**Appendix 17.0 - First Aid Treatment Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of treating person | Location | Date | Time AM PM  |
| Surname | Given name | Date | Gender  M / F |
| [ ]  Consent to treatment [ ]  Refusal of treatment Casualty  Signature: |
| **History of accident or illness: (what happened?)** |
| **First aid assessment: (What is the injury/illness?)** Time it occurred: |
| **General Observations**(Insert Bold Number) |  |  |  | **Assessment Injuries/Symptoms & Signs**Abrasion Discolouration PainBleeding Fracture (?) Sprain Burn Laceration SwellingContusion Tendernessbody-diagrams **R L L R** |
| **Conscious State**1. Fully conscious2. Drowsy3. Unconscious |  |  |  |  |
| **Pulse**1. Slow, 2. Rapid,3. Strong, 4. Weak,5. Regular, 6. Irregular |  |  |  |  |
| **Pulse Rate** |  |  |  |  |
| Respiration1. Deep, 2. Shallow, 3. Absent, 4. Gasping, 5. Rapid, 6. Slow |  |  |  |  |
| **Respiration Rate** |  |  |  |  |
| **Temperature ()** |  |  |  |  |
| Skin1. Hot, 2. Warm, 3. Cool, 4. Cold |  |  |  |  |
| **Pupils****(Y/N)** | **Reactive** | R | L | R | L | R | L |  |
|  | **Equal** |  |  |  |  |
| **Allergies/ Medications/Past Medical History:** |
| **Treatment:** |
| Hospital (Own Transport | [ ]  | Time of Departure Expected Destination |
| Ambulance | [ ]  | Time of call Who called Time arrived |
| To own Doctor | [ ]  | Time of Departure |
| Other (e.g. Police, Security) | [ ]  | Service Time of call Who called Time arrived |
| Continue Event | [ ]  | Time continued Who advised |
| First Aider (Print Name):Signature: | Date: |
|  | Time: |