</td> <td>Confused</td> <td style="text-align: center;">4</td> </tr> <tr> <td>7.</td> <td>Amputation</td> <td>Inappropriate Words</td> <td style="text-align: center;">3</td> </tr> <tr> <td>8.</td> <td>Fracture</td> <td>Incomprehensive Words</td> <td style="text-align: center;">2</td> </tr> <tr> <td>9.</td> <td>Stress</td> <td rowspan="5" style="text-align: center; vertical-align: middle;">Motor Response</td> <td>None</td> <td style="text-align: center;">1</td> </tr> <tr> <td>10.</td> <td>Other (Specify)</td> <td>Obeys Commands</td> <td style="text-align: center;">6</td> </tr> <tr> <td></td> <td></td> <td>Localizes Pain</td> <td style="text-align: center;">5</td> </tr> <tr> <td></td> <td></td> <td>Withdraws (Pain)</td> <td style="text-align: center;">4</td> </tr> <tr> <td></td> <td></td> <td>Flexion (Pain)</td> <td style="text-align: center;">3</td> </tr> <tr> <td></td> <td></td> <td>Extension (Pain)</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td></td> <td>None</td> <td style="text-align: center;">1</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Total Score</td> <td>Eye + Verbal + Motor</td> <td></td> </tr> </tbody> </table>		CHECK	INJURY	GLASCOW COMA SCALE		1.	Psychiatric	Eye Opening	Spontaneous	4	2.	Airway	To Voice	3	3.	Head	To Pain	2	4.	Wound	None	1	5.	Neck / Back Injury	Verbal response	Oriented	5	6.	Burn	Confused	4	7.	Amputation	Inappropriate Words	3	8.	Fracture	Incomprehensive Words	2	9.	Stress	Motor Response	None	1	10.	Other (Specify)	Obeys Commands	6			Localizes Pain	5			Withdraws (Pain)	4			Flexion (Pain)	3			Extension (Pain)	2			None	1			Total Score	Eye + Verbal + Motor	
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1. Signs & Symptoms		1. Provoke (Cause)																																																																									
2. Allergies		2. Quality (Sharp or Dull)																																																																									
3. Medications		3. Region (or Radiate to other Areas)																																																																									
4. Past Medical History		4. Scale (1 to 10) None to Pain																																																																									
5. Last Meal (In and Out)		5. Time (Pain Began)																																																																									
6. Event before the incident		PERSONAL CONTACT																																																																									

WILDERNESS REMOTE FIRST RESPONDER S.O.A.P. NOTES

EYE PUPILS R = Reactive and N = Non-reactive

1. Unequal	2. Dilated	3. Constricted	4. Unresponsive to light
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AVERAGE VITAL SIGNS BY AGE (per minute)

AGE	PULSE	RESPIRATIONS	BLOOD PRESSURE
Newborn (1 – 28 days)	120 - 160	40 - 60	80 / 40
Infant (0 – 1 years)	100 - 120	30 - 40	80 / 40
Child (1 – 8 years)	80 - 120	16 - 24	90 / 50
Adult (over age 8)	60 - 100	12 - 20	120 / 80

PATIENT 'S VITAL SIGNS (Complete a Head-to-Exam of Patient after taking 1 set of Vital Signs)

1. DATE (D/M/Y)	/	/	/	/	/	/	/	/	/							
2. TIME (AM / PM)	AM / PM				AM / PM				AM / PM							
3. LEVEL OF CONSCIOUSNESS	A	V	P	U	A	V	P	U	A	V	P	U	A	V	P	U
4. PULSE (Per Minute)	BEATS				BEATS				BEATS							
5. RESPIRATION (Per Minute)	BREATHS				BREATHS				BREATHS							
6. PUPILS (Compare Both Eyes)	L		R		L		R		L		R					
7. BLOOD PRESSURE (Systolic / Diastolic)	S		D		S		D		S		D					
8. SKIN - CSM (Color /Sensation/Moist)																
9. TEMPERATURE (Core vs. Extremity)	C		E		C		E		C		E					
10. MEDICATION (Dosage & Time)	D		T		D		T		D		T					
11. OXYGEN (Rate & %)	R		%		R		%		R		%					

PATIENT 'S VITAL SIGNS

1. DATE (D/M/Y)	/	/	/	/	/	/	/	/	/							
2. TIME (AM / PM)	AM / PM				AM / PM				AM / PM							
3. LEVEL OF CONSCIOUSNESS	A	V	P	U	A	V	P	U	A	V	P	U	A	V	P	U
4. PULSE (Per Minute)	BEATS				BEATS				BEATS							
5. RESPIRATION (Per Minute)	BREATHS				BREATHS				BREATHS							
6. PUPILS (Compare Both Eyes)	L		R		L		R		L		R					
7. BLOOD PRESSURE (Systolic / Diastolic)	S		D		S		D		S		D					
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9. TEMPERATURE (Core vs. Extremity)	C		E		C		E		C		E					
10. MEDICATION (Dosage & Time)	D		T		D		T		D		T					
11. OXYGEN (Rate & %)	R		%		R		%		R		%					

TREATMENTS / OBSERVATIONS / CURRENT MEDICATIONS / ALLERGIES

TURNED PATIENT OVER TO:		
PRINT NAME OF FIRST RESPONDER	SIGNATURE OF FIRST RESPONDER	DATE (D/M/Y)