

# Medical Incident Report

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

## 1. CONTACT COMMUNICATIONS/DISPATCH

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

## 2. INCIDENT STATUS: Provide incident summary and command structure

Nature of Injury/Illness		Describe the injury (Ex: Broken leg with bleeding)
Incident Name:		Geographic Name + "Medical" (Ex: Trout Meadow Medical)
Incident Commander:		Name of IC
Patient Care:		Name of 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:	Male/Female	Age:	Weight:
Conscious?	<input type="checkbox"/> Yes	<input type="checkbox"/> No = <b>Medevac!</b>	
Breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No = <b>Medevac!</b>	
Mechanism of Injury: What caused the Injury:			
Lat./Long. (Datum WGS84) Ex: N 40 42.45' X W 123 03.24'			

## 4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY

SEVERITY	TRANSPORT PRIORITY
<input type="checkbox"/> <b>URGENT-RED Life threatening injury or illness.</b> Ex: Unconscious, difficulty breathing, bleeding severely, 2nd-3 <sup>rd</sup> burns more than 4 palm sizes, heat stroke, disoriented.	Ambulance or MEDEVAC helicopter. Evacuation need is <b>IMMEDIATE.</b>
<input type="checkbox"/> <b>PRIORITY-YELLOW Serious injury or illness.</b> Ex: Significant trauma, not able to walk, 2 <sup>nd</sup> -3 <sup>rd</sup> burns not more than 1-2 palm sizes.	Ambulance or consider air transport if at remote location. Evacuation may be <b>DELAYED.</b>
<input type="checkbox"/> <b>ROUTINE-GREEN</b> Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness.	Non-Emergency. Evacuation considered <b>Routine of convenience.</b>

**5. TRANSPORT PLAN:**

**Air Transport: (Agency Aircraft Preferred)**

- Helispot                       Short-haul/Hoist                       Life Flight                       Other

**Ground Transport:**

- Self-Extract                       Carry-out                       Ambulance                       Other

**6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:**

- Paramedic/EMT(s)                       Crew(s)                       SKED/Backboard/C-Collar  
 Burn Sheet(s)                       Oxygen                       Trauma bag  
 Medications(s)                       IV Fluid(s)                       Cardiac Monitor/AED  
 **Other (e.g. splints, rope rescue, wheeled litter)**

**7. COMMUNICATIONS:**

Function	Channel Name/Number	Receive (RX)	Tone/NAC*	Transmit (TX)	Tone/NAC*
EX: <b>Command</b>	Forest Rpt. Ch. 2	168.3250	110.9	171.4325	110.9
COMMAND					
AIR-TO-GROUND					
TACTICAL					

*\*(NAC for digital radio system)*

**8. EVACUATION LOCATION:**

Lat/Long. (Datum WGS84) EX: N 40 42.45' x W 123 03.24'	
Patient's ETA to Evacuation Location:	
Helispot/Extraction Size and Hazards	

**9. CONTINGENCY:**

Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.....