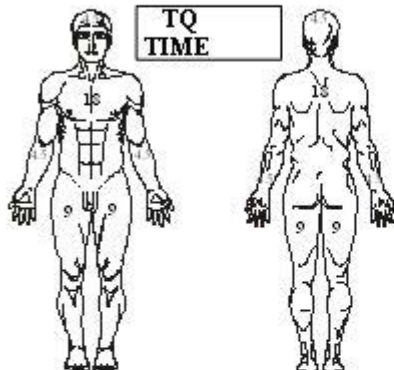


Name/ID: \_\_\_\_\_

DTG: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

Friendly      Unknown      NBC



GSW BLAST MVA Other \_\_\_\_\_

TIME				
AVPU				
PULSE				
RESP				
BP				

A: Intact Adjunct Cric Intubated

B: Chest Seal NeedleD ChestTube

C: TQ Hemostatic Packed PressureDx  
IV IO

FLUIDS: NS / LR 500 1000 1500  
Hextend 500 1000

Other: \_\_\_\_\_

DRUGS (Type / Dose / Route):

PAIN

ABX

OTHER

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Medic's Name \_\_\_\_\_