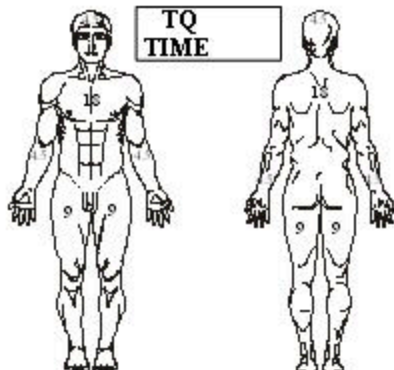


Name/ID: _____

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 Pached PressureDx
IV IO

FLUIDS: NS / LR 500 1000 1500
Hextend 500 1000

Other: _____

DRUGS (Type / Dose / Route):

PAIN

ABX

OTHER

Medic's Name _____