

EXPANDED MEDICAL PREPAREDNESS APPENDIX C

SUPPLEMENTAL FORMS

Level I & Level II



County of Marin
Department of Health & Human Services
Division of Health Services
Emergency Medical Services Program
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First Aid Station (FAS) Action Plan

FOR OPERATIONAL PERIOD:

FROM: *Date*
Time

TO: *Date*
Time

PREPARED:

Date
Time

GENERAL OBJECTIVES

OBJECTIVES should be stated in measurable terms to allow for evaluation of progress, such as incomplete, XX%, complete. Each TASK assigned to Sections should address a specific OBJECTIVE.

WEATHER FORECAST FOR OPERATIONAL PERIOD

SAFETY MESSAGE

MANAGEMENT SECTION:

OPERATIONS SECTION:

PLANNING SECTION:

LOGISTICS SECTION:

FINANCE SECTION:

PREPARED BY (Planning Chief):

Approved by (FAS Director):

Patient Care Record

PATIENT INFORMATION	Location											Date		
	Triage Classification											Time		
	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Black- Date/Time Pronounced _____													
	Name (Last, First, MI)					Sex		Age		Date of Birth				
	Mailing Address					City		State		Zip		Weight		
ASSESSMENT	History				Medications (Include dosage)				Allergies					
	Narrative													
TREATMENT	(Check Mark Indicates Within Normal Limits)													
	<input type="checkbox"/> NEURO			<input type="checkbox"/> LUNGS			<input type="checkbox"/> HEAD/FACE			<input type="checkbox"/> ABDOMEN				
	<input type="checkbox"/> PUPILS			<input type="checkbox"/> BACK			<input type="checkbox"/> NECK			<input type="checkbox"/> PELVIS				
	<input type="checkbox"/> CHEST			<input type="checkbox"/> EXTREMS										
	Time	Position	B/P	Pulse	Resp	Skin			SaO2	Eyes	Verb.	Motor	GCS	
	DISPOSITION	Date											Treatment Provider Name	
Time											Treatment Provider Signature			
Transport Type: <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other _____											Other			
Destination														
<input type="checkbox"/> Treat & Released <input type="checkbox"/> Transferred														
TRANSPORT											PERSONNEL			

