Child on ground with seizure activity
Swollen eyes, tearing
Pallor and diaphoresis

Resp: 6 and shallow
Audible wheezing
Pulse: 50
BP: 82/76

Unresponsive
Moaning
Excessive salivation and runny nose
EXERCISE “VICTIM”
SYMPTOMATOLOGY TAG

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

VISITABLE SYMPTOMS:

Child on ground, moving all extremities
Complains of difficulty breathing and blurred vision

PHYSICAL FINDINGS:

Resp: 32 and shallow
Audible drooling and wheezing
Pulse: 132
BP: 150/90

OTHER PATIENT INFORMATION:

Responsive
Able to follow commands
Talking but salivating

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?

   __________________________________________________________
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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, moving
Marked respiratory distress
with obvious abdominal discomfort
Tearing

PHYSICAL FINDINGS:

Resp: 25 and erratic
audible upper airway noise and wheezing
Pulse: 64
BP: 80/62

OTHER PATIENT INFORMATION:

Responsive, anxious
Able to follow commands
Cannot walk with constricted pupils

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
   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?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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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:

Complaints of severe respiratory distress
Raspy voice
Whites of eyes are reddened and watering
Extremely pale and sweating

PHYSICAL FINDINGS:

Resp: 32, shallow
Pulse: 80
BP: 82/62

OTHER PATIENT INFORMATION:

Aware; knows name and location 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?

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

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

VISIBLE SYMPTOMS:

Child with active seizure
Skin diaphoretic with loss of bowel and bladder control
Tearing and marked salivation

PHYSICAL FINDINGS:

Resp: 24 and shallow
Audible wheezing
Pulse: 54
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?

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

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

VISIBLE SYMPTOMS:

Child with marked tearing with complaint of blurred vision
Wheezing with associated abdominal cramping

PHYSICAL FINDINGS:

Resp: 28; audible wheezing
Pulse: 62
BP: 90/60

OTHER PATIENT INFORMATION:

Responsive
Follows commands
Oriented
Able to walk but weak

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?

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

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

VISIBLE SYMPTOMS:
Child on ground, not moving
Runny nose and hypersalivation
Swollen eyes with tearing
Pale and diaphoretic

PHYSICAL FINDINGS:
Resp: 6 and shallow; no audible breath sounds
Pulse: 32
BP: 66/40

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?

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

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

**VISIBLE SYMPTOMS:**

Child with eyes tearing
Coughing with abdominal pain and drooling

**PHYSICAL FINDINGS:**

Resp: 32 and shallow
Audible wheezing
Pulse: 64
BP: 84/78

**OTHER PATIENT INFORMATION:**

Responsive
Able to follow commands
Able to speak
Able to walk

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**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? _______
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   c. Were you examined on the scene more than once? □ Yes □ No
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   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?

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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”
SYMPTOMATATOLOGY TAG

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

VISIBLE SYMPTOMS:

Anxious child
Swollen eyes with tearing
Blurred vision
Cough

PHYSICAL FINDINGS:

Resp: 20 and shallow, audible wheezing
Pulse: 128
BP: 134/88

OTHER PATIENT INFORMATION:

Responsive
Able to follow commands
Speaking in short sentences
Able to walk but weak

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?

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   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?

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Thank you for your participation!