



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: __Y__

Age: **7Y/O (20KG)** Sex: _____

VISIBLE SYMPTOMS:

Possible R arm Fracture
Ambulatory
Cannot find his parents

PHYSICAL FINDINGS:

Resp – 24
Pulse – Cap Refill >3 sec
Mental Status – Follows commands

Secondary Triage
Resp – 20
Pulse – 100 Cap Refill
Mental Status – Follows commands

OTHER PATIENT INFORMATION:

Was home alone during event.
Hit by falling objects

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 by whom were you assessed (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? _____

2. Once at the hospital, how long 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!

Thank you for your participation



SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: G

Age: **13Y/O 52KG** Sex: _____

VISIBLE SYMPTOMS:

Debris in eyes from building that collapsed.

PHYSICAL FINDINGS:

**Resp – 24
Pulse – Cap Refill <3 sec
Mental Status – Follows commands**

Secondary Triage
Resp – 28
Pulse 88
B/P 112/88

OTHER PATIENT INFORMATION:

Ambulatory with assistants

Unable to see clearly due to eye injury

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
 - b. How long did it take response personnel to contact you? _____
 - c. 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? _____

2. Once at the hospital, how long 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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SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: __R__

Age: **9Y/O (31kg)** Sex: _____

VISIBLE SYMPTOMS:

Large laceration to upper left leg from broken window glass

Uncontrolled Bleeding

PHYSICAL FINDINGS:

Resp – 34
Pulse – Cap Refill >3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 30
Pulse: 136
BP: 100/74

OTHER PATIENT INFORMATION:

Bleeding is controlled if tourniquet is applied

Actor Exercise Assessment Form

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - c. How long did it take response personnel to contact you? _____
 - d. How long did it take response personnel to begin decontaminating you? _____
 - e. 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?

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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?

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Hospital (if applicable)

1. Which hospital did you go to? _____
2. Once at the hospital, how long 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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SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: R

Age: **4Y/O (17kg)** Sex: _____

VISIBLE SYMPTOMS:

Tender abdomen with bruising

PHYSICAL FINDINGS:

**Resp – 12 labor
Pulse – Cap Refill >3 sec
Mental Status – Does not respond to stimuli**

Secondary Triage
Resp: 10Labor
Pulse: 170
BP: 70/0

OTHER PATIENT INFORMATION:

Non Ambulatory

Had six (6) foot book case fall on them.

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - d. How long did it take response personnel to contact you? _____
 - e. 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
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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?

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Hospital (if applicable)

1. Which hospital did you go to? _____
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EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: Y

Age: **2Y/O (13kg)** Sex: _____

VISIBLE SYMPTOMS:

Deformity Left wrist.

PHYSICAL FINDINGS:

**Resp – 32
Pulse – Cap Refill <3 sec
Mental Status – Follows commands**

Secondary Triage
Resp: 24
Pulse: 88
BP: 100/60

OTHER PATIENT INFORMATION:

Struck by falling debris

Crying and Non-ambulatory

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - e. How long did it take response personnel to contact you? _____
 - f. 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
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 - b. If conscious, were you given clear instructions? Yes No
 - c. What treatment was given?

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Hospital (if applicable)

1. Which hospital did you go to? _____

2. Once at the hospital, how long 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 PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: ___ R ___

Age: 10Y/O (36KG) Sex: _____

VISIBLE SYMPTOMS:

Deep Laceration Right arm
Perfuse bleeding from wound

PHYSICAL FINDINGS:

Resp – 32
Pulse – Cap Refill >3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 32
Pulse: 110
BP: 96/60

OTHER PATIENT INFORMATION:

Injury appears severe
Patient becoming lethargic

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - f. How long did it take response personnel to contact you? _____
 - g. 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
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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 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 PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: ___ R ___

Age: 16Y/O Sex: _____

VISIBLE SYMPTOMS:

Unconscious
Bleeding from back of head

PHYSICAL FINDINGS:

Resp – 12
Pulse – Cap Refill >3 sec
Mental Status – Does not Follows commands

Secondary Triage
Resp: 10
Pulse: 60
BP: 154/98

OTHER PATIENT INFORMATION:

Was found under debris from collapsed building

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - g. How long did it take response personnel to contact you? _____
 - h. 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? _____
2. Once at the hospital, how long 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 PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: ___ Y ___

Age: 12Y/O Sex: _____

VISIBLE SYMPTOMS:

Respiratory distress due to dust from collapsed building

PHYSICAL FINDINGS:

**Resp – 20
Pulse – Cap Refill <3 sec
Mental Status – Follows commands**

Secondary Triage
**Resp: 24
Pulse: 122
BP: 100/80**

OTHER PATIENT INFORMATION:

History of Reactive Airway

Actor Exercise Assessment Form

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - h. How long did it take response personnel to contact you? _____
 - i. 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? _____
2. Once at the hospital, how long 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 PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: ___ Y ___

Age: 13Y/O Sex: _____

VISIBLE SYMPTOMS:

Neck and Back Pain due to Car Accident
On LSB with C-Collar

PHYSICAL FINDINGS:

Resp – 20
Pulse – Cap Refill <3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 24
Pulse: 122
BP: 100/80

OTHER PATIENT INFORMATION:

Actor Exercise Assessment Form

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - i. How long did it take response personnel to contact you? _____
 - j. 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
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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 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 PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: ___ Y ___

Age: 12Y/O Sex: _____

VISIBLE SYMPTOMS:

Respiratory distress due to dust from collapsed building

PHYSICAL FINDINGS:

**Resp – 20
Pulse – Cap Refill <3 sec
Mental Status – Follows commands**

Secondary Triage
**Resp: 24
Pulse: 122
BP: 100/80**

OTHER PATIENT INFORMATION:

History of Reactive Airway

Actor Exercise Assessment Form

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - j. How long did it take response personnel to contact you? _____
 - k. 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
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 - c. What treatment was given?

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Hospital (if applicable)

1. Which hospital did you go to? _____

2. Once at the hospital, how long 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 PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: ___ Y ___

Age: 8Y/O Sex: _____

VISIBLE SYMPTOMS:

**Lacerations to Face and Arms from windows breaking
No major bleeding**

PHYSICAL FINDINGS:

**Resp – 26
Pulse – Cap Refill <3 sec
Mental Status – Follows commands**

Secondary Triage
**Resp: 20
Pulse: 122
BP: 100/80**

OTHER PATIENT INFORMATION:

Actor Exercise Assessment Form

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - k. How long did it take response personnel to contact you? _____
 - l. 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
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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 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 PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: ___ Y ___

Age: 14Y/O Sex: _____

VISIBLE SYMPTOMS:

Burns to Left arm from House Fire due to broken gas line

PHYSICAL FINDINGS:

**Resp – 28
Pulse – Cap Refill <3 sec
Mental Status –Follows commands**

Secondary Triage
**Resp: 24
Pulse: 118
BP: 120/80**

OTHER PATIENT INFORMATION:

Actor Exercise Assessment Form

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - l. How long did it take response personnel to contact you? _____
 - m. 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? _____

2. Once at the hospital, how long 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 PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: ___ Y ___

Age: 6 Y/O Sex: _____

VISIBLE SYMPTOMS:

Respiratory distress due to smoke inhalation from house fire due to broken gas line

PHYSICAL FINDINGS:

**Resp – 28
Pulse – Cap Refill <3 sec
Mental Status – Follows commands**

Secondary Triage
**Resp: 28
Pulse: 130
BP: 90/86**

OTHER PATIENT INFORMATION:

Cough with soot around nose and mouth

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - m. How long did it take response personnel to contact you? _____
 - n. 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 _____
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 - c. What treatment was given?

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Hospital (if applicable)

1. Which hospital did you go to? _____
2. Once at the hospital, how long 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 PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: ___ Y ___

Age: 12Y/O Sex: _____

VISIBLE SYMPTOMS:

Hit in chest by falling debris. Bruising to right side of chest. Possible Fx ribs

PHYSICAL FINDINGS:

**Resp – 12
Pulse – Cap Refill <3 sec
Mental Status – Follows commands**

Secondary Triage
**Resp: 10
Pulse: 90
BP: 90/68**

OTHER PATIENT INFORMATION:

Trouble breathing due to pain.

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1. Initial Contact & Triage
 - n. How long did it take response personnel to contact you? _____
 - o. 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 _____
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Hospital (if applicable)

1. Which hospital did you go to? _____

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EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: ___ G ___

Age: 15Y/O Sex: _____

VISIBLE SYMPTOMS:

Hurting all over due to being knock down by ground shaking

PHYSICAL FINDINGS:

**Resp – 20
Pulse – Cap Refill <3 sec
Mental Status –Follows commands**

Secondary Triage
**Resp: 24
Pulse: 122
BP: 100/80**

OTHER PATIENT INFORMATION:

Actor Exercise Assessment Form

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - o. How long did it take response personnel to contact you? _____
 - p. 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
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2. Treatment:
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 - b. If conscious, were you given clear instructions? Yes No
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Hospital (if applicable)

1. Which hospital did you go to? _____
2. Once at the hospital, how long 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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