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 ☐ UNEQUAL	
							☐ REACTIVE ☐ NON-REACTIVE	☐ EQUAL ☐ UNEQUAL	
							☐ REACTIVE ☐ NON-REACTIVE	☐ EQUAL ☐ UNEQUAL	

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 ☐ ASPIRIN ☐ 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 _____

*** All times must be recorded in 24 hour format.**