REAL FIRST AID

(CONFIDENTIAL) Casualty Report

EMERGENCY CALL 000
POISON HOTLINE CALL 131 126

Date	Time	Casualty Name	Sex	DOB
First Aider's Name	Phone Number	Address		

History:

Allergies: _____

What happened?

_____

_____

Description of injury or illness:

_____

Where / When did it happen?

_____

Medical History

Angina / Cardiac ☐ Asthma ☐ Diabetes ☐ Anaphylaxis ☐ Epilepsy ☐

Other _____ Medications _____

_____ _____

Assessment

Breathing	Circulation	Consciouness	Skin	Other Symptoms
Normal	Normal	Alert	Normal	
Fast / Slow	Fast / Slow	Responds to voice	Dry / Wet	
Deep / Shallow	Strong / Weak	Responds to pain	Hot / Cold	
Not Breathing	Irregular	Unconscious	Pale / Red	

Time	Pulse BPM	Breath BPM	PEARL
1			
2			
3			

Treatment

Ice	Medication	Oxygen	Reffered	Position	Bandage
Time on	What	Flow	Hospital	Sitting up	Type
Time off	When	Time on	Ambulance	Legs up	
Compression	Dose		Other	Head up	Location
Elevation of Limb	Other	Time off	Time	Lying Down	
					Pulse Check

Blood Pressure		
Time	Sys	Dias
1		
2		
3		

Treatment

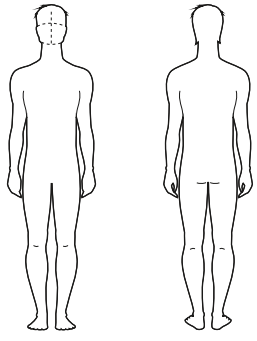
_____

_____

_____

_____

_____



P. Pain
T. Tenderness
S. Swelling
D. Deformity
B. Bleeding
Bu. Burn

Additional comments

_____

_____

_____

_____

_____

_____

Refused Treatment: ☐

Signature of Patient: _____ Witness: _____ Witness Signature: _____

Signature of First Aider: _____ Time of release: _____

www.realfirstaid.com.au