

**WEMSI (EUROPE) INCIDENT
AIDE MEMOIRE CARD 1**



HAZARDS - SCENE SAFETY?

CHECK A, c, B, C, D

SEND CONTACT REPORT:

- NUMBER OF PATIENTS
- NAMES OF PATIENTS (IF KNOWN)
- STATUS - WELL/UNINJURED
 - ILL/INJURED
 - DEAD
- LOCATION (GRID REFERENCE)

HISTORY, VITALS AND EXAM

**MAKE WORKING/DIFFERENTIAL
DIAGNOSIS**

SEND FULL SITREP:

**ID: TEAM CALLSIGN; MEDIC NAME &
LEVEL OF TRAINING**

SCENE: WEATHER, TERRAIN,

No. OF PATIENTS

**FOR EACH PATIENT: NAME, AGE, SEX &
HISTORY:**

- SYMPTOMS**
- ALLERGIES**
- MEDICATIONS**
- PAST MED HISTORY**
- LAST ORAL INTAKE**
- EVENTS LEADING TO PROBLEM**

**WEMSI (EUROPE) INCIDENT
AIDE MEMOIRE CARD 2**



(FULL SITREP CONTINUED)

Re SYMPTOMS:

- ONSET**
- PROVOCATION/PALLIATION**
- QUALITY**
- RADIATION**
- SEVERITY**
- TIME (CHANGES OVER)**

VITAL SIGNS:

LofC (A,V,P,U)

PULSE (RATE, RHYTHM, STRENGTH)

RESPS (RATE, DEPTH)

**BP (OR PULSE AT NECK, GROIN, WRIST,
OR FEET)**

TEMP

PUPILS

FOCUSED EXAMINATION

WORKING/DIFFERENTIAL DIAGNOSIS

TREATMENT GIVEN/SUGGESTED

RESOURCES AVAILABLE

EVAC PLAN - POSS PROBS/SOLUTIONS

