EMERGENCY INFORMATION: KEEP THIS CARD IN YOUR PACK LID

Name:			Date of Birth:	
Address:				
Phone: Circle	e - Home/Mobile/Wo	ork: ()	SSN (Last 4): Passport #:	
Drivers Lic. #	t			
HT:	WT:	Hair:	Eyes:	Blood Type:
Known Medic	cal Conditions Inclu	ding Allergies:		
Current Medi	cations:			
Epi Pen Pres	ent?: <u>Yes/No</u>			
Physician:			Phone: ()	
Dentist:			Phone: ()	
Insurance:			Group/Plan:	
Individual Number:			Phone: ()	
Life Flight #:			Vitalent:	
Emergency Contact #1:			Relationship:	
Phone: Circle - Home/Mobile/Work: ()			Address:	
Emergency Contact #2:			Relationship:	
Phone: Circle - Home/Mobile/Work: ()			Address:	
Tattoos:			Scars:	
Other Identify	ying Marks:			
	Please print t	his form, fill it out, fold it u	o and put it in a ziplock bag	gie in the lid of your pack.

FIRST AID RESPONSE

1. Size up the scene. Take charge of the situation.

- Survey the scene for hazards. Determine the number of victims.
- · Approach the victims, do not become another victim
- Identify yourself and your level of training
- · Determine method of injury
- · Wear gloves/isolate bodily fluids

2. Initial assessment. Stop and fix. Survey for immediate threats to life.

- · Establish level of consciousness and C-spine control
- Airway management and breathing adequacy
- · Control bleeding, treat for shock
- · Determine disability, control spine and fractures
- Environment/Expose: determine hazards, expose injuries for evaluation

3. Complete a focused exam and history

- · Head to toe exam
- Vital signs: breathing, pulse, level of consciousness
- · Patient medical history
- · Last oral intake
- 4. Complete patient care. Stabilize injuries, etc.
- 5. Document physical and mental condition, fill out SOAP note if possible
- 6. Continually monitor patient
- 7. Make a plan to get professional medical help: Emergency rescue evacuation
- 8. Carry out the plan