This form (& dive computer & buddy if appropriate) should accompany the casualty to medical facilities

CASUALTY ASSESSMENT

Date:

Casualty name: **Age:** **yrs** **Male/female:**

Onset of symptoms: Time:
Description:

Time	Record observations every 15 mins and when casualty's condition changes						
Highest level of response		**A**lert, **V**oice, **P**ain, **U**nresponsive					
BLS	Note times started and stopped						
AED	Note times applied Note if shocks given						
Orientation	**Day**	✓normal ✗ abnormal					
	Place	✓normal ✗ abnormal					
	Person	✓normal ✗ abnormal					
Personality change		✓absent ✗ present					
Chest pains		✓absent ✗ present					
Respiratory rate		(breaths/minute)					
Pulse rate		(beats/minute)					
Vision		**N**ormal, **T**unnel, **B**lurred, **D**ouble					
Head & neck ✓normal	**Tingling/numbness**	**L**eft/**R**ight/**B**oth					
	Facial weakness	**L**eft/**R**ight/**B**oth					
Upper limb ✓normal	**Tingling/numbness**	**L**eft/**R**ight/**B**oth					
	Weakness	**L**eft/**R**ight/**B**oth					
Trunk ✓normal	**Tingling/numbness**	**L**eft/**R**ight/**B**oth					
Lower limb ✓normal	**Tingling/numbness**	**L**eft/**R**ight/**B**oth					
	Weakness	**L**eft/**R**ight/**B**oth					
Eye/hand coordination		✓normal ✗ abnormal					
Oxygen therapy	Note time started & stopped. Note O_2 %						
Fluid administered	Note time and amount (mls)						

Assessor name: **Contact name:**

Tel: **Vessel call sign:**