

CASUALTY ASSESSMENT

Name M F Age

Date Time of incident

Time of onset of symptoms Time of assessment

Level of response Alert Voice Pain Unresponsive

Is the casualty oriented? Day Place Person

Changes in personality? Y/N? Chest pains (Y/N?)

Respiration: breaths/min Circulation: pulse beats/min

Vision Normal Tunnel Blurred Double

Tingling/numbness Head/neck L R Trunk L R
Arms L R Legs L R

Weakness Arms L R Legs L R

Smile/swallow symmetric? Y/N? Hand/eye co-ordination: Y/N?

Oxygen administration times Started Ended

Fluids administered Y/N? Amount (ml)

MONITOR THE CASUALTY

Is the casualty's condition improving/static/deteriorating/relapsing?
Note any changes and times of changes.

IMPORTANT: This slate, plus dive computer and (if appropriate) the casualty's buddy should accompany the casualty to medical facilities