Individual Patient Assessment and Treatment Vashon Island CERT & MRC

Date and Time of Contact with Patient	Name of Primary Responder/Assesso		-	w Green Dead	Triage Number			
PATIENT: Last Name		First Name & M.I.	& M.I. Age: Sex: M F		Sex: M F			
				Other gender identity:				
Address				Date of birth:				
City, State, Zip								
Relative, friend or alternate contact (name, relationship and phone or location)								
If patient's name is unknown, describe person and clothing (check for wallet/ID): If name unknown, put a trianumber & status code above								
Injuries, illness and/or chief comp	laints							
Mechanism of injury								
Date and Time of injury or onset								
Witness name(s) and contact info	rmation							

PHYSICAL CONDIT	ΓΙΟΝ			
	√ if normal	Abnormalities (note L & R incl	uding any inconsistencies bet	ween sides of body)
Head				
Face, ears, eyes/pupils				
Neck				
Shoulders & clavicle				
Thorax (ribs,				
sternum, lungs, etc.)				
Abdomen				
Pelvis				
Back/spine				
Legs, feet, toes				Toes wiggle? Yes No
Arms, hands, fingers			Fingers can	squeeze/wiggle? Yes No
Capillary refill <2 sec.				~
Nausea or vomiting?	-	or light headed?	(-3-)	()
Shortness of breath?	Breat	hing:	Jec	
Chest pain?			()	()
LEVEL OF CONSCIOUS	NESS Ale	ert & oriented Confused	11- 11	11 11
Responds to voice	Responds	to pain Unconscious	(-) . (-)	1-1 0-1
Glasgow Coma Scale (C	GCS):			
OTHER				

HEALTH HISTORY If patient can't tell you, look for info on medical alert tag or in wallet/purse; ask family						
Chronic Conditions: Card Specify what you know:	io-Vasc	CHF	High BP	Diabetes	Respiratory	On kidney dialysis
Medications currently tak	ing includin	g over	-counter an	d herbals		
Allergies – list each (indica	ate type of r	reactio	on in parentl	heses)		
Disabilities and special ne	eds					
Other						
Health History Informant:						

VITALS	Heart	Resp Rate	O ₂	Tama	Skin (role sweet)	Blood	Takan Du	Data 8 Tima
BP	Rate & quality	& pattern	Sat.	Temp	(pale, sweaty, cold, etc)	Sugar level	Taken By	Date & Time

TREAT	MENT RE	CORD If patient is a minor, was parent notified? Yes No When?	
Date	Time	Treatment	Responder who provided treatment
			-

TRIAGE AND TRANSFER, or RELEASE								
Date	Time	How Transported Moved to (or indicate released) Triage Code						
				Red Yellow Green Dead				
				Red Yellow Green Dead				