

EVAC: CRITICAL URGENT ROUTINE HANDLER

K9 NAME:

DATE:

TIME:

GENDER: M/F (S/N/U)

AGE:

WEIGHT:

ALLERGIES:

HANDLER:

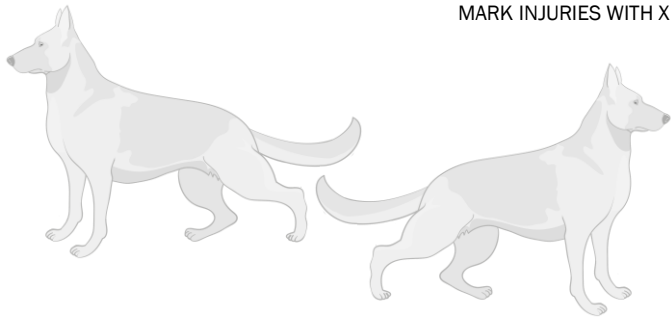
AGENCY:

MECHANISM OF INJURY: (CHECK ALL THAT APPLY)

 EXPLOSION GSW FALL VEHICLE PENETRATING

 BLUNT BURN HEAT OTHER: (HEAD/LACERATION/ETC)

MARK INJURIES WITH X



THIS 4x6 CARD ~ 1.5% BODY SURFACE AREA OF 65lb DOG

TIME				
RESPONSIVENESS				
MUCOUS MEMBRANE				
CAP REFILL TIME				
PULSE/HEART RATE				
RESP RATE				
RESP QUALITY				
PULSE OX				
PAIN SCALE (1-10)				
TEMPERATURE				

TREATMENT: (CHECK ALL THAT APPLY)

DRESSING: HEMOSTATIC PRESSURE OTHER:_____

TURNIQUET: EXTREMITY

AIRWAY: INTACT CRIC ET-TUBE XXT FBO

BREATHING: O2 CHEST SEAL (V/unV) NEEDLE-D CHEST TUBE

CIRCULATION:	NAME	VOLUME	ROUTE	TIME
FLUID / BLOOD				

MEDICATIONS	NAME	DOSE	ROUTE	TIME
ANALGESIC				
ANTIBIOTIC				
OTHER				

OTHER TX:
NOTES:
FIRST RESPONDER:
TEL: