PEAK EMERGENCY RESPONSE TRAINING
A division of Peak Project Management, Inc.

ADVANCED PROTOCOL INITIATION REPORT (PIR)

INCIDENT INFORMATION

RESORT or SAR TEAM NAME	RESPONDER(s) NAME(s)	INCIDENT DATE (DD / MM / YY)	INCIDENT TIME	ACTIVITY	CWSAA REPORT #
					☐ N/A

PATIENT INFORMATION

NAME	GENDER	DATE OF BIRTH (DD / MM / YY)	AGE	CHIEF COMPLAINT
	☐ Male ☐ Female			

HISTORY of CHIEF COMPLAINT (Mechanism of Injury / Nature of Illness) _____

_____

_____

PAST MEDICAL HISTORY ☐ Unknown	**PREVIOUS CARDIAC HISTORY?** ☐ Yes ☐ No ☐ Unknown
MEDICATIONS ☐ Unknown	**ALLERGIES** ☐ Unknown

TIME	VITAL SIGNS					DIAGNOSTIC SIGNS			
	LOR (GCS)	RESP	PULSE	TEMP / SKIN	BP	CMS	PUPILS		SPO_2
							☐ Reactive ☐ Non-Reactive	☐ Equal ☐ Non-Equal	
							☐ Reactive ☐ Non-Reactive	☐ Equal ☐ Non-Equal	
							☐ Reactive ☐ Non-Reactive	☐ Equal ☐ Non-Equal	

PROTOCOL SPECIFIC REPORTING

NITROUS OXIDE	Start PSI	End PSI	Advanced Procedure? ☐ No ☐ Yes	Chest Auscultated? ☐ No ☐ Yes	Adverse Effects (specify): _____ ☐ N/A	Severity Scale (1-10) Pre-Tx	Post-Tx
SAGER TRACTION	Footwear Removed? ☐ No ☐ Yes	Applied On-Scene? ☐ No ☐ Yes	Lbs. Traction Applied _____	Circulation, Mobility, Sensation Pre-Application	Post-Application	Result	
MEDICATION - Assist ☐ Nitroglycerin ☐ Salbutamol	Time – 1st Dose	Effect	Time – 2nd Dose	Effect	Time – 3rd Dose	Overall Result	
MEDICATION ☐ ASA ☐ Diphenhydramine ☐ Epinephrine ☐ Naloxone	Time – 1st Dose	Effect	Time – 2nd Dose	Effect	Time – 3rd Dose	Overall Result	
AED	Time AED Applied	Bystander CPR? ☐ No ☐ Yes	Effective CPR? ☐ No ☐ Yes	# of Shocks Delivered _____	Return of Spontaneous Circulation? ☐ No ☐ Yes / Breathing? ☐ No ☐ Yes	Post AED Incident Report Completed? ☐ No ☐ Yes	
KING LT-D	Time of Insertion	Tube Size	Amt. Cuff Inflation	Chest Auscultated? ☐ No ☐ Yes	Pre-Insertion Gastric Distention? ☐ No ☐ Yes	Result	

PATIENT TRANSPORTATION

MODE OF TRANSPORTATION	POSITION OF PATIENT	PATIENT'S HEAD POSITION
☐ T-Bog ☐ Litter ☐ Snowmobile ☐ Walking	☐ Supine ☐ Semi-Recumbent ☐ Sup/Lateral ☐ 3/4 Prone	☐ Head-Up Hill ☐ Head-Down Hill

PROTOCOL REPORTING CONTROL

DATE FAXED	FAXED BY – INITIALS	DESTINATION
		☐ Home/Hotel ☐ Refused ☐ BCAS ☐ Morgue ☐ Hosp/Clinic _____