

CASUALTY REPORT FORM

This form should stay with the casualty at all times

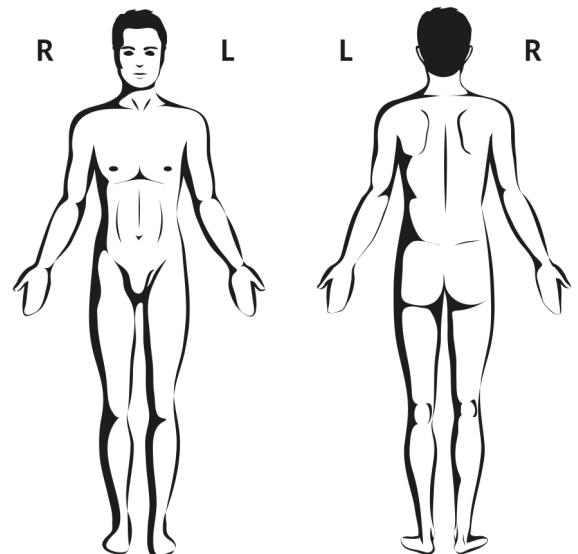
PRIMARY SURVEY

D	Dangers	Is the scene safe to approach? Safe for you? Safe for the casualty? Safe for everyone else?
R	Response (AVPU)	Approach the casualty ideally from their feet (if space allows). Are they responsive? Alert Are they fully responsive? Voice If they are not alert, do they respond to your voice? Place If no response to voice commands, place hands on shoulders and gently shake. Unresponsive? Shout for HELP! Unresponsive - If there is no response at all, your casualty should be deemed to be unresponsive or unconscious.
C	Catastrophic bleed	If you identify a catastrophic bleed this is now your priority. Try to control the bleed. <p style="text-align: center;">Catastrophic bleed? Call 999 immediately!</p>
A	Airway	Head tilt, chin lift.
B	Breathing	Look, listen and feel for normal breathing for no more than 10 seconds. <p style="text-align: center;">Not breathing normally? Call 999 immediately!</p>
C	CPR/ Circulation	Not breathing normally? Commence CPR. Breathing normally? Go to secondary assessment.

CASUALTY MONITORING

Time	AVPU	Breathing	Pulse	Pain

INJURY LOCATION AND TYPE



Breathing: deep (D), shallow (S), wheezy (W), bubbly (B), noisy (N)
Pulse: strong (S), weak (W), bounding (B), regular (R), irregular (I)
Pain: score from 0 (no pain) to 10 (worst pain ever)

SECONDARY ASSESSMENT

S	Signs and Symptoms	
A	Allergies	
M	Medications	
P	Previous medical history	
L	Last oral intake	
E	Events leading up to incident	

GENERAL INFORMATION

Casualty name:	Age:	Sex:
Your name:	Your mobile number (+ alternate if available):	
Location (OS grid reference, W3W):	Location description/hazards:	
Number of people in the party, ages, description of clothing, colours, etc:		

TREATMENT GIVEN/NOTES

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