EXERCISE “VICTIM” SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child on ground, not moving
Right leg with red inflamed area surrounding it
Dead, gray and reddened skin areas on face and both arms

PHYSICAL FINDINGS:

Resp: 32 and shallow
Audible crackling and wheezing
Pulse: 140
BP: 82/76

OTHER PATIENT INFORMATION:

Responsive but in pain
Able to follow commands
Crying

Burn - Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:

1. Initial Contact and Triage
   a. How long did it take response personnel to contact you?_______
   b. How long did it take response personnel to begin decontaminating you?_______
   c. Were you examined on the scene more than once? □ Yes □ No
   d. Whom did you talk to, or whom were you assessed by (list all)?
      □ Fire □ EMS □ Police □ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? □ Green □ Yellow □ Red □ Black □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? □ Yes □ No
   b. If conscious, were you given clear instructions? □ Yes □ No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)

1. Which hospital did you go to?

2. Once at the hospital, how long was it until someone examined you?
   □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes □ Over 15 minutes □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

DO NOT LOSE THIS CARD!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE “VICTIM” SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child on ground, following commands
Glistening red burns to face, upper chest and back as well as both arms

PHYSICAL FINDINGS:

Resp: 32 and shallow
Audible crackling and wheezing
Pulse: 122
BP: 90/60

OTHER PATIENT INFORMATION:

Responsive
Able to walk and follow commands
Moans in pain

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:

1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once? □ Yes □ No
   d. Whom did you talk to, or whom were you assessed by (list all)? □ Fire □ EMS □ Police □ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? □ Green □ Yellow □ Red □ Black □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________

2. Treatment:
   a. If conscious, did someone explain your treatment? □ Yes □ No
   b. If conscious, were you given clear instructions? □ Yes □ No
   c. What treatment was given?
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________

3. Did you observe any outstanding actions among the response personnel you observed?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Hospital (if applicable)

1. Which hospital did you go to? _____________________________
2. Once at the hospital, how long was it until someone examined you?
   □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes □ Over 15 minutes □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

DO NOT LOSE THIS CARD!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE “VICTIM” SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child on ground, not moving
Dead, gray and blackened skin in arms, legs and torso;
glistening area on face

PHYSICAL FINDINGS:

Resp: 6 and erratic
Audible wheezing
Pulse: 154
BP: 76/42

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only
Unable to walk

Field Assessment and Treatment:

1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once? □ Yes □ No
   d. Whom did you talk to, or whom were you assessed by (list all)?
      □ Fire □ EMS □ Police □ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? □ Green □ Yellow □ Red □ Black □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? □ Yes □ No
   b. If conscious, were you given clear instructions? □ Yes □ No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)
1. Which hospital did you go to?  ______________________________
2. Once at the hospital, how long was it until someone examined you? □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes □ Over 15 minutes □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
Glistening burns to back and posterior aspects of the arms and legs
Burns on back of both hands, soot evident on lips
Raspy voice
Whites of eyes are reddened and watering

Resp: 28
Pulse: 150
BP: 122/62

Aware; knows name, location, and time
Able to walk

DO NOT LOSE THIS CARD!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!
EXERCISE “VICTIM” SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child on ground, not moving
Glistening burns on face and scalp
Dead, gray and blackened skin areas on both arms, back and chest

PHYSICAL FINDINGS:

Resp: 6 and shallow audible crackling
Pulse: 164
BP: 72/54

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:

1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once? ☐ Yes ☐ No
   d. Whom did you talk to, or whom were you assessed by (list all)?
      ☐ Fire ☐ EMS ☐ Police ☐ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
   b. If conscious, were you given clear instructions? ☐ Yes ☐ No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)

1. Which hospital did you go to? _______________
2. Once at the hospital, how long was it until someone examined you?
   ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child on ground, moving
Glistening burn to back, abdomen and right thigh
Dead, gray and blackened skin areas on both arms

PHYSICAL FINDINGS:

Resp: 24; audible crackling and wheezing
Pulse: 142
BP: 80/60

OTHER PATIENT INFORMATION:

Responsive
Able to follow commands
Talking but in pain
Able to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:
1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once? Yes □ No □
   d. Whom did you talk to, or whom were you assessed by (list all)?
      □ Fire □ EMS □ Police □ Other ______________
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? □ Green □ Yellow □ Red □ Black □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition? ____________________________________________________________

2. Treatment:
   a. If conscious, did someone explain your treatment? Yes □ No □
   b. If conscious, were you given clear instructions? Yes □ No □
   c. What treatment was given? ____________________________________________________________

3. Did you observe any outstanding actions among the response personnel you observed? ____________________________________________________________

Hospital (if applicable)
1. Which hospital did you go to? __________________________________
2. Once at the hospital, how long was it until someone examined you?
   □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes □ Over 15 minutes □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

__________________________________________________________

__________________________________________________________

__________________________________________________________

DO NOT LOSE THIS CARD!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE “VICTIM”
SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child on ground, not moving
Swollen eyes with glistening
burns to face and legs and
audible stridor
Dead, gray and whitish skin
areas on torso and both arms

PHYSICAL FINDINGS:

Resp: 6 and shallow; audible stridor and wheezing
Pulse: 156
BP: 78/56

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:
1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once? □ Yes □ No
   d. Whom did you talk to, or whom were you assessed by (list all)?
      □ Fire □ EMS □ Police □ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? □ Green □ Yellow □ Red □ Black □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? □ Yes □ No
   b. If conscious, were you given clear instructions? □ Yes □ No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)
1. Which hospital did you go to?

2. Once at the hospital, how long was it until someone examined you?
   □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes
   □ Over 15 minutes □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!

DO NOT LOSE THIS CARD!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!
EXERCISE “VICTIM” SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:
Child on ground, moving
Dark, blackened eschar on neck, anterior chest and abdomen
Swollen eyes with glistening burns on face
Stridor

PHYSICAL FINDINGS:
Resp: 10 and shallow audible stridor
Pulse: 144
BP: 80/68

OTHER PATIENT INFORMATION:
Unresponsive
Unable to follow commands
Moaning only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:
1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you? _______
   c. Were you examined on the scene more than once?  □ Yes  □ No
   d. Whom did you talk to, or whom were you assessed by (list all)?
      □ Fire □ EMS □ Police □ Other ______
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  □ Green  □ Yellow  □ Red  □ Black  □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment?  □ Yes  □ No
   b. If conscious, were you given clear instructions?  □ Yes  □ No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)
1. Which hospital did you go to? ______
2. Once at the hospital, how long was it until someone examined you?
   □ Less than 5 minutes  □ 5 minutes  □ 10 minutes  □ 15 minutes
   □ Over 15 minutes  □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

DO NOT LOSE THIS CARD!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!
EXERCISE “VICTIM” SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: ________

VISIBLE SYMPTOMS:

Child walking around
Red inflamed area of face, neck, upper torso and arms
Swollen eyes

PHYSICAL FINDINGS:

Resp: 24 and shallow, no wheezing
Pulse: 118
BP: 94/86

OTHER PATIENT INFORMATION:

Responsive
Able to follow commands
Speech without difficulty
Able to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Field Assessment and Treatment:

1. Initial Contact and Triage
   a. How long did it take response personnel to contact you? _______
   b. How long did it take response personnel to begin decontaminating you?
   c. Were you examined on the scene more than once? □ Yes □ No
   d. Whom did you talk to, or whom were you assessed by (list all)?
      □ Fire □ EMS □ Police □ Other
   e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? □ Green □ Yellow □ Red
      □ Black □ Never received a tag
   f. What actions did response personnel take as a result of their assessment of your condition?

2. Treatment:
   a. If conscious, did someone explain your treatment? □ Yes □ No
   b. If conscious, were you given clear instructions? □ Yes □ No
   c. What treatment was given?

3. Did you observe any outstanding actions among the response personnel you observed?

Hospital (if applicable)

1. Which hospital did you go to?  ____________________
2. Once at the hospital, how long was it until someone examined you?
   □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes
   □ Over 15 minutes □ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

DO NOT LOSE THIS CARD!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!