

VIRGINIA TRIAGE TAG

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- White, weather resistant material
- Designed for use with ball point pen

Commonwealth of Virginia **TRIAGE TAG DO NOT REMOVE**

PATIENT INFORMATION

AGE WEIGHT
 MALE FEMALE
 NAME
 ADDRESS
 CITY ST PHONE
 PATIENT NUMBER
 * 0 2 0 4 8 8 *

TRIAGE STATUS

EVALUATION	TIME	RED	YELLOW	GREEN	BLACK
INITIAL		IMMEDIATE	DELAYED	MINOR	DECEASED
SECONDARY		IMMEDIATE	DELAYED	MINOR	DECEASED
HOSPITAL		IMMEDIATE	DELAYED	MINOR	DECEASED

CHIEF COMPLAINT

Head Injury C-Spine
 Blunt Trauma
 Penetrating Injury
 Burn Fracture
 Laceration Amputation
 Medical
 Cardiac Respiratory
 Diabetic OB/GYN
 Haz-Mat Exposure

COMMENTS

TRANSPORTATION AGENCY/UNIT DESTINATION TIME ARRIVED

TREATMENT * 0 2 0 4 8 8 *
 OTHER * 0 2 0 4 8 8 *
 OTHER * 0 2 0 4 8 8 *

HOSPITAL * 0 2 0 4 8 8 *
 OTHER * 0 2 0 4 8 8 *
 OTHER * 0 2 0 4 8 8 *

TRANSPORT RECORD

AGE
 MALE FEMALE
 NAME
 CHIEF COMPLAINT
 DESTINATION
 TRANSPORTATION AGENCY/UNIT TIME OUT
 PATIENT NUMBER
 * 0 2 0 4 8 8 *
 TRIAGE STATUS
 RED YELLOW GREEN

CAPABILITIES

- ▣ Multiple triage assessments of patient
- ▣ Continuous patient information recording
- ▣ Continuous patient accountability and tracking
- ▣ Designed for easy interface with patient hospital records

FORMAT - FRONT

- Patient Information section
 - Information not always obtainable

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TRIAGE TAG
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PATIENT INFORMATION	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	WEIGHT	PATIENT NUMBER
	NAME			* 0 9 1 3 9 9 *
	ADDRESS			
	CITY	ST	PHONE	

- Can be added throughout triage, treatment, transportation, & hospital reception phases

TRIAGE STATUS SECTION

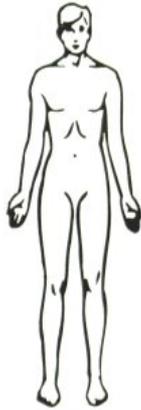
- INITIAL - START assessment
- SECONDARY - reassessment at scene or in treatment area

TRIAGE STATUS	EVALUATION	TIME	RED	YELLOW	GREEN	BLACK
	INITIAL		 IMMEDIATE	 DELAYED	 MINOR	 DECEASED
	SECONDARY		 IMMEDIATE	 DELAYED	 MINOR	 DECEASED
			 IMMEDIATE	 DELAYED	 MINOR	 DECEASED
	HOSPITAL		 IMMEDIATE	 DELAYED	 MINOR	 DECEASED

- BLANK - used in treatment area or during transportation
- HOSPITAL - initial reassessment receiving hospital

CHIEF COMPLAIN SECTION

- Major obvious injuries or illnesses circled
- Indicate injuries on human figure

CHIEF COMPLAINT		Head Injury C-Spine Blunt Trauma Penetrating Injury Burn Fracture Laceration Amputation	
	Medical _____ Cardiac Respiratory Diabetic OB/GYN Haz-Mat Exposure		
COMMENTS			

- Additional information added on Comments line

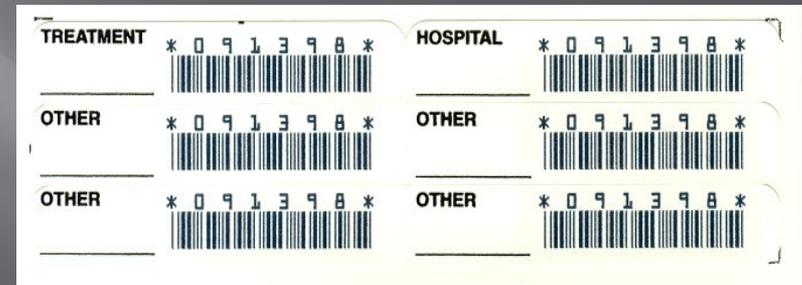
TRANSPORTATION LINE

- ▣ Transporting unit notes
 - Agency information
 - Destination facility
 - Time patient actually arrived

TRANSPORTATION AGENCY/UNIT	DESTINATION	TIME ARRIVED

PULL-OFF LABEL SECTION

- ▣ “Treatment” - document on patient information worksheets
- ▣ “Hospital” - tie the triage tag & scene patient number to patient’s hospital records



- ▣ “Other” labels can be used for:
 - Other tactical worksheet needs on scene
 - Marking personal effects
 - Use within hospital

TRANSPORTATION RECORD SECTION

- ▣ Detachable by tear-off or as pull-off label
- ▣ Document patients transported to hospital or other facility
- ▣ Can be fixed to transportation tactical worksheet
 - Mark facility destination

TRANSPORT RECORD	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	PATIENT NUMBER		
	NAME		* 0 2 0 4 8 8 *		
	CHIEF COMPLAINT		[Barcode]		
	DESTINATION		TRIAGE STATUS		
	TRANSPORTATION AGENCY/UNIT	TIME OUT	RED	YELLOW	GREEN

BACK

- ▣ Vital Signs: three sets of vital signs
- ▣ Medical History: can be obtained from Medic Alert devices
- ▣ Treatment: additional treatments and remarks
 - Time treatment actions taken & provider initials

DO NOT REMOVE

VITAL SIGNS	TIME	PULSE	B/P	RESP	LEVEL OF CONSCIOUSNESS

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"/> Hazardous Materials Decontamination	



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