

POLICY NO. ASD-W-704-3B

Effective August 2017

FIRST AID APPENDIX B – WRITTEN RECORD OF FIRST AID ADMINISTERED

Name of treating person			Loc	Location			Date	Time (24 Hour Clock)		
Surname		Given name			I	Date	Gender M/F			
Address										
Phone Number (home)						Phone N	e Number (mobile)			
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							Assessment Injuries / Symptoms & Signs Abrasion Discolouration Pain			
(Insert Bold Number) Conscious State							Bleeding Fracture (?) Sprain Burn Laceration Swelling Contusion Tenderness			
1. Alert										
2. Verbal										
3. Pain										
4. Unresponsive										
Pulse Rate										
Respiration Rate										
				2/ 4				/ " "	The Feet of loss	
Skin				Ew .			-200			
1. Hot 2. Warm										
3. Cool							$ \mathcal{A} ^{2}$			
4. Cold								1/ \/	\	
Pupils		R	L	R	L	R L)) ((t	
(Y/N)	Reactive							(my		
	Equal		ı				R]	L L R	
Allergies/ Medications/Past Medical History:										
Treatment:										
Hospital (Own Transport)			Tiı	Time of call:						
Ambulance				Who called: Time arrived:						
Other (e.g. Police, Security)				Time of Departure to Hospital:						
			Tiı	Time of Ambulance Arrival:						
First Aider (Print N	lame):			Date:						
Signature:								Time:		