

SAMPLE



Incident Report Form

Complete all fields

Date of incident (year/month/day):	Time:
Location:	
Project coordinators:	
Patient name:	
Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Describe the incident. Check any that apply.

- ☐ Medical/Injury
- ☐ Violating policy or problem behaviours—give details below.
- ☐ Near miss

Describe the policy violation or problem behaviour. Is the person a risk to self or others? Can you manage this behaviour in the field? How much does this behaviour affect the group's trip experience?

Patient's story

How does the patient describe what happened?

What does the patient complain of?

Describe any physical injuries you see. Check from head to toe.

Patient history

Are they allergic to insect stings, foods, medications, etc?

Are they taking drugs/medications (prescription or other)?

Do they have a past history of a similar problem/injury?

When did they last eat and drink? What was it?

When was the last time they had a pee and poop?

What events led up to the incident?

Patient pain

When did the pain start?

What causes the pain?

What is the pain like: sharp or throbbing?

Where is the centre of the pain? How far does it reach?

How bad is the pain—on a scale of 1 to 10 where 10 is really bad?

How long has the pain lasted?

Vital Signs—Check at regular intervals to note any changes (see descriptions below)

Choose a consistent interval that suits the patient's condition. For example, every 15 minutes for more severe conditions; every six hours for a more stable patient.

Time							
LOC							
HR							
RR							
SCTM							
Pupils							
Temp							

Vital Sign	Normal	Notes
LOC Level of Consciousness	A: Awake; knows people, place, time, event.	<i>V: responds only to your voice. P: responds only to pain (a pinch). U: does not respond to anything.</i>
HR Heart Rate	60 to 80 beats per minute regular and strong	<i>Find pulse on the neck or inside of wrist. Count the number of beats per minute.</i>
RR Respiratory Rate	12 to 20 regular and easy breaths per minute	<i>Watch the patient's chest. For one minute, count the number of times they breathe in/out.</i>
SCTM Skin colour, Capillary refill, Temperature, Moisture	Skin colour: pink ,warm, dry Capillary refill: 1 second or less Temperature: warm skin Moisture: dry	<i>To check capillary refill, pinch a fingernail so it turns white. Let go and measure how long it takes to turn pink again.</i>
Pupils	Equal, round, and react to light.	<i>Cover one eye for a few seconds. When uncovered, check that pupil returns to a small size.</i>
Temperature	37.5°C or 98.6°F.	<i>Thermometer</i>
Assessment		Plan
List any problems you expect or see.		What will you do for each problem? Treatment, monitoring, etc.

Decide if you need to evacuate. If yes, plan for it.

Type of evacuation:

☐ Simple ☐ Assisted ☐ Rapid/helicopter

Present location (latitude and longitude; UTM coordinates)

Care offered to patient

Transport plan

FOLLOW UP

Elaborate on the incident. Give as much detail about the incident as possible—medical or non-medical.

Attach photos, maps, and witness statements if needed.

Leader

Name:

Signature:

Date: