



Name: Last, First

Date of Birth

Emergency Contact Name

Emergency Contact Number

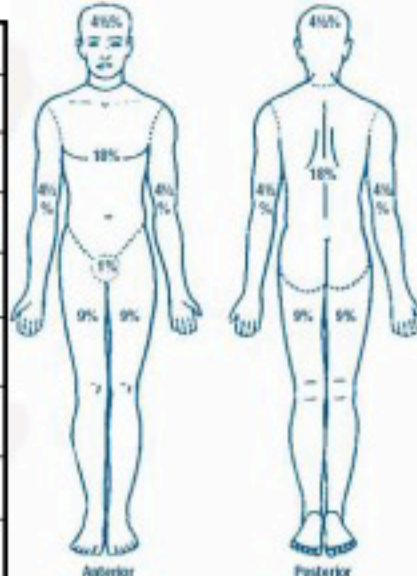
Allergies

Medications

Medical History

Vitals: HR 60-100, Resp 10-30, BP: Radial, Carotid Injury Location: Mark with "X"

Time	HR	RESP	B/P Location



Call 911 ASAP Nature; Location; Resources Needed

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