

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	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> abnormal					
	Place	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> abnormal					
	Person	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> abnormal					
Personality change	<input checked="" type="checkbox"/> absent	<input checked="" type="checkbox"/> present						
Chest pains	<input checked="" type="checkbox"/> absent	<input checked="" type="checkbox"/> present						
Respiratory rate	(breaths/minute)							
Pulse rate	(beats/minute)							
Vision	N ormal, T unnel, B lurred, D ouble							
Head & neck <input checked="" type="checkbox"/> normal	Tingling/numbness	L eft/ R ight/ B oth						
	Facial weakness	L eft/ R ight/ B oth						
Upper limb <input checked="" type="checkbox"/> normal	Tingling/numbness	L eft/ R ight/ B oth						
	Weakness	L eft/ R ight/ B oth						
Trunk <input checked="" type="checkbox"/> normal	Tingling/numbness	L eft/ R ight/ B oth						
Lower limb <input checked="" type="checkbox"/> normal	Tingling/numbness	L eft/ R ight/ B oth						
	Weakness	L eft/ R ight/ B oth						
Eye/hand coordination	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> 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:

INCIDENT PROCEDURE



- TAKE CONTROL
- ASSESS THE SITUATION
- DELEGATE ACTION
- CONTACT THE EMERGENCY SERVICES

Tell them: Who you are - Type of emergency – Location

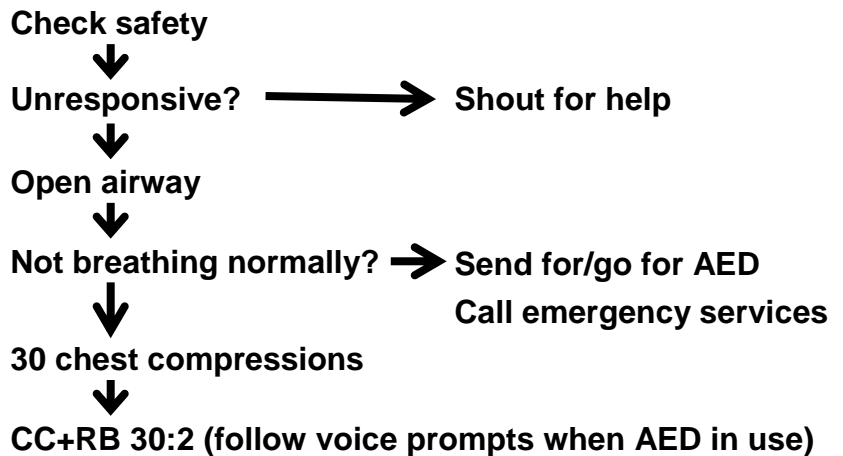
EMERGENCY SERVICES - UNITED KINGDOM

At sea	All incidents: Coastguard	VHF DSC (or Channel 16)
	Lives in immediate danger:	Mayday (distress button)
	Decompression illness:	Pan Pan
On land	Decompression illness: BHA / RN Diver Helplines	
	England, Wales, Northern Ireland:	07831 151523
	Scotland:	0845 408 6008
	Near drowning:	Ambulance 999 or 112
	Lost diver:	Coastguard/Police 999 or 112

Decompression illness

Keep the casualty quiet
Lie casualty flat on back
Do NOT raise legs
Administer 100% oxygen
Administer fluids

Basic life support



DIVE DETAILS Casualty name:

Ascent	Normal Y/N	Rapid Y/N	Missed stops	mins
Use separate sheet for buddy		Incident dive	Previous dives (most recent first)	
Gas mix (if rebreather write RB and give diluent mix)				
Surface interval (since previous dive)				
Depth (m) & Dive time (surface to surface, or 1st stop if taken)				
Stop 1 (mins @ m) & deco mix				
Stop 2 (mins @ m) & deco mix				
Stop 3 details (Record dives with >3 stops on a separate piece of paper)				
Surfacing time (and date if needed)				