

ALSIP CERT FORMS



Victim Data Form



Victim Name	Date	Time in	Time Out
Address	Sent to:		
Phone	Birthday	Age	Sex

**Primary Assessment**

Time	Respiration		Perfusion	Pulse		Alertness	Blood Pressure	Oxygen Saturation	Skin Character	Other
	Rate/Min (1)	Deep Shallow Noisy Labored		Rate/min (3)	Strong Weak Absent					
Hours			Less than 2 Seconds Okay (2)			Alert Confused no response	Rate/Rate (4)	Percent (5)	Color Temp Moistness	Pain Anxiety Thirst etc

1. Respiration: 12 to 20 per minute is Normal. 2. Perfusion: More than 2 sec, treat for shock 3. Pulse: 50-100 is normal  
 4. Blood Pressure: 120/80 is Normal. 5. Oxygen Saturation: 95% is okay; below 88% is dangerous.

**Secondary Assessment**

Chief Complaint:	<b>Head to Toe Assessment</b>	
Signs/Symptoms LAF Look at the injury: Ask questions: Feel with your hands	1. Deformation	5. Contusions
Allergies to medication, food, animals or insects / Medical Alert	2. Abrasions	6. Punctures
Medication, Alcohol, Drugs taken either by prescription or recreational use	3. Burns	7. Tenderness
Pre-Existing Medical Conditions, Operations, Surgeries	4. Lacerations	8. Swelling
Last food or drink intake	Place corresponding number on site of injury/pain	
Events immediately prior to the onset of pain or injury		
Assessment		
Treatment		