

Team HELP

Minor First Aid Form

Patient Name: _____

Age: _____

Gender: M F

Phone #: _____

History - Please Answer the following questions			
Chief Complaint <i>Briefly describe your injury</i>			
History of CC <i>How did this incident occur?</i>			
Allergies <i>Any allergies to medication or foods?</i>			
Medications <i>What medications are you currently taking?</i>			
Medical history <i>Any medical conditions?</i>			
Has this ever occurred before?	Yes	No	Not sure
Have you had a tetanus shot in the last ten years?	Yes	No	Not sure

Infection - Please read
<p><u>Signs & Symptoms of Infection</u></p> <ul style="list-style-type: none"> -Red Streaks -Severe Pain -Tender Lymph Nodes -Puss
<p>To keep your wound free of infection, you should clean it daily with water & re-bandage until it has fully healed.</p>
<p>If you do see obvious signs of infection, then you must go and see a doctor immediately</p>

Vitals			
Time			
LOC	Fully Conscious Confused Responsive to Pain No Response		
Pulse	<i>10s check x6</i>	Weak Strong Irregular	
Resp.	<i>15s check x4</i>	Laboured Shallow Stridor	
Eyes	Equal Unequal	Reactive Unreactive	Dilated Constricted
Skin	Normal Grey Red	Normal Cool Hot	Normal Sweaty Dry

5 x 6 = 30
 6 x 6 = 36
 7 x 6 = 42
 8 x 6 = 48
 9 x 6 = 54
 10 x 6 = 60
 11 x 6 = 66
 12 x 6 = 72
 13 x 6 = 78
 14 x 6 = 84
 15 x 6 = 90
 16 x 6 = 96
 17 x 6 = 102
 18 x 6 = 108
 19 x 6 = 114
 20 x 6 = 120
 21 x 6 = 126
 22 x 6 = 132
 23 x 6 = 138
 24 x 6 = 144
 25 x 6 = 150
 26 x 6 = 156
 27 x 6 = 162
 28 x 6 = 168
 29 x 6 = 174
 30 x 6 = 180

 3 x 4 = 12
 4 x 4 = 16
 5 x 4 = 20
 6 x 4 = 24
 7 x 4 = 28
 8 x 4 = 32
 9 x 4 = 36
 10 x 4 = 40

Recommendation - The lifeguard will circle one of the following			
Ride to hospital	See doctor immediately	See doctor if any problems	Stay out of the pool

**I have read and understood all of the above information, and have answered all the questions honestly.
 **I will check in with the lifeguard before leaving the facility today

Patient _____ Lifeguard _____