



# Triage Tag

Patient Number \_\_\_\_\_

Walking wounded and all others who are not immediate or dead

**DELAYED**

(Shock) Cap Refill > 2 sec or breaths >30/min or can't follow simple commands

**IMMEDIATE**

Check Airway twice. Not breathing = DEAD. NO CPR is performed in triage

**DEAD**

Chief Complaint: \_\_\_\_\_

Time	Pulse	Resp.	B/P	Temp

### Head To Toe Assessment

Patient History:

Level Of Consciousness:  Oriented     Disoriented     Unconscious

Skin Color/Temp \_\_\_\_\_ Cap Refill \_\_\_\_\_ seconds

Bumps/Bruises/Cuts? Where? \_\_\_\_\_

Bleeding? Where? \_\_\_\_\_

Pain or Pressure? Where? \_\_\_\_\_

Fluid in Ears or Nose? \_\_\_\_\_

Numbness or Tingling? Where? \_\_\_\_\_

Swelling or Disfigurement? Where? \_\_\_\_\_

Raccoon Eyes or Battle Signs? \_\_\_\_\_

Dizziness, Nausea or Vomiting? \_\_\_\_\_

Additional Info: \_\_\_\_\_

### HOSPITAL DESTINATION:

Tear Away All Others BELOW the CORRECT Category—Leave the CORRECT Category

**DEAD**

**IMMEDIATE**

**DELAYED**



# Triage Tag

Part II

### Patient Information

Age: \_\_\_\_\_ Weight: \_\_\_\_\_  Male  Female

Patient Name: \_\_\_\_\_

Guardian (If Minor): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Closest Relative: \_\_\_\_\_

Allergies: \_\_\_\_\_

### Treatment Given

(All Immediate's should be placed into the Shock Position)

Bleeding Control     Bandaging     Stabilize Impaled Object

Fracture/Sprain/Strain    Where? \_\_\_\_\_    Type of Splint? \_\_\_\_\_

Supine Position (on back)    Feet Elevated 6 to 10 inches

Spinal Precautions    How? \_\_\_\_\_

Additional Notes: \_\_\_\_\_

### Signs & Symptoms of Shock (can have one or more symptoms)

Respirations greater than 30 per minute; rapid and shallow

Skin is cold/pale; Capillary refill greater than 2 seconds

Altered Level of Consciousness; does not follow simple commands

Unconscious or Comatose

Tear Away All Others BELOW the CORRECT Category—Leave the CORRECT Category

**DEAD**

**IMMEDIATE**

**DELAYED**