

**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				

**DISASTER TAG**