Medical Incident Report

FILL TO LINE 8 and <u>Fax to designated responsible function unit</u> or save and send to <u>Grand Junction Dispatch center</u>, <u>FO or RD</u>

PRIOR TO STARTING PROJECT

Project Description/Location

1.	PROJECT NAME & TYPE:					
2.	START DATE:					
3.	FIELD, A/G CONTACT:		PHONE NUMBER	:		
4.	RADIO FREQUENCY:					
5.	PROJECT LOCATION DESCRIPTION	ON: (ex: Nort	ı of Rifle on top of the Flat	Tops, along the Buford/New Castle Road)		
	Latitude:	0		T		
	Longitude:	0		1		
6. TRAVEL ROUTE TO PROJECT AREA: (From closest main route, driving distance from paved road)						
7.	NEAREST LAT/LONG HELISPOT					
	Latitude:	0		•		
	Longitude:	0		•		
8. SPECIAL INFORMATION/ FLIGHT HAZARDS: (visual power lines, towers, etcadd Lat x Long)						

Use items one through nine to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS/DISPATCH

Nature of Injury/Illness

Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)

Describe the injury (Ex: Broken leg with

2. INCIDENT STATUS: Provide incident summary and command structure

			1	bleeding)		
Incident Name:					nic Name + "Medical" (Ex: Trout	
				Meadow .	,	
Incident Commander:				Name of .	l C	
Patient Care:			Name of Care Provider (Ex: E		Care Provider (Ex: EMT Smith)	
3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report. See page 100 for detailed Patient Assessment.						
Number of Patients:	Number of Patients: Male \Box		Age:		Weight:	
	Female					
Conscious?		□Yes			No = MEDEVAC!	
Breathing?		□Yes	□Yes		No = MEDEVAC!	
			1			
Mechanism of Injury:						
What caused the injury?						
Lat/Long (Datum WGS 84)			Lat			
Ex: N 40°42.45' x W 123° 03.24'			Long			
4. SEVERITY OF EMERGI	ENCY, TR	ANSPORT PF	 RIORITY			
CDITALI	77		IDD A	NCDOD	T DDIODITY	
SEVERITY UDGENT DED Life threatening injury or			TRANSPORT PRIORITY Ambulance or MEDEVAC beligenter Evacuation			
□ URGENT – RED Life threatening injury or illness. Ex: Unconscious, difficulty breathing, bleeding severely, 2° - 3° burns more than 4 palm sizes, heat stroke, disoriented.			Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE .			
☐ PRIORITY-YELLOW Serious injury or			Ambulance or consider air transport if at remote			
illness. Ex: Significant trauma, not able to walk, 2°-3° burns not more than 1-2 palm sizes			location. Evacuation may be DELAYED .			
□ ROUTINE-GREEN			Non-Emergency. Evacuation considered Routine			

	ening injury or illne	ess. Ex: Sprains,						
strains, minor he	eat-related illness							
5. TRANSPO	RT PLAN:							
Air Transport: (Agency		Aircraft						
_	Preferre	d)						
□Helispot	□Short-	haul/Hoist	□Life Flight		□Other			
Ground Transp	ort:							
□Self-Extract	□Carry	-Out □Ambulance		Э	□Other			
(ADDITION	IAL DECOUDER /E		'DC					
6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:								
☐ Paramedic/EMT(s)		□Crew(s)		□ SKE	☐ SKED/Backboard/C-Collar			
☐Burn Sheet(s)		□Oxygen		□Traum	□Trauma Bag			
□Medications		□IV/Fluid(s)		□ C	☐ Cardiac Monitor/AED			
☐ Other (e.g. spl	lints, rope rescue,							
wheeled litter	•							
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7. COMMUNICATIONS:								
Function	Channel	Receive (Rx)	Tone/NAC*	Transm	it (Tx)	Tone/NAC*		
	Name/Number		1100	151 1005		1100		
Ex: Command	Forest Rpt, Ch. 2	168.3250	110.9	171.4325		110.9		
COMMAND								
AIR-TO-GRND								
TI A CITIL C A I								
TACTICAI								

^{*(}NAC for digital radio system)

8. EVACUATION LOCATION:

Lat/Long (Datum WGS 84)	
Ex: N 40°42.45' x W 123° 03.24'	
Patient's ETA to Evacuation Location:	
Helispot/Extraction Size and Hazards	

9. CONTINGENCY:

REMEMBER:

- Confirm ETAs of resources ordered.
- Act according to your level of training.
- Be alert. Keep Calm. Think Clearly. Act Decisively.