



# RIVERSIDE COUNTY EMS AGENCY MULTICASUALTY EVENT TRIAGE RECORD



DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 INCIDENT NUMBER: \_\_\_\_\_ NAME OF BASE HOSPITAL: \_\_\_\_\_  
 TYPE OF INCIDENT: \_\_\_\_\_ LOCATION OF INCIDENT: \_\_\_\_\_  
 ESTIMATED NUMBER OF VICTIMS: \_\_\_\_\_ NUMBER OF AMBULANCES ON SCENE: \_\_\_\_\_  
 CLOSEST HOSPITAL: \_\_\_\_\_ E.T.A.: \_\_\_\_\_  
 CLOSEST TRAUMA CENTER: \_\_\_\_\_ E.T.A.: \_\_\_\_\_

TRIAGE TAG NUMBER: \_\_\_\_\_ Times  
 PATIENT #1 AGE: \_\_\_\_\_ SEX M F TRIAGE CATEGORY: [ ] Immediate at \_\_\_\_\_  
 INJURIES COMPLAINTS: \_\_\_\_\_ [ ] Delayed at \_\_\_\_\_  
 \_\_\_\_\_ [ ] Minor at \_\_\_\_\_

BLOOD PRESSURE: \_\_\_\_\_ RESPIRATIONS: \_\_\_\_\_ TRAUMA SCORE: \_\_\_\_\_

A. SYSTOLIC BLOOD PRESSURE	B. RESP. RATE	C. RESP. EFFORT	D. CAPILLARY REFILL	1. EYE OPENING	2. VERBAL RESPONSE	3. MOTOR RESPONSE	4. G.C.S. POINTS	PUPILS
90 = [4] 70-90 = [3] 50-69 = [2] 50 = [1] 0 = [0]	10-24 = [4] 25-35 = [3] >35 = [2] <10 = [1] 0 = [0]	Normal = [1] Shallow or Retractive = [0]	Normal = [2] Delayed = [1] None = [0]	Spontaneous = [4] To Voice = [3] To Pain = [2] None = [1]	Oriented = [5] Confused = [4] Inappropriate = [3] Incomprehensible = [2] None = [1]	Obedient = [6] Purposeful = [5] Withdrawal = [4] Flexion = [3] Extension = [2] None = [1]	(1+2+3) 14-15 = [5] 11-13 = [4] 8-10 = [3] 5-7 = [2] 3-4 = [1]	<input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Responsive <input type="checkbox"/> Sluggish <input type="checkbox"/> Fixed <input type="checkbox"/> Dilated <input type="checkbox"/> Pinpoint

TREATMENT ORDERS: \_\_\_\_\_

TRANSPORTED TO: \_\_\_\_\_ BY: \_\_\_\_\_ TIME: \_\_\_\_\_

TRIAGE TAG NUMBER: \_\_\_\_\_ Times  
 PATIENT #2 AGE: \_\_\_\_\_ SEX M F TRIAGE CATEGORY: [ ] Immediate at \_\_\_\_\_  
 INJURIES COMPLAINTS: \_\_\_\_\_ [ ] Delayed at \_\_\_\_\_  
 \_\_\_\_\_ [ ] Minor at \_\_\_\_\_

BLOOD PRESSURE: \_\_\_\_\_ RESPIRATIONS: \_\_\_\_\_ TRAUMA SCORE: \_\_\_\_\_

A. SYSTOLIC BLOOD PRESSURE	B. RESP. RATE	C. RESP. EFFORT	D. CAPILLARY REFILL	1. EYE OPENING	2. VERBAL RESPONSE	3. MOTOR RESPONSE	4. G.C.S. POINTS	PUPILS
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TREATMENT ORDERS: \_\_\_\_\_

TRANSPORTED TO: \_\_\_\_\_ BY: \_\_\_\_\_ TIME: \_\_\_\_\_

TRIAGE TAG NUMBER: \_\_\_\_\_ Times  
 PATIENT #3 AGE: \_\_\_\_\_ SEX M F TRIAGE CATEGORY: [ ] Immediate at \_\_\_\_\_  
 INJURIES COMPLAINTS: \_\_\_\_\_ [ ] Delayed at \_\_\_\_\_  
 \_\_\_\_\_ [ ] Minor at \_\_\_\_\_

BLOOD PRESSURE: \_\_\_\_\_ RESPIRATIONS: \_\_\_\_\_ TRAUMA SCORE: \_\_\_\_\_

A. SYSTOLIC BLOOD PRESSURE	B. RESP. RATE	C. RESP. EFFORT	D. CAPILLARY REFILL	1. EYE OPENING	2. VERBAL RESPONSE	3. MOTOR RESPONSE	4. G.C.S. POINTS	PUPILS
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TREATMENT ORDERS: \_\_\_\_\_

TRANSPORTED TO: \_\_\_\_\_ BY: \_\_\_\_\_ TIME: \_\_\_\_\_