



Kingdom of Lochac Chirurgeonate Major Injury Form



Date: _____ Name of Responder 1 _____ Address: _____ Contact No: _____
 Time: _____ Name of Responder 2 _____ Address: _____ Contact No: _____

Casualty Details

Surname: _____ Given Names: _____ Gender: " M " F _____ D.O.B.: _____ Age: _____
 Address: _____ Suburb: _____ Postcode: _____ Phone Number: _____
 SCA Group: _____
 Parent/Guardian Name (If casualty is a minor): _____
 Address: _____ Suburb: _____ Postcode: _____ Phone Number: _____

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|--|--|---|--|
| Description of Injuries, Signs & Symptoms: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | | Date of Event: _____ Time of Event: _____ Person reporting: _____ Phone Number: _____ | History of Event (MOI, Activity, Cause, etc.): <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| | | Diagram notations H - Bleeding P - Pain # - Fractures B - Burns S - Swelling C - Cuts b - Bruising LS - Loss of Sensation LM - Loss of Movement | Allergies, Medications, Past Medical History, Last Meal: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

| Time | : | : | : | : | : | : | 24 hour time | Comments: |
|------------------|---------------------------------------|------|------|------|------|------|---|-----------|
| Response | AVPU | AVPU | AVPU | AVPU | AVPU | AVPU | Alert, Responds to Voice, Response to Pain, Unconscious (Please circle one) | |
| Pulse | | | | | | | Normally 60-100bpm, Strong, Weak, Irregular, Normal, Unrecordable | |
| BP | /p | /p | /p | /p | /p | /p | On palpation or Unrecordable | |
| Breathing | | | | | | | 12-16pm, Deep, Shallow, Laboured, Gaspng, Wheeze, Irregular | |
| Skin | | | | | | | Pale, Clammy, Sweaty, Flushed, Cyanosed, Cool, Normal | |
| Pain | /10 | /10 | /10 | /10 | /10 | /10 | Out of 10 or Wong-Baker Scale | |
| SpO2 | % | % | % | % | % | % | Where a pulse oximeter is available | |
| Time | Treatment Given & Response | | | | | | | |
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Handover to Ambulance Crew Details: _____ **Handover time:** _____ : _____ I _____ have refused treatment and I _____ fully understand the consequences of this decision: "

Signature of Responder 1: _____ Signature of Responder 2: _____ Signature of Casualty: _____