

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

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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
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 - a. If conscious, did someone explain your treatment? Yes No
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 - 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?

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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**

Actor Exercise Assessment Form

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- Initial Contact and Triage
 - How long did it take response personnel to contact you? _____
 - How long did it take response personnel to begin decontaminating you? _____
 - Were you examined on the scene more than once? Yes No
 - Whom did you talk to, or whom were you assessed by (list all)?
 Fire EMS Police Other _____
 - 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
 - What actions did response personnel take as a result of their assessment of your condition?

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 - If conscious, did someone explain your treatment? Yes No
 - If conscious, were you given clear instructions? Yes No
 - What treatment was given?

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

Hospital (if applicable)

- Which hospital did you go to? _____
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 Less than 5 minutes 5 minutes 10 minutes 15 minutes
 Over 15 minutes I was never examined at the hospital

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EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

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

VISIBLE SYMPTOMS:

**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**

PHYSICAL FINDINGS:

**Resp: 28
Pulse: 150
BP: 122/62**

OTHER PATIENT INFORMATION:

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

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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)?
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 Less than 5 minutes 5 minutes 10 minutes 15 minutes
 Over 15 minutes I was never examined at the hospital

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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**

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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 _____
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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?

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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**

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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
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 - 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?

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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

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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
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Hospital (if applicable)

1. Which hospital did you go to?

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 Over 15 minutes I was never examined at the hospital

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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**

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Field Assessment and Treatment:

- Initial Contact and Triage
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Hospital (if applicable)

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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

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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? _____
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Hospital (if applicable)

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