W&RFA PCR

W&RFA Rescue Request

STEP 1: Stop & See Scene Safety & MOI		Fist Aid Provided (time, action, response)	Step 5: Evacuation Evaluation Time of incident:							
Date: Time Start	ed:		Date of incid	lent:						
Step 2: Find & Fix		Nature of Incident (MOI): (circle all that apply)								
Conscious			Fall Illnes	s Cold	Burn	Allergy	MVA			
Airway			Bite or sting	Other_						
Breathing										
C irculation			Brief Description of Incident							
Disability										
Environmental							$\lambda \cdot \cdot \lambda$			
Step 3: Assess & Ask										
AVPU										
Signs & Symptoms										
Allergies										
Medications			Injuries First Aid Provided:							
Pertinent Medical History										
Last Intake / out take										
Events leading up										
Deformity, Open wound, Tenderne	ess, S welling		Vital Signs	Initial	2nd	L	ast			
Head/Neck			Time							
Chest			AVPU							
Abdomen			Breathing							
Pelvis			Pulse							
Legs/ Arms			Skin							
Back			Victim's Name(s)							
Victim's Name	Age		Address							
Completed by:	Level of training:	training: Notify (name & #)								
		Continue Reverse side Step 4	Relationship	Relationship						

W&RFA Rescue Request	Step 4: A	ssess & Ask							
Exact location (include map if possible)	Time	L.O.R	Breaths		Pulse		CSM	Pupils	Skin
		AVPU	Rate	Character	Rate	Character		-	
	1								
Area Description									
Area Description									
Terrain									
On site Plans:									
🗆 Will stay put									
□ Will evacuate to:									
Can Stay over night: Yes or No									
On-site equipment:									
Evacuation needed for:	Step 6: W	orking Wise	ly Plan (ba	sed on subjec	ctive, objec	tive informed	d assessmen	it)	
Equipment needed:									
Party members remaining:									
Name Notify/Phone									