W&RFA PCR

W&RFA Rescue Request

STEP 1: Stop & See		Fist Aid Provided (time, action, response)	Step 5: Evacuation Evaluation						
Scene Safety & MOI			Time of incident: am/pm						
Date:	Time Started:		Date of incident:						
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							3		
Environmental									
Step 3: Assess	& Ask						Two !	X / Just	
AVPU							2.1		
Signs & Sympt	oms								
Allergies							(C)	(A)	
Medications			Injuries First Aid Provided:						
Pertinent Medic	cal History								
Last Intake / ou	it take								
Events leading	up		-						
Deformity, Ope	en wound, Tenderness, Swelling		Vital Signs	Initial	2nd	l 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		Notify (name & #)						
		Continue Reverse side Step 4	Relationship						

W&RFA Rescue Request	Step 4: As	sess & Ask							
Exact location (include map if possible)	Time	L.O.R	Breaths		Pulse		CSM	Pupils	Skin
		AVPU	Rate	Character	Rate	Character			
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	Step 6: Working Wisely Plan (based on subjective, objective informed assessment)				nt)			
Equipment needed:									
Party members remaining:									
Name Notify/Phone									