

Accident Procedure and Communication

Accident

D Dangers?

R Response - verbal, visual?

A Airways clear?

B Breathing pattern, noises?

C Circulation?

D Disability risk?

E Expose and examine

Patient Q & A

S Signs and symptoms?

A Allergies?

M Medications (current)?

P Past medications / illness?

L Last events? (eating etc)

E Events before problem?

Services comms

M Mechanics of injury

I Injuries found

S Symptoms

T Treatment given

SMBLA Trail/Mountain Cycle Leader



About me!

My name

My address

My home telephone

Useful mobile number

My allergies and medicines
