



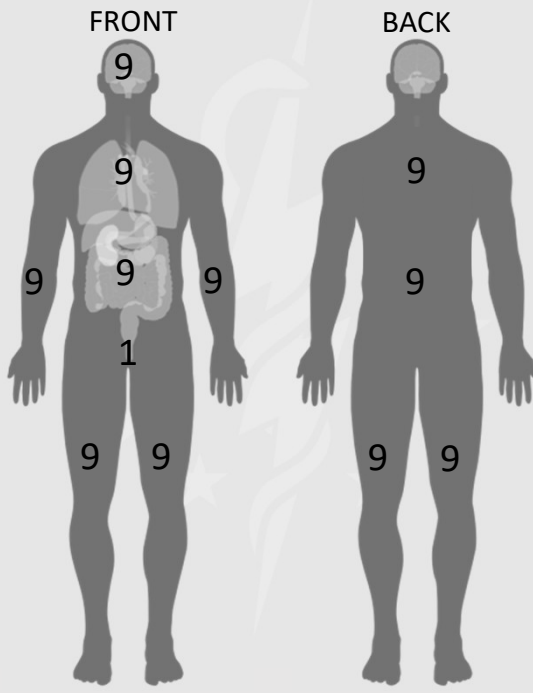
CASUALTY CARD

(Version1: 2023)

A AGE F/M NAME / ID

T TIME, DATE **M** MECHANISM

I INJURIES **T** TREATMENT



TQ R Arm TIME

TQ L Arm TIME

TQ R Leg TIME

TQ L Leg TIME

OTHER

Combat Pill Pack

Mylar Blanket

Active Warming

Eye Shields

Splint

BLEEDING

Extremity TQ

AAJT

Wound Packing

Hemostatic agent

Bandage

AIRWAY

Positioning

NPA / OPA

SGA

Surgical CRIC

ET-Tube

RESPIRATION

O2

Chest Seal

Needle-D

Thoracostomy

Chest Tube

Ventilation

CIRCULATION

Clear Fluids

Blood Products

IV access

IO access

Pelvic Binder

T1 **T2** **T3** **T4** **T5** | **CBRN**

S	SIGNS	NAME / ID									
	Time										
	160										
	140										
	120										
	100										
	80										
	60										
	40										
	20										
	RR										
	AVPU										
	Pain										
	Temp										
	Medication, Dose										
	Medication, Dose										
	Medication, Dose										
	Medication, Dose										
	Medication, Dose										
	Medication, Dose										

Notes

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