

**A. HEALTHCARE FACILITY - ADMINISTRATIVE**

- A1. CDC FACILITY CODE [ ][ ][ ][ ][ ]
A2. FACILITY NAME: \_\_\_\_\_
A3. FACILITY PATIENT MEDICAL RECORD NUMBER: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**B. PATIENT INFORMATION**

- B1. DATE OF BIRTH: [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ][ ]
IF BIRTHDATE IS UNKNOWN, APPROXIMATE AGE IN YEARS: \_\_\_\_\_ (CHECK ONE)
B2. SEX ..... [ ] MALE [ ] FEMALE
B3. IDENTIFIED AS RESPONDER OR RESCUE WORKER ... [ ] YES [ ] NO
B4. IDENTIFIED AS SUSPECTED TERRORIST..... [ ] YES [ ] NO

**C. ARRIVAL STATUS**

- C1. MODE OF ARRIVAL AT FACILITY (CHECK ONE)
[ ] WALK IN / PERSONAL VEHICLE [ ] GROUND AMBULANCE
[ ] AIR/HELICOPTER [ ] POLICE / LAW ENFORCEMENT
[ ] UNKNOWN OTHER (TEXT): \_\_\_\_\_

**DATES & TIMES:**

- C2. ARRIVED AT TRIAGE: MONTH DAY YEAR MILITARY TIME
C3. SEEN BY INITIAL PROVIDER: MONTH DAY YEAR MILITARY TIME
C4. INITIAL PROVIDER WAS (CHECK ONE): [ ] PHYSICIAN [ ] NURSE PRACTITIONER
[ ] PHYSICIAN'S ASSISTANT [ ] OTHER: (TEXT) \_\_\_\_\_

**C5. TRIAGE LEVEL (CONDITION UPON ARRIVAL) (CHECK ONE)**

- [ ] EMERGENT (LIFE / LIMB THREATENING INJURY)
[ ] URGENT (REQUIRING TREATMENT WITHIN 2 HOURS)
[ ] NON-URGENT

**C6. ADMISSION SYSTOLIC BLOOD PRESSURE (CHECK ONE)**

- [ ] 90 MM HG OR MORE [ ] LESS THAN 90 MM HG

**D. INCIDENT CIRCUMSTANCES: GENERAL (CHECK ALL THAT APPLY)**

- D1. TYPE BOMBING: [ ] CONFINED SPACE (BUS, TRAIN, BUILDING) [ ] OPEN AIR
[ ] STRUCTURAL COLLAPSE
D2. DISPERSIVES: [ ] RADIOLOGICAL [ ] CHEMICAL [ ] BIOLOGICAL
[ ] NONE [ ] UNKNOWN

**E. INCIDENT CIRCUMSTANCES: PATIENT-SPECIFIC**

- E1. LOCATION / PROXIMITY OF PATIENT DURING INCIDENT (TEXT): \_\_\_\_\_
E2. EXPLAIN WHAT HAPPENED (TEXT): \_\_\_\_\_
E3. MECHANISM OF INJURY (CHECK ALL THAT APPLY)
[ ] CUT / PIERCED / STRUCK BY -> [ ] FRAGMENTS [ ] OTHER DEBRIS [ ] UNKNOWN
[ ] STRUCK FIXED OBJECT (PUSHED OR KNOCKED AGAINST OBJECT)
[ ] CRUSHED (CAUGHT BETWEEN TWO OBJECTS)
[ ] BURNED BY-> [ ] EXPLOSION [ ] SECONDARY FIRE [ ] CHEMICAL [ ] UNKNOWN
[ ] INHALED -> [ ] TOXIC GAS/FUMES [ ] PARTICULATE MATTER [ ] UNKNOWN
[ ] RADIATION EXPOSURE [ ] UNKNOWN
[ ] OTHER (TEXT): \_\_\_\_\_

**F. INJURIES: (CHECK ALL THAT APPLY)**

- [ ] EYE INJURY
[ ] TYMPANIC MEMBRANE RUPTURE
[ ] TRAUMATIC BRAIN INJURY / CONCUSSION
[ ] INHALATION INJURY
[ ] BLAST LUNG / PULMONARY CONTUSION
[ ] PNEUMOTHORAX / HEMOTHORAX
[ ] BLAST ABDOMEN / ACUTE ABDOMEN
[ ] TINNITUS / HEARING PROBLEMS
[ ] PSYCHOLOGICAL PROBLEMS POST-BOMBING
HN=HEAD / NECK UE=UPPER EXTREMITY
TA=THORAX / ABDOMEN LE=LOWER EXTREMITY
[ ] FRACTURE/DISLOCATION..> [ ] HN [ ] TA [ ] UE [ ] LE [ ] UNKNOWN
[ ] SPRAIN / STRAIN.....> [ ] HN [ ] TA [ ] UE [ ] LE [ ] UNKNOWN
[ ] ABRASION.....> [ ] HN [ ] TA [ ] UE [ ] LE [ ] UNKNOWN
[ ] CONTUSION.....> [ ] HN [ ] TA [ ] UE [ ] LE [ ] UNKNOWN
[ ] LACERATION / PENETRATING TRAUMA.....> [ ] HN [ ] TA [ ] UE [ ] LE [ ] UNKNOWN
[ ] CRUSH SYNDROME.....> [ ] HN [ ] TA [ ] UE [ ] LE [ ] UNKNOWN
[ ] AMPUTATION.....> [ ] HN [ ] TA [ ] UE [ ] LE [ ] UNKNOWN
[ ] BURN.....> [ ] HN [ ] TA [ ] UE [ ] LE [ ] UNKNOWN
[ ] UNKNOWN [ ] OTHER (TEXT): \_\_\_\_\_

**G. INITIAL DISPOSITION AND RESOURCES**

- G1. DISPOSITION (CHECK ALL THAT APPLY)
[ ] TREATED AND RELEASED
[ ] LEFT WITHOUT EVALUATION
[ ] LEFT AGAINST MEDICAL ADVICE
[ ] ADMITTED TO: [ ] OPERATING ROOM
[ ] INTENSIVE CARE UNIT
[ ] BURN UNIT
[ ] HOSPITAL FLOOR / INPATIENT WARD
[ ] UNKNOWN
[ ] OTHER (TEXT): \_\_\_\_\_
[ ] TRANSFERRED: EXPLAIN "WHERE / WHY" (TEXT): \_\_\_\_\_
DIED: [ ] DEAD ON ARRIVAL [ ] IN EMERGENCY DEPARTMENT
[ ] AFTER ADMISSION [ ] UNKNOWN
[ ] OTHER (TEXT): \_\_\_\_\_
G2. MEDICAL RESOURCES: (CHECK ALL THAT APPLY)
[ ] BLOOD PRODUCTS
[ ] ENDOTRACHEAL INTUBATION
[ ] IMAGING STUDIES: [ ] X-RAY [ ] CT [ ] ULTRASOUND
[ ] OTHER (TEXT): \_\_\_\_\_
G3. SPECIALISTS: (CHECK ALL THAT APPLY)
[ ] GENERAL / TRAUMA SURGEON [ ] THORACIC SURGEON
[ ] NEUROSURGEON [ ] ORTHOPEDIC SURGEON
[ ] ENT SURGEON [ ] UROLOGIST
[ ] UNKNOWN
[ ] OTHER (TEXT): \_\_\_\_\_

