**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 Pain  Bleeding Fracture (?) Sprain  Burn Laceration Swelling  Contusion Tenderness  body-diagrams  **R L L R** | | | |
| **Conscious State**  1. Fully conscious  2. Drowsy  3. Unconscious | |  | | | |  | | |  | |  | | | |
| **Pulse**  1. Slow, 2. Rapid,  3. Strong, 4. Weak,  5. Regular, 6. Irregular | |  | | | |  | | |  | |  | | | |
| **Pulse Rate** | |  | | | |  | | |  | |  | | | |
| Respiration  1. Deep, 2. Shallow, 3. Absent, 4. Gasping, 5. Rapid, 6. Slow | |  | | | |  | | |  | |  | | | |
| **Respiration Rate** | |  | | | |  | | |  | |  | | | |
| **Temperature ()** | |  | | | |  | | |  | |  | | | |
| Skin  1. 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: | |