



FIELD EVACUATION REPORT FORM

Name of Injured Person: _____ Trip Dates: _____

Trip Leader(s): _____ Date and Time of Accident: _____

Subjective: Age: _____ Sex: _____ Injury Location Common Name: _____

MOI (Mechanism of Injury) _____

Chief Complaint (OPQRST): _____

Objective: Vital Signs

Time	LOC	Pulse	RR	Skin	CRT	Pupils	Temp
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Signs/ Symptoms (patient exam): _____

Allergies: _____ Medications: _____

Last Oral Intake: _____

Events (recent and relevant): _____

Assessment: (Problem List Prioritize): _____

Plan (care given – Changes in condition): _____

Evacuation Plan _____

Signature of Person Filling Out Form: _____ Date/Time: _____

LOC = alert x 4 (person place time event) Verbal, Pain, Unresponsive, PULSE = rate, strength rhythm TEMP= temperature RR = Respiratory rate, depth rhythm CRT = Capillary refill in seconds SKIN= color moisture temp Pupils = equal and light reactive OPQRST = onset, provocation, quality, region/radiation, severity, time sequence