

MOULAGE WORKSHEET

Exercise Title: _____

Type of Moulage: _____

Time Required to Prepare: _____

Exercise Scenario: _____

Patient Name: _____

Patient Sex: Male Female

Patient Age: _____

Social Security #: ____-____-____

Description of Moulage/Injury:



SPECIAL EFFECTS:

STAGING CONSIDERATIONS:

**SYMPTOMATIC ACTING
DIRECTIONS:**

**ADDITIONAL
REMARKS/DIRECTIONS:**

PATIENT ASSESSMENT:

S.T.A.R.T. TRIAGE

R -
P -
M -

PRE-HOSPITAL ASSESSMENT:

HOSPITAL ASSESSMENT:

VITAL SIGNS 1st - 2nd

VITAL SIGNS: 1st - 2nd

Blood Pressure:

Blood Pressure:

Pulse:

Pulse:

Respirations:

Respirations:

Pupils:

Pupils:

Mental Status: AVPU AVPU

Mental Status: AVPU AVPU

Other:

Other:

NOTES:

HOSPITAL TEST RESULTS:

Laboratory:

x-ray:

Other: