

**FRONT**

<b>Personal Property Receipt/Evidence Tag</b>  Destination _____ Via _____	Barcode Here	
<b>PERSONAL INFORMATION</b>		
Name:		
Gender/DOB/Age:		
Address:		
City, State, Zip:		
Phone		
COMMENTS:		

**VITAL SIGNS**

Time	B/P	Pulse	Respiration

**IV Solutions**

Time	IV Solution	Solution Rate	Added Drugs

**START Triage (for Adults)**

- |  |   |                  |                          |
|--|---|------------------|--------------------------|
| <input type="checkbox"/> Move the Walking Wounded  | ▶ | <b>MINOR</b>     | <input type="checkbox"/> |
| <input type="checkbox"/> No Respirations After Head Tilt                                   | ▶ | <b>EXPECTANT</b> | <input type="checkbox"/> |
| <input type="checkbox"/> Respiration > 30 per Min  | ▶ | <b>IMMEDIATE</b> | <input type="checkbox"/> |
| <input type="checkbox"/> Perfusion: Absent radial pulse<br>OR <2 sec capillary refill time | ▶ | <b>IMMEDIATE</b> | <input type="checkbox"/> |
| <input type="checkbox"/> Mental Status: Can't Follow<br>Simple Commands                    | ▶ | <b>IMMEDIATE</b> | <input type="checkbox"/> |
| <input type="checkbox"/> All Others  | ▶ | <b>DELAYED</b>   | <input type="checkbox"/> |

**BACK**

*Accident: (1) brief description (2) date/time (3) location*

**Radiation Exposure**

External	Radiation type(s)	Estimated exposure time	Dose Rate
Whole body			
Partial body			

**Prodromal symptoms of Acute Radiation Syndrome: Time/Date**

<input type="checkbox"/> Vomiting	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Nausea	<input type="checkbox"/> Headache	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Apathy	<input type="checkbox"/> Fever	

**Surface contamination: Identify Isotope(s):**

Body part	Contaminated area ± shrapnel	Initial count	Decontamination performed? Yes/No	F/u Count

Decontamination method and agent used:

**Localize Injuries/Contamination**

Head Injury  
 C-Spine  
 Burn  
 Trauma (Specify): \_\_\_\_\_  
 Fracture  
 Laceration  
 Penetrating Injury  
 Amputation

**Medical issues:**  
 Cardiac  
 Diabetic  
 Respiratory  
 OB .GYN  
 Other: \_\_\_\_\_

**Biodosimetry Samples Obtained**

	Date/Time	Sent Where	Comments
Nasal smears (R & L)			
CBC			
CBC with diff & PLT Count			
Bioassay samples			