

HARMONY EVENT MEDICINE INJURY/INCIDENT REPORT

DATE OF REPORT: _____

TIME OF REPORT: _____

TIME OF

INCIDENT: _____

LOCATION OF INCIDENT: _____

NATURE OF INCIDENT: Fall Illness Intox
(circle which apply)

NAME OF Harmony Responder: _____

WITNESS OF INJURY/INCIDENT: _____

NAME OF INJURED PERSON/S: _____

AGE of Patient: _____

WHAT HAPPENED? _____

PULSE: _____

A V P U ? (circle which apply)

RESPIRATIONS: _____

PAIN: (location) _____

HEAD: Scalp, Ears/Nose, Eyes, Jaw, Mouth (circle which apply)

Medical ID tag ? Y N

NECK: Wounds, Deformity (circle which apply)

Allergies? _____

CHEST: Movement, Symmetry (circle which apply)

911 Activated? Y N

ABDOMEN: Wounds, Rigidity (circle which apply)

PELVIS: Wounds, Stability (circle which apply)

EXTREMITIES: Wounds, Deformity, sensation & movement, pulses below injury (circle which apply)

BACK: Wounds, Deformity (circle which apply)

SKIN: Altered Color, Temperature, Moistness (circle which apply)

Incident/injury noted in Log Notes: Y N

Release signed by Patient/ Grdian? Y N

DETAILED DESCRIPTION OF FIRST AID APPLIED:

