

EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

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

VISIBLE SYMPTOMS:

**Child not moving
Shrapnel protruding from right temple
Swollen eyes
Dead, gray and reddened skin areas on face and both arms**

PHYSICAL FINDINGS:

**Resp: 8 and shallow
No audible wheezing
Pulse: 60
BP: 72/56**

OTHER PATIENT INFORMATION:

**Unresponsive
Moaning
Moving extremities**

Trauma - 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 moving extremities
Shrapnel protruding from left
upper quadrant with red
inflamed area surrounding it**

PHYSICAL FINDINGS:

**Resp: 32 and shallow
Audible crackling and
wheezing
Pulse: 152
BP: 90/60**

OTHER PATIENT INFORMATION:

**Unresponsive
Unable to follow commands
Crying and moaning only**

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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1. 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:

**Child moving only one side of
body
Visible head injury on opposite
side
Dead, gray and reddened skin
in exposed areas**

PHYSICAL FINDINGS:

**Resp: 32 and erratic
Lungs clear
Pulse: 64
BP: 160/90**

OTHER PATIENT INFORMATION:

**Unresponsive
Unable to follow commands
Moaning only**

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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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:

**Young child with shrapnel protruding from right posterior chest area, bleeding profusely
Complaints of severe back pain
Burns on back of both hands, soot evident on lips
Raspy voice, trachea deviated and neck veins distended
Extremely pale and sweating**

PHYSICAL FINDINGS:

**Resp: 32, shallow obvious respiratory distress
Pulse: 160
BP: 82/62**

OTHER PATIENT INFORMATION:

**Aware; knows name and location only
Unable to walk**

Actor Exercise Assessment Form

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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)?
 Fire EMS Police Other _____
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Hospital (if applicable)

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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
Shrapnel on face and body
Dead, gray and reddened skin
areas on both arm
Both legs pinned**

PHYSICAL FINDINGS:

**Resp: 28 and shallow
Audible gurgling
Pulse: 134
BP: 92/64**

OTHER PATIENT INFORMATION:

**Unresponsive
Unable to follow commands
Moaning only**

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Field Assessment and Treatment:

- 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?

- Treatment:
 - 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? _____
- 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

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EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

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

VISIBLE SYMPTOMS:

**Child on ground, not moving
Large piece of shrapnel
protruding from right thigh
with red inflamed area
surrounding it
Dead, gray and reddened skin
areas on both arms**

PHYSICAL FINDINGS:

**Resp: 28; audible crackling
and wheezing
Pulse: 142
BP: 80/50**

OTHER PATIENT INFORMATION:

**Responsive
Follows commands
Oriented but anxious
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 _____
 - 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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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

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EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

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

VISIBLE SYMPTOMS:

**Child on ground, not moving
Large shrapnel piece
protruding from right lower
abdominal quadrant with red
inflamed area surrounding it
Glistening and reddened skin
areas on face and both arms**

PHYSICAL FINDINGS:

**Resp: 6 and shallow; no
audible breath sounds
Pulse: 160
BP: 70/56**

OTHER PATIENT INFORMATION:

**Unresponsive
Does not respond to verbal
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
 - 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)

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2. Once at the hospital, how long was it until someone examined you?
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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, not moving
Large piece of metal laying
across both lower extremities
Dark, blackened areas of
anterior abdomen
Bruise on right forehead**

PHYSICAL FINDINGS:

**Resp: 32 and shallow
Audible wheezing
Pulse: 144
BP: 74/58**

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:

- 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?

- Treatment:
 - 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?

- 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
Large shrapnel piece
protruding from right upper
arm with red inflamed area
surrounding it
Swollen eyes with scalp
bleeding
Dead, gray and reddened skin
areas on face**

PHYSICAL FINDINGS:

**Resp: 8 and shallow, audible
wheezing
Pulse: 136
BP: 124/86**

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? _____
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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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VISIBLE SYMPTOMS:

Child with major crush injuries to lower abdomen; minimal movement of upper extremities only

PHYSICAL FINDINGS:

**Resp: 10
Pulse: 40
BP: 70/40**

OTHER PATIENT INFORMATION:

Unresponsive, does not follow commands

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out 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 & 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. Who did you talk to, or whom were you assessed by (list all)?
 Fire EMS Police Other _____
- e. If you received a multi-colored 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? _____
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Apply another label here for additional exercise information -- Meal, Transportation, Check-Out, etc.