



# VITAL SIGNS FIRST AID TRAINING

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## CASUALTY MONITORING & REPORT CARD

**Position** **A**ge **S**ex **H**istory **I**njuries  
**C**urrent **C**ondition **E**nvironment

First Aider \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Casualty Name \_\_\_\_\_

Age \_\_\_\_\_

Tel \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

ICE Name \_\_\_\_\_

ICE Number \_\_\_\_\_

Signs & Symptoms \_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

Medication \_\_\_\_\_  
\_\_\_\_\_

Past History \_\_\_\_\_  
\_\_\_\_\_

Last oral intake \_\_\_\_\_

Events leading to incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DRUGS

Yes / No

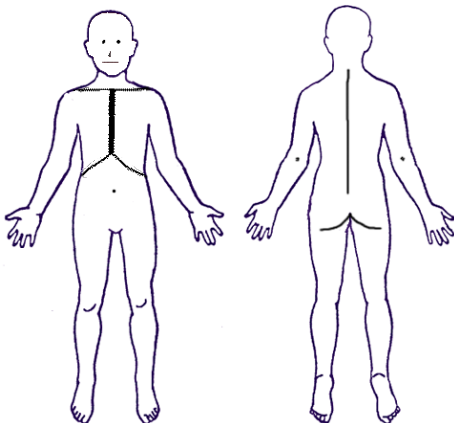
Description  
\_\_\_\_\_  
\_\_\_\_\_

Time \_\_\_\_\_

Time									
Breath Rate (min)									
Breathing: Normal/Vomit/Gurgle/Wheeze									
Pulse rate (min)									
Radial Pulse Present / Absent									
Temp: (Warm/Wet/Dry/Hot/Cold)									
Colour Cap Refill time									
Pain	/10	/10	/10	/10	/10	/10	/10	/10	/10

Time									
A									
V									
P									
U									

## STROKE



### FACE / ARMS & SPEECH TEST FOR STROKE (Circle as appropriate)

Time:

Facial weakness      Y / N      Left / Right

Arm Drift / Falls      Y / N      Left / Right

Speech      Diff/Slurred      Y/N