NC : Additional notes

NC1 Location of incident in the cave :

NC2 Survival conditions :

Temperature, nutrition, lighting, …

NC3 Number of people with the casualty :

NC 4 Companions :

NC5 Rescuers :

NC6 Request for additional information or resources :

NC7 Date and time the sheet left :

NC8 Surname and name of recorder :

C : Initial Assessment

C1 Date and time of review :

C2 Conscious : Yes No **C3 Breathing : Yes No**

C4 Surname : **C5 Name :**
C6 Age : **C7 Sex : F M**
C8 Height : **C9 Weight :**

C10 Date and time of the accident :

C11 Circumstances :

C12 Apparent injuries :

Locate on the diagrams (front and back)

C13 Deformities
C14 Bleeding
C15 Paralysis
C16 Crushing
C17 Wound
C18 Pain

C19 Respiratory anomalies :

C20 Noise C21 Discomfort C22 Congestion C23 Pauses C24 Irregular rhythm

C25 Pulse : /min **C26 Respiration : /min**

C27 Blood pressure : **C28 SPO2 :**

C29 Temperature :

C30 ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

Pain ladder : circle a number

E : Evaluation at site of accident

E 1 Time :

E2 Conscience : Yes No

E3 Respiration : /min

E4 Pulse : /min

E5 Blood pressure :

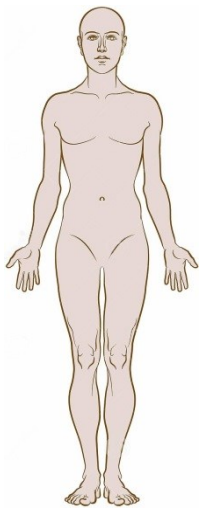
E6 SPO2 :

E7 Temperature :

E8 ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

Pain ladder : circle a number

E9 Apparent injuries : Locate on the diagrams (front and back).



E10 Deformities

E11 Bleeding

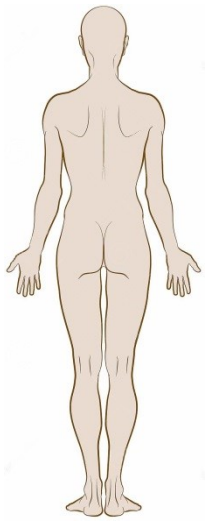
E12 Paralysis

E13 Crushing

E14 Wound

E15 Pain

E16 Bruising



E17 Treatments given :

E18 Care :

E19 Medicines administered :

E20 Immobilisations : **E21** Cervical collar **E22** Splint **E23** Spinal board

E24 Nutrition given :

V: Pre-departure check-up

V1 Time:

V2 Conscious : Yes No

V3 Respiration : /min

V4 Pulse : /min

V5 Blood pressure :

V6 SPO2 :

V7 Temperature :

V8 ☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

Pain ladder : circle a number

V9 Consciousness issues :

V10 Loss of consciousness, initial or delayed : Yes No

V11 Time : **V12** Duration :

V13 Confusion : Yes No

V14 Medical history :

V15 Current treatments/medicines :

V16 Allergies :

V17 Casualty moral :

SPELEO SECOURS FRANCAIS

Continuous monitoring sheet

	1st review at point of accident	Pre-departure check-up	S Surname and name of casualty :					
S1 Date and time of review								S12 Remarks - Notes
S2 Conscious								
S3 Respiration /min								
S4 Pulse /min								
S5 Blood pressure								
S6 SPO2								
S7 Temperature								
S8 Pain ☺01 … 9 10☹								
S9 Drink provided Food provided								
S10 Treatment provided S11 Medicine administered								

Continuous monitoring sheet

S Surname and name of casualty :

S1 Date and time of review								**S12 Remarks - Notes**
S1 Conscious								
S3 Respiration /min								
S4 Pulse /min								
S5 Blood pressure								
S6 SPO2								
S7 Temperature								
S8 Pain ☺01 … 9 10☹								
S9 Drink provided Food provided								
S10 Treatment provided **S11 Medicine administered**								