



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 48 Sex: _____

VISIBLE SYMPTOMS:

Possible R arm Fracture
Flail segment on R side
Difficulty breathing

PHYSICAL FINDINGS:

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

Secondary Triage
Resp – 10
Pulse – 124 Cap Refill >3 sec
Mental Status – decrease LOC

OTHER PATIENT INFORMATION:

NON AMBULATORY DUE TO PAIN and Difficulty Breathing

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



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 28 Sex: _____

VISIBLE SYMPTOMS:

Minor abrasions to upper extremities from falling debris

Very upset.

PHYSICAL FINDINGS:

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

Secondary Triage
Resp – 20
Pulse 78
B/P 122/76

OTHER PATIENT INFORMATION:

Ambulatory,
No pertinent History.

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

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 #: _____

Age: 35 Sex: _____

VISIBLE SYMPTOMS:

Minor abrasions to face
Debris in eyes

PHYSICAL FINDINGS:

Resp – 18
Pulse – Cap Refill <3 sec
Mental Status – Follows commands
Secondary Triage
Resp – 28
Pulse 88
B/P 136/88

OTHER PATIENT INFORMATION:

Ambulatory with assistants
Unable to see clearly due to eye injury

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?

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 #: _____

Age: **19** Sex: _____

VISIBLE SYMPTOMS:

No apparent injury
Very upset

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 24
Pulse: 100
BP: 112/70

OTHER PATIENT INFORMATION:

Upset, requests to be seen by physician.

Ambulatory

Actor Exercise Assessment Form

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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
 - 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 #: _____

Age: **29** Sex: _____

VISIBLE SYMPTOMS:

Small laceration to left leg
Bleeding Controlled

PHYSICAL FINDINGS:

Resp – 22
Pulse – Cap Refill <3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 22
Pulse: 80
BP: 124/74

OTHER PATIENT INFORMATION:

Ambulatory

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
 - 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
 - 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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EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 32 Sex: _____

VISIBLE SYMPTOMS:

Open Fracture Right Hand
Headache
Tender abdomen with bruising

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 30 Labor
Pulse: 110
BP: 90/60

OTHER PATIENT INFORMATION:

Non-Ambulatory
Hit by falling debris

Actor Exercise Assessment Form

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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
 - 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 #: _____

Age: 62 Sex: _____

VISIBLE SYMPTOMS:

Vomiting
Lethargic

PHYSICAL FINDINGS:

Resp – 16
Pulse – Cap Refill >3 sec
Mental Status – Does not follow commands

Secondary Triage
Resp: 16
Pulse: 60
BP: 158/98

OTHER PATIENT INFORMATION:

No apparent injury

Actor Exercise Assessment Form

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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 #: _____

Age: 44 Sex: _____

VISIBLE SYMPTOMS:

Lethargic
Appears dazed
No apparent injury
Unable to walk without

PHYSICAL FINDINGS:

Resp – 18 labor
Pulse – Cap Refill <3 sec
Mental Status – slow to follow commands

Secondary Triage
Resp: 18
Pulse: 86
BP: 130/88
Does not follow commands now

OTHER PATIENT INFORMATION:

Medical Alert Bracelet
Diabetic
Very weak

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 #: _____

Age: 36 Sex: _____

VISIBLE SYMPTOMS:

Deformity Left wrist.

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 24
Pulse: 80
BP: 110/80

OTHER PATIENT INFORMATION:

Struck by debris

Ambulatory

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
 - 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 #: _____

Age: 53 Sex: _____

VISIBLE SYMPTOMS:

Pain in L shoulder.

PHYSICAL FINDINGS:

Resp – 14
Pulse – Cap Refill <3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 14
Pulse: 90
BP: 120/78

OTHER PATIENT INFORMATION:

Fell trying to exit house

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
- 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 #: _____

Age: 29 Sex: _____

VISIBLE SYMPTOMS:

Abrasions to both knees
Bruising and swelling to
Right upper leg
Unable to walk

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 18
Pulse: 80
BP: 130/80

OTHER PATIENT INFORMATION

Knocked down stair during event

Unable to walk

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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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 #: _____

Age: 41 Sex: _____

VISIBLE SYMPTOMS:

L and R eye injury from flying debris
Unable to see

PHYSICAL FINDINGS:

Resp – 22
Pulse – Cap Refill <3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 18
Pulse: 80
BP: 110/70

OTHER PATIENT INFORMATION:

Unable to see due to eye injury
Unable to walk without assistance

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
 - 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 #: 4R

Age: _____ Sex: _____

VISIBLE SYMPTOMS:

Bleeding from nose
Bleeding from both ears
C/O headache. Vomiting

PHYSICAL FINDINGS:

Resp – 14
Pulse – Cap Refill >3 sec
Mental Status – unable to follow commands

Secondary Triage
Resp: 14
Pulse: 70
BP: 120/82

OTHER PATIENT INFORMATION:

Hit by debris in head and Right side

Decreased breath sounds R side.

Actor Exercise Assessment Form

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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 _____
 - 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 #: _____

Age: 37 Sex: _____

VISIBLE SYMPTOMS:

Depressed skull fracture
Brain matter from fracture site and ear
Not breathing.
If airway opened remains apnea

PHYSICAL FINDINGS:

Resp – 0
Pulse – Cap Refill none
Mental Status
Unresponsive

Secondary Triage
unchanged

OTHER PATIENT INFORMATION:

Hit in head by collapsed roof

Actor Exercise Assessment Form

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Field Assessment and Treatment:

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 _____
 - 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:
 - 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 #: _____

Age: **65** Sex: _____

VISIBLE SYMPTOMS:

Bilateral tib/fib fx.

PHYSICAL FINDINGS:

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

Secondary Triage
**Resp: 20
Pulse: 100
BP: 130/70**

OTHER PATIENT INFORMATION:

**Large object landed on lower extremities
Unable to walk**

Actor Exercise Assessment Form

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Field Assessment and Treatment:

1. Initial Contact & Triage
 - a. 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
 - 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 #: _____

Age: **48** Sex: _____

VISIBLE SYMPTOMS:

Lac to L side of head, minor bleeding.

PHYSICAL FINDINGS:

**Resp – 22 crying
Pulse – Cap Refill <3 sec
Mental Status – Follows commands**

Secondary Triage
**Resp: 18
Pulse: 108
BP: 140/82**

OTHER PATIENT INFORMATION:

Upset over inability to find missing child.

Actor Exercise Assessment Form

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Field Assessment and Treatment:

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

**DO NOT LOSE THIS CARD!!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 36 Sex: _____

VISIBLE SYMPTOMS:

Right ankle swelling
Bleeding from lower right leg
Limited Movement
Hopping on one foot

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 28
Pulse: 84
BP: 110/70

OTHER PATIENT INFORMATION:

Refuses tx until others treated.

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
 - q. How long did it take response personnel to contact you? _____
 - r. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 27 Sex: _____

VISIBLE SYMPTOMS:

Very quiet
Will not answer questions
Will not move

PHYSICAL FINDINGS:

Resp – 14
Pulse – Cap Refill <3 sec
Mental Status – Does not answer

Secondary Triage
Resp: 16
Pulse: 88
BP: 124/82

OTHER PATIENT INFORMATION:

Sitting with knees to chest
Stares at ground
No apparent 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
 - r. How long did it take response personnel to contact you? _____
 - s. 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?

DO NOT LOSE THIS CARD!!
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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 41 Sex: _____

VISIBLE SYMPTOMS:

Impaled object to Right leg
Perfuse bleeding from wound

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 26
Pulse: 110
BP: 90/68

OTHER PATIENT INFORMATION:

Injury appears severe
Patient becoming very Pale

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
 - s. How long did it take response personnel to contact you? _____
 - t. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 35 Sex: _____

VISIBLE SYMPTOMS:

Uncontrolled bleeding from nose
Significant blood loss
Bruising under eyes
Unable to talk due to pain in jaw

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 26
Pulse: 128
BP: 74/50
Unresponsive

OTHER PATIENT INFORMATION:

Struck by debris in face.

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
 - t. How long did it take response personnel to contact you? _____
 - u. 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?

DO NOT LOSE THIS CARD!!
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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 39 Sex: _____

VISIBLE SYMPTOMS:

Bleeding and bruising to abdomen
Lac to mid-abdomen with intestine coming out

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 28
Pulse: 100
BP: 100/44

OTHER PATIENT INFORMATION:

Hit in Abdomen by falling glass and debris

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
 - u. How long did it take response personnel to contact you? _____
 - v. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 22 Sex: _____

VISIBLE SYMPTOMS:

Abdomen contusion
Unable to walk due to abdomen

PHYSICAL FINDINGS:

Resp – 16
Pulse – Cap Refill <3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 16
Pulse: 90
BP: 132/72

OTHER PATIENT INFORMATION:

Was pinned under debris by wooden beam

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
 - v. How long did it take response personnel to contact you? _____
 - w. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: **47** Sex: _____

VISIBLE SYMPTOMS:

Lower back pain
Non-Ambulatory

PHYSICAL FINDINGS:

Resp – 22
Pulse – Cap Refill <3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 12
Pulse: 116
BP: 126/90

OTHER PATIENT INFORMATION:

Fell down stairs
Pain lower back

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
 - w. How long did it take response personnel to contact you? _____
 - x. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: **50** Sex: _____

VISIBLE SYMPTOMS:

Glass and debris in both eyes
Nosebleed
Unable to walk without assistance due to eye injury

PHYSICAL FINDINGS:

Resp – 16
Pulse – Cap Refill <3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 12
Pulse: 100
BP: 124/88

OTHER PATIENT INFORMATION:

Struck by debris
Needs assistance to walk 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
 - x. How long did it take response personnel to contact you? _____
 - y. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 33 Sex: _____

VISIBLE SYMPTOMS:

Deep laceration to Right side of face
Avulsion Right Ear

PHYSICAL FINDINGS:

Resp – 30
Pulse – Cap Refill >3 sec
Mental Status – Slow to Follows commands

Secondary Triage
Resp: 12
Pulse: 116
BP: 126/80

OTHER PATIENT INFORMATION:

Bleeding uncontrolled
Ear almost severed.

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
 - y. How long did it take response personnel to contact you? _____
 - z. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 24 Sex: _____

VISIBLE SYMPTOMS:

Very nervous and upset crying

PHYSICAL FINDINGS:

Resp – 16
Pulse – Cap Refill <3 sec
Mental Status – Follows commands
Secondary Triage

Resp: 16
Pulse: 126
BP: 136/94

OTHER PATIENT INFORMATION:

No obvious 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
 - z. How long did it take response personnel to contact you? _____
 - aa. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 35 Sex: _____

VISIBLE SYMPTOMS:

Impaled object in upper R quadrant of abdomen

Unresponsive

PHYSICAL FINDINGS:

Resp – 12
Pulse – Cap Refill <3 sec
Mental Status – Unresponsive

Secondary Triage
Resp: 10
Pulse: 132
BP: 86/60
Unresponsive

OTHER PATIENT INFORMATION:

Object appears to be 1' section of handrail. Diminished breath sounds on affected side.

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
 - aa. How long did it take response personnel to contact you? _____
 - bb. 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?

**DO NOT LOSE THIS CARD!!
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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 42 Sex: _____

VISIBLE SYMPTOMS:

Bilateral Femur fracture
Open fracture on L side

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 24
Pulse: 116
BP: 126/90

OTHER PATIENT INFORMATION:

Non-Ambulatory

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
 - bb. How long did it take response personnel to contact you? _____
 - cc. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 43 Sex: _____

VISIBLE SYMPTOMS:

Abrasions to forehead and nose
Large contusion across chest
Short of Breath
Unable to walk due to SOB

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 26
Pulse: 98
BP: 126/116

OTHER PATIENT INFORMATION:

Fell face-first down concrete stairs at work.

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
 - cc. How long did it take response personnel to contact you? _____
 - dd. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: _____ Sex: _____

VISIBLE SYMPTOMS:

Smoke inhalation from house fire

PHYSICAL FINDINGS:

**Resp – 16
Pulse – Cap Refill <3 sec
Mental Status – Follows commands**

Secondary Triage
**Resp: 14
Pulse: 70
BP: 120/84**

OTHER PATIENT INFORMATION:

Airway clear

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
 - dd. How long did it take response personnel to contact you? _____
 - ee. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: 1

Age: 44 Sex: _____

VISIBLE SYMPTOMS:

Possible L ankle fracture
Swelling with bruising to Left ankle
Unable to walk

PHYSICAL FINDINGS:

Resp – 14
Pulse – Cap Refill <3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 14
Pulse: 70
BP: 126/78

OTHER PATIENT INFORMATION:

Stepped on debris
Heard ankle “pop”
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 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
 - ee. How long did it take response personnel to contact you? _____
 - ff. 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?

DO NOT LOSE THIS CARD!!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: **58** Sex: _____

VISIBLE SYMPTOMS:

Large laceration to right side of head
Unresponsive

PHYSICAL FINDINGS:

Resp – 10
Pulse – Cap Refill <3 sec
Mental Status – Unresponsive

Secondary Triage
Resp: 10
Pulse: 60
BP: 132/104

OTHER PATIENT INFORMATION:

Unresponsive
Hit in head by debris

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
 - ff. How long did it take response personnel to contact you? _____
 - gg. 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?

DO NOT LOSE THIS CARD!!
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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 29 Sex: _____

VISIBLE SYMPTOMS:

Laceration to Left chest
Bleeding controlled
Flail segment L side.
Unable to walk due to difficulty Breathing

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 34
Pulse: 90
BP: 140/96

OTHER PATIENT INFORMATION:

After Secondary Triage
Tracheal deviation

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
 - gg. How long did it take response personnel to contact you? _____
 - hh. 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?

DO NOT LOSE THIS CARD!!
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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: **70** Sex: _____

VISIBLE SYMPTOMS:

**Abrasion to scalp,
"raccoon eyes,"
unconscious.**

PHYSICAL FINDINGS:

**Resp – 10
Pulse – Cap Refill <3 sec
Mental Status – Unconscious**

Secondary Triage
Resp: 12
Pulse: 54
BP: 148/110

OTHER PATIENT INFORMATION:

**Fell face-first down
concrete stairs. Struck
head on concrete step.**

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
 - hh. How long did it take response personnel to contact you? _____
 - ii. 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?

**DO NOT LOSE THIS CARD!!
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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: **36** Sex: _____

VISIBLE SYMPTOMS:

Obvious deformity to T- 4
Unknown MOI
Back pain.

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 14
Pulse: 60
BP: 116/66

OTHER PATIENT INFORMATION:

Non-Ambulatory
No Deficits

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
 - ii. How long did it take response personnel to contact you? _____
 - jj. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: 1

Age: 62 Sex: _____

VISIBLE SYMPTOMS:

Severe pain in L hip
Non-Ambulatory

PHYSICAL FINDINGS:

Resp – 18
Pulse – Cap Refill <3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 12
Pulse: 74
BP: 126/72

OTHER PATIENT INFORMATION:

Car accident due to event

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
 - jj. How long did it take response personnel to contact you? _____
 - kk. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 30 Sex: _____

VISIBLE SYMPTOMS:

R arm fracture
R leg Fracture
Hit by falling debris

PHYSICAL FINDINGS:

Resp – 16
Pulse – Cap Refill <3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 16
Pulse: 80
BP: 128/86

OTHER PATIENT INFORMATION:

Upset
12 wks pregnant w/first child

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
 - kk. How long did it take response personnel to contact you? _____
 - ll. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: **60** Sex: _____

VISIBLE SYMPTOMS:

None
Apnea when airway opened

PHYSICAL FINDINGS:

Resp – 0
Pulse – 0
Mental Status – Unresponsive

Secondary Triage
Resp: 0
Pulse: 0
BP: 0

OTHER PATIENT INFORMATION:

Brought to Hospital by family

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
 - ll. How long did it take response personnel to contact you? _____
 - mm. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 32 Sex: _____

VISIBLE SYMPTOMS:

Left Knee Pain
Swelling
Ambulatory

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 16
Pulse: 88
BP: 118/74

OTHER PATIENT INFORMATION:

Twisted knee during event

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
 - mm. How long did it take response personnel to contact you? _____
 - nn. 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?

DO NOT LOSE THIS CARD!!
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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: **64** Sex: _____

VISIBLE SYMPTOMS:

4" laceration to forehead

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 12
Pulse: 84
BP: 120/76
Able to answer questions now

OTHER PATIENT INFORMATION:

**Struck by falling light
No LOC
Bleeding difficult to stop, but not severe
Takes warfarin.**

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
 - nn. How long did it take response personnel to contact you? _____
 - oo. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 55 Sex: _____

VISIBLE SYMPTOMS:

Deep 6" laceration to R thigh
Non Ambulatory

PHYSICAL FINDINGS:

Resp – 16
Pulse – Cap Refill <3 sec
Mental Status – Follows commands

Secondary Triage
Resp: 16
Pulse: 86
BP: 122/76

OTHER PATIENT INFORMATION:

Bleeding controlled but appears to have unknown object in wound

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
 - oo. How long did it take response personnel to contact you? _____
 - pp. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 26 Sex: _____

VISIBLE SYMPTOMS:

32 weeks pregnant
Stressed and upset
No injury

PHYSICAL FINDINGS:

Resp – 18
Pulse – Cap Refill <3 sec
Mental Status – Follows commands
Secondary Triage
Resp: 20
Pulse: 104
BP: 122/74

OTHER PATIENT INFORMATION:

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
 - pp. How long did it take response personnel to contact you? _____
 - qq. 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?

DO NOT LOSE THIS CARD!!
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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 45 Sex: _____

VISIBLE SYMPTOMS:

Facial laceration
Fracture both forearms

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 28
Pulse: 100
BP: 124/42

OTHER PATIENT INFORMATION:

Hit by debris in face and arms

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
 - qq. How long did it take response personnel to contact you? _____
 - rr. 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?

DO NOT LOSE THIS CARD!!
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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 46 Sex: _____

VISIBLE SYMPTOMS:

Femur FX

PHYSICAL FINDINGS:

**Resp – 22
Pulse – Cap Refill <3 sec
Mental Status – Follows commands**

Secondary Triage
Resp: 22
Pulse: 100
BP: 100/52

OTHER PATIENT INFORMATION:

Struck by debris while seated

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
 - rr. How long did it take response personnel to contact you? _____
 - ss. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 31 Sex: _____

VISIBLE SYMPTOMS:

Impaled object through L hand
No bleeding

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 28
Pulse: 156
BP: 130/92

OTHER PATIENT INFORMATION:

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
 - ss. How long did it take response personnel to contact you? _____
 - tt. 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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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 20 Sex: _____

VISIBLE SYMPTOMS:

Crushing injury to chest
Not breathing when air opened

PHYSICAL FINDINGS:

Resp: 0
Pulse: 0
BP: 0

OTHER PATIENT INFORMATION:

Found under debris and brought to Hospital by car

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
 - tt. How long did it take response personnel to contact you? _____
 - uu. 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?

DO NOT LOSE THIS CARD!!
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Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 74 Sex: _____

VISIBLE SYMPTOMS:

**Apparent hip dislocation
R foot turned outward
severe pain when moved**

PHYSICAL FINDINGS:

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

Secondary Triage
Resp: 28
Pulse: 156
BP: 130/92

OTHER PATIENT INFORMATION:

Unable to move R leg

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
 - uu. How long did it take response personnel to contact you? _____
 - vv. 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?

**DO NOT LOSE THIS CARD!!
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

Thank you for your participation



EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: 34 Sex: _____

VISIBLE SYMPTOMS:

Severe facial trauma multiple laceration with severe bleeding

Airway complications

Glass shard in jaw.

PHYSICAL FINDINGS:

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

Secondary Triage

Resp: 38
Pulse: 136
BP: 110/70

OTHER PATIENT INFORMATION:

Appears to have been stuck by flying glass

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
 - vv. How long did it take response personnel to contact you? _____
 - ww. 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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EXERCISE PATIENT SYMPTOMOLOGY TAG

Date of Exercise: _____ Casualty #: _____

Age: **39** Sex: _____

VISIBLE SYMPTOMS:

Burns to left and right legs due to house fire

8% left leg
11 % right leg

PHYSICAL FINDINGS:

Resp: 26
Pulse: 112
BP: 134/74

OTHER PATIENT INFORMATION:

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
 - ww. How long did it take response personnel to contact you? _____
 - xx. 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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Hospital (if applicable)

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

Date of Exercise: _____ Casualty #: _____

Age: 39 Sex: _____

VISIBLE SYMPTOMS:

Burns to left arm from house fire

3%

PHYSICAL FINDINGS:

Resp: 26
Pulse: 112
BP: 134/74

OTHER PATIENT INFORMATION:

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
 - xx. How long did it take response personnel to contact you? _____
 - yy. 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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Thank you for your participation