

TRIAGE TAG

DO NOT REMOVE

VITAL SIGNS	TIME	PULSE	B/P	RESP	LEVEL OF CONSCIOUSNESS
					A V P U
					A V P U
					A V P U

MEDICAL HISTORY	MEDICATIONS/MEDICAL PROBLEMS
	ALLERGIES

TIME	TREATMENT RECORD	INITIALS
	<input type="checkbox"/> BVM <input type="checkbox"/> ET <input type="checkbox"/> EOA <input type="checkbox"/> PTL	
	<input type="checkbox"/> Oxygen by _____ at _____ L/min	
	<input type="checkbox"/> Bleeding Control	
	<input type="checkbox"/> Spinal Immobilization	
	<input type="checkbox"/> IV Started at _____ at _____	
	<input type="checkbox"/> MAST Applied <input type="checkbox"/> Inflated	
	<input type="checkbox"/> Gross Hazmat Decontamination	
	<input type="checkbox"/> Final Hazmat Decontamination	



Commonwealth
of
Virginia

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