

DISASTER TAG



DO NOT REMOVE

VITAL SIGNS	TIME	PULSE	B/P	RESP	LOC
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"/> Tourniquet @ _____				
	<input type="checkbox"/> Spinal Immobilization <input type="checkbox"/> Extremity Splint				
	<input type="checkbox"/> IV Started at at				
	<input type="checkbox"/> MAST Inflated at _____				
	<input type="checkbox"/> Gross Decon. <input type="checkbox"/> Final Decon.				
	<input type="checkbox"/> Chest Decompression R L				
	<input type="checkbox"/> MEDS Dose/Route				

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