



Incident Report Log

State:

Details of Incident: Date, Time, Location, Name of Victim, Age, DOB, Address. Venue Conditions at Time of incident: Wind, Weather, Sea, Water surface, Wave type.

Please fill in the below relating to the victim

Main incident report section containing: Type of Incident, Victim is, Postcode, Type of activity, Description of Incident, Nature of Injury, Body region injured, Description, Initial treatment, Resuscitation, Mechanism of Incident, Location of incident, Who first sighted, Who conducted, Main Language Spoken, Referral, Other Services, Treating Person, Person Completing from.

PART B: RESUSCIATION REPORT FORM

<p>1. Patients condition when first observed:</p> <p><input type="checkbox"/> ¹Conscious <input type="checkbox"/> ²Unconscious <input type="checkbox"/> ³Breathing <input type="checkbox"/> ⁴Not Breathing <input type="checkbox"/> ⁵Pulse Present <input type="checkbox"/> ⁶Pulse Absent</p> <p>1a Resuscitation was administered</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Colour of patient when first observed:</p> <p><input type="checkbox"/> ¹Normal <input type="checkbox"/> ²Pale <input type="checkbox"/> ³Blue <input type="checkbox"/> ⁴Grey</p> <p>3. Patients colour changed during resuscitation</p> <p><input type="checkbox"/> ¹Normal <input type="checkbox"/> ²Pale <input type="checkbox"/> ³Blue <input type="checkbox"/> ⁴Grey</p> <p>4. Airway of the patient was obstructed when first observed by:</p> <p><input type="checkbox"/> ¹Vomit <input type="checkbox"/> ²Seaweed <input type="checkbox"/> ³Dentures <input type="checkbox"/> ⁴Clenched jaw <input type="checkbox"/> ⁵Airway was clear</p> <p>5. How long was it, from when the incident was first reported to the time of the first artificial breaths:</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>6. How long was EAR carried out for:</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>7. Which method was used?</p> <p><input type="checkbox"/> ¹Mouth to Mask <input type="checkbox"/> ²Mouth to Mouth <input type="checkbox"/> ³Mouth to Nose <input type="checkbox"/> ⁴Bag valve mask</p> <p>8. What oxygen equipment was used:</p> <p><input type="checkbox"/> ¹Oxygen Therapy <input type="checkbox"/> ²Air Bag Resuscitator</p>	<p>9. How long was oxygen administered for:</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>10. The patient regurgitated / vomited due to:</p> <p><input type="checkbox"/> ¹Mechanical Device <input type="checkbox"/> ²Blocked Airway <input type="checkbox"/> ³Revival</p> <p>11. An Airway was Inserted: (type)</p> <p><input type="checkbox"/> ¹OP Airway <input type="checkbox"/> ²Combitube <input type="checkbox"/> ³LMA Mask <input type="checkbox"/> ⁴Other</p> <p>12. How long was it, from when the incident was first reported to the time an airway was inserted?</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>13. How long was ECC carried out?</p> <p><input type="checkbox"/> ¹1-3 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>14. A defibrillator was used by:</p> <p><input type="checkbox"/> ¹Lifesaver <input type="checkbox"/> ²Lifeguard <input type="checkbox"/> ³Ambulance <input type="checkbox"/> ⁴Doctor</p> <p>15. How long was it, from the incident was first reported to the time the defibrillator was applied?</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10 min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>16. How many times was a shock delivered?</p> <p><input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/> ⁵ <input type="checkbox"/> ⁶Other</p> <p>17. Did the patient regain consciousness?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. How long was it, after calling for assistance, that the ambulance arrived?</p> <p><input type="checkbox"/> ¹0-1 min <input type="checkbox"/> ²1-3 min <input type="checkbox"/> ³3-5 min <input type="checkbox"/> ⁴5-10min <input type="checkbox"/> ⁵10-20 min <input type="checkbox"/> ⁶Other</p> <p>19. The patient conveyed to hospital by?</p> <p><input type="checkbox"/> ¹Ambulance <input type="checkbox"/> ²Helicopter <input type="checkbox"/> ³Private vehicle <input type="checkbox"/> ⁴Other</p> <p>20. Which hospital was the patient conveyed to?</p> <p>_____</p> <p>21. What condition was the patient in when transport?</p> <p><input type="checkbox"/> ¹Conscious <input type="checkbox"/> ²Unconscious <input type="checkbox"/> ³Deceased <input type="checkbox"/> ⁴Unknown</p> <p>22. Condition on discharge from hospital (if known)</p> <p><input type="checkbox"/> ¹Full recovery <input type="checkbox"/> ²Deceased <input type="checkbox"/> ³Unknown</p> <p>23. Trauma counselling was arranged for the rescuer/s</p> <p><input type="checkbox"/> ¹Yes <input type="checkbox"/> ²No</p> <p>24. Was a carry used:</p> <p><input type="checkbox"/> ¹Yes <input type="checkbox"/> ²No If yes, what kind? _____</p> <p>Name of person completing form: (If different from other side of form)</p> <p>_____</p> <p>Position: _____</p> <p>Phone: _____</p> <p>e-mail: _____</p> <p>Signature: _____</p>
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Please provide brief details of the incident including any recommendations: