

Call 911 ASAP Nature; Location; Resources Needed

Name: Last, First	Date of Birth
Emergency Contact Name	Emergency Contact Number

Allergies

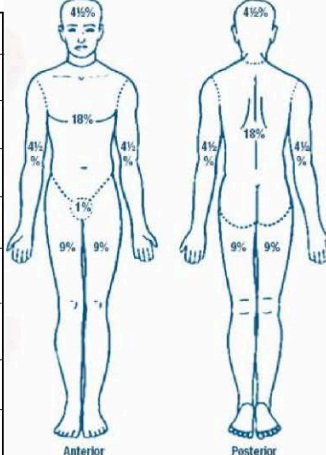
Medications

Medical History

Vitals: HR 60-100, Resp 10-30, BP: Radial, Carotid

Time	HR	RESP	B/P Location

Injury Location: Mark with "X"



M: Massive Hemorrhage

TQ: Mark Location and Time

Dressing: Mark location and Type / Hemostatic / Pressure

A: Airway ---- Patent / Head Tilt / Jaw Thrust / Adjuncts added – NPA, OPA

R: Respirations ---- Rate / Rise and Fall / Chest Seals / Needle Decomp

C: Circulation ---- All other injuries ---- Bleeding / Burns / Fractures / Sprains / CPR

H: Hypothermia / Head Injury **M.A.P.C.O.D.E.**

Notes:

- Monitor
- Antibiotics
- Pain
- Communications
- Oxygen
- Document
- Evac

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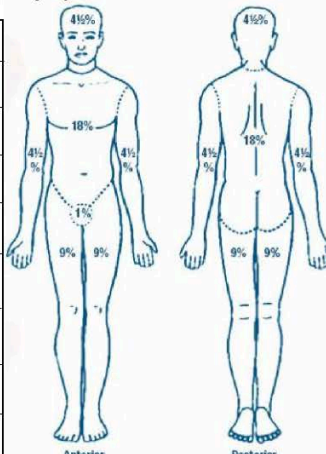
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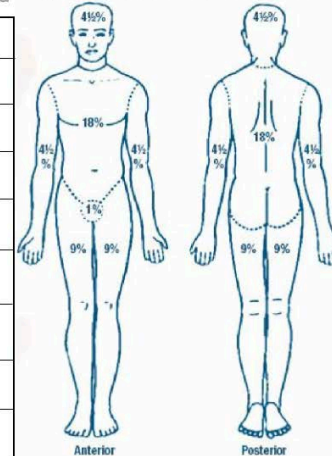
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