

Patients Name:

Airway

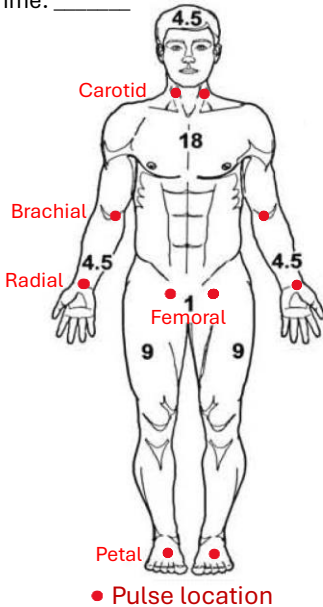
Breathing

Circulation

Tourniquet
Time: _____

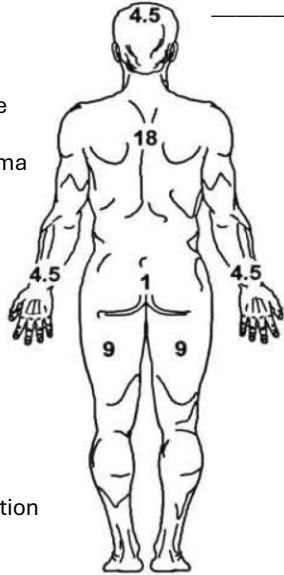
Mark all injury locations with an X

Area burned _____%



MOI

- Animal bite
- Blunt Trauma
- Burn
- Crush
- Fall
- Impelled
- Laceration
- Envenomation



Burn area % indicated by numbers

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Vital signs:

Time:				
LOR/LOC	Level of responsiveness/Level of consciousness			
PR/Loc	Pulse rate and location			
RR	Respiratory rate			
O2 Sat %	Oxygen saturation %			
BP	Blood pressure	/	/	/
PERRLA	Pupils Equal Round Reactive Light Accommodation			
SCTM	Skin color / Temperature / Moisture			
CSM	Circulation / Sensation / Movement			

Treatment: Check all that apply with an X

- Anaphylactic shock
 - Bleed
 - Broken bone
 - Burn
 - Dehydration
 - Dislocation: RA LA RL LL
 - Eye R
 - Eye L
 - GI
 - Hypoglycemia
 - Shock
- Other _____



Use backside of card for patient assessment and plan

