WILDERNESS RISK MANAGERS INCIDENT REPORT

Program/Course Name ____

Program Type ____

Staff__________ # Participants_____________ # Program Days_____________

Name __________________________________(circle) Male/Female

Staff/Student__________________________Age

Incident Date ________ Time ___:___ AM/PM Day of course incident occurred_________

Geographical Location of Incident ____________________________________
____

WEATHER at Time of Incident:

Temp (°F) ______________________ Precipitation (circle) Rain or Snow or None

Wind (mph)___ Visibility____________ (ft or miles)

Surface Condition(circle) wet dry snow ice trail rock uneven flat sloped

TYPE OF INCIDENT: Check each applicable category:

Injury_______ Illness______ Motivation/Behavior_______ Near Miss ______

Is this a Lost-Day case? _____NO _____YES If Yes, # of Days Lost__________

Did the victim leave the field? _____NO _____YES If Yes, on what date__________

Evacuation method (circle) walk unassisted, litter, vehicle, helicopter, other____

Did the victim visit a medical facility? _____NO _____YES If Yes, length of stay in days___

Did the victim return to the course? _____NO _____YES If Yes, on what date__________

Was there damage to (circle) vehicle, equipment or property?

TYPE OF INJURY (check all that apply)

______bruise, contusion or similar soft-tissue trauma
______ligament sprain
______muscle strain
______frostbite
______fracture
______dislocation
______head injury without loss of consciousness
______head injury with loss of consciousness
______near drowning or other submersion problem
______other ______________________________
______immersion foot
______tendinitis
______eye injury
______dental or tooth-related
______burn
______blister(s)
______laceration
______skin abrasions
______sunburn

ANATOMICAL LOCATION OF INJURY

______Head
______Face
______Eye
______Neck
______Shoulder
______Upper Arm
______Elbow
______Forearm
______Wrist
______Hand/Fingers
______Chest
______Abdomen
______Upper Back
______Lower back
_______Pelvis
_______Hip
_______Thigh
_______Knee
_______Lower Leg
_______Foot
_______Ankle
_______Toe

TYPE OF ILLNESS (check all that apply)

______allergic reaction
  ______mild or localized
  ______severe, generalized or anaphylaxis
______altitude illness
  ______acute mountain sickness
  ______pulmonary edema
  ______cerebral edema
______hypothermia (specify core temperature if known __°F/__°C
______heat illness(specify core temperature if known __°F/__°C
  ______heat exhaustion
  ______heat cramps
  ______heat stroke
______chest pain or cardiac condition
______upper respiratory illness (runny nose, congestion, "cold")
______upper respiratory illness (other)______________________________
______abdominal or other gastrointestinal problem without diarrhea
______diarrhea
______apparent food-related illness
______nonspecific fever illness
______urinary tract infection
______skin infection
______eye infection
______other______________________________________

PROGRAM ACTIVITY (activity at the time of the incident)

____Backpacking
____Camp
____Canoe
____Caving
____Cooking
____Cycle
____Dog sledding
____Glacier travel
____Hike no pack
_____Horse
_____Initiative Game
_____Kayak
_____Mountaineering
_____Portage
_____Rafting
_____River crossing
_____Rappel
_____Other(explain)______________________________
_____Ropes course
_____Rock climbing
_____Run
_____Sail
_____Service
_____Ski w pack
_____Ski w light pack
_____Sea Kayak
_____Snow Climb
_____Snowshoeing
_____Solo
_____Sportyak
_____Swim/Dip
_____Unaccmp. Travel
_____Urban activity
_____Vehicle/Van

IMMEDIATE CAUSE (prioritize major applicable categories 1, 2, 3, etc.)

_____Altitude	_____Immersion/submersion	_____Poor Technique
_____Avalanche	_____Inexperience/poor judgment	_____Psychological
_____Cold Exposure	_____Intoxication(alcohol/drugs)	_____Sunburn
_____Carelessness	_____Inadequate Instruction	_____Technical ystem Failed
_____Dark/poor visibility	_____Improper Screening	_____Unfit
_____Dehydration	_____Inadequate Supervision	_____Unknown
_____Inadequate Equipment	_____Lightning	_____Weather
_____Exceeded ability	_____Hazardous animal/insect (specify)________________	
_____Exhaustion	_____Misbehavior	
_____Fall/Slip on trail;	_____Overuse injury	_____Missing/Lost
_____Fall on snow	_____Poor camp/personal hygiene	
_____Fall on rock	_____Preexist. medical condition	
_____Falling rock	_____Plant poisoning/toxicity	
_____Failure to follow instructions		
_____Falling tree/branch	_____Other(explain)________________________________	

NARRATIVE: Describe the incident. What, how and when it happened, any medical treatment, and the final medical outcome or diagnosis.

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ANALYSIS: Include any observations, recommendations or suggestions regarding prevention.

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Report prepared by: ________________________Position: _____________ Date: ________

Signature: ________________________________ Date:___________________

Patient Report:

Name____

Age________**Sex**____________

Chief Complaint(PQRST)________________________________

____

Date & Time of Incident________________________________

History of Present Illness/MOI__________________________

____

____

Vital Signs (quantity and quality)

Time	LOC Pupils	Pulse	RR	BP	T^{o}	CRT	SCTM

Physical Findings/Appearance__________________________

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____

____

Past History____

Allergies____

Medications____

Medications Administered	Amount	Date/Time

Emergency Care Rendered/Changes in Patient's Condition__________________

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____

____

Details of Evac Plan(timetable, backup, pickup point)____________________

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