CANINE TREATMENT AND RESUSCITATION RECORD

Part I, Animal Technician/Nursing Flow Sheet

Date _____

1. PATIENT/CANINE INFORMATION

1.1 TRAUMA TEAM DATA

Service	Time Called	Time Arrived	Name
ED Physician			
Veterinarian			
Trauma Surgeon			
Radiology			
Pharmacy			
Lab/Blood Bank			
Respiratory Therapy			
Anesthesiology			
Consult (Germany)			

1.2 ARRIVAL

Date _____
Time of Arrival _____
Time of Injury _____
Date of Injury _____
Transit Time minutes _____

1.3 EVAC FROM

☐ 1st Responder
☐ Forward Resuscitative Care
☐ Theater Hospital
Location _____

1.4 MODE OF ARRIVAL

☐ Walked/Carried ☐ CCATT
☐ CASEVAC - Air ☐ Ship EVAC
☐ CASEVAC - Ground ☐ AE
☐ MEDEVAC - Air ☐ Other
Mission # _____
☐ MEDEVAC - Ground
Mission # _____

1.5 INJURY TYPE

☐ Blunt
☐ Burn
☐ Penetrating
☐ Medical (Non-trauma)

1.6 INJURY CLASSIFICATION

☐ Battle
☐ Non-Battle
☐ Unknown

1.7 TRIAGE CATEGORY

☐ Immediate ☐ Delayed ☐ Minimal ☐ Expectant

1.8 SAFETY

☐ Muzzle Applied
☐ Handler Present
☐ Sedated

1.9 PATIENT CATEGORY

☐ USA MWD ☐ USAF MWD
☐ USN MWD ☐ USCG MWD
☐ NATO - Coalition MWD ☐ USMC MWD
☐ Non-NATO - Coalition MWD ☐ Contractor MWD
☐ Other MWD

1.10 PPE

☐ Body Armor
☐ Doggles/Eye Protection
☐ Ear Protection
☐ Other _____

1.11 INJURY CAUSE

☐ Building Collapse ☐ IED ☐ MVC
☐ Bullet/GSW ☐ Inhalation Injury ☐ UXO
☐ Fire/Flame (Burn) ☐ Mine ☐ Heat/Sun
☐ CBRNE ☐ Mortar/Rocket ☐ Medical
☐ Fall ☐ Artillery Shell ☐ Other _____

2. CARE DONE PRIOR TO ARRIVAL

2.1 PREHOSPITAL TOURNIQUET

Front Extremities:

Type:
☐ CAT ☐ SOFTT
☐ Other _____
Time On _____ Off _____
☐ L How many? ☐ 1 ☐ 2 ☐ 3 ☐ 4
Effective? ☐ Y ☐ N
☐ R How many? ☐ 1 ☐ 2 ☐ 3 ☐ 4
Effective? ☐ Y ☐ N

Rear Extremities:

Type:
☐ CAT ☐ SOFTT
☐ Other _____
Time On _____ Off _____
☐ L How many? ☐ 1 ☐ 2 ☐ 3 ☐ 4
Effective? ☐ Y ☐ N
☐ R How many? ☐ 1 ☐ 2 ☐ 3 ☐ 4
Effective? ☐ Y ☐ N

2.2 PREHOSPITAL VITALS

Sedation Level:
☐ Alert
☐ Sedated
☐ Lethargic
☐ Unconscious
P _____
RR _____
BP ____ / ____
SpO_2 _____
T _____ ☐ F ☐ C CRT _____

2.3 HEMORRHAGE CONTROL

☐ Celox ☐ Field Dressing
☐ ChitoFlex ☐ QuikClot
☐ Combat Gauze ☐ None
☐ Direct Pressure ☐ Unknown
☐ Other _____

2.4 PREHOSPITAL WARMING

☐ Blanket
☐ Body Bag
☐ HPMK
☐ Space Blanket
☐ Other

2.5 PREHOSPITAL MEDS

2.6 PREHOSPITAL INTERVENTIONS

Intubated ☐ Y ☐ N IO Infusions ☐ Y ☐ N IV Fluids ☐ Y ☐ N
Tracheostomy ☐ Y ☐ N E-Collar ☐ Y ☐ N Pain Scale (0 - 4) _____
Needle ☐ Y ☐ N CPR ☐ Y ☐ N
Decompression ☐ Y ☐ N

3. PRIMARY ASSESSMENT

3.1 VITALS

P _____
RR _____
BP ____ / ____
SpO_2 _____
Pain Scale (0 - 4) _____

3.2 NEURO/MENTAL STATUS

☐ Hyperactive ☐ Disoriented
☐ Alert ☐ Stupor
☐ Sedated ☐ Comatose
☐ Depressed

MGCS
L of C _____
Motor _____
Brainstem _____
TOTAL _____

3.3 HYPO / HYPERTHERMIA CONTROL MEASURES

Arrival Temp _____ ☐ F ☐ C
Time _____ Date _____
Route ☐ Aural ☐ Rectal

Temperature Control Procedure:
☐ Bair Hugger ☐ Warming Blanket
☐ Warmed Fluids ☐ Cooling Blanket
☐ Water ☐ IV Fluids
☐ Other _____

3.4 AIRWAY

☐ Patent ☐ BVM (Ambu)
☐ Panting ☐ Intubated
☐ Stridor ☐ Other _____
☐ Obstructed _____
☐ OPA

3.5 BREATHING

☐ Unlabored
☐ Labored
☐ Panting
☐ Abdominal Component
☐ Absent

Breath Sounds:
Clear ☐ L ☐ R
Rales ☐ L ☐ R
Wheeze ☐ L ☐ R
Absent ☐ L ☐ R

Chest Symmetry:
☐ Equal
☐ L > R
☐ R > L
Flail: ☐ L ☐ R

Trachea:
☐ Midline
☐ Deviated

PATIENT IDENTIFICATION

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3. PRIMARY ASSESSMENT (CONT.)

3.6 NOTES

_____

_____

_____

3.7 CIRCULATION

Mucus Membrane: ☐ Hot ☐ Warm ☐ Cool; ☐ Pink ☐ Pale; ☐ Moist ☐ Dry; ☐ Cyanotic ☐ Brick Red

Heart Sounds: ☐ Clear ☐ Muffled

CRT: ☐ < 2 s ☐ ≥ 2 s

4. SECONDARY SURVEY

4.1 HEAD / NECK ENT

Drainage:

☐ Nasal (Color) _____

☐ Ear (Color) _____

Dental Injury ☐ Y ☐ N

JVD ☐ Y ☐ N

Reactive Pupils

Right: ☐ Y ☐ N ☐ Brisk ☐ Sluggish ☐ NR

Left: ☐ Y ☐ N ☐ Brisk ☐ Sluggish ☐ NR

4.2 HEART

Rhythm

☐ NSR ☐ PEA ☐ Tachy ☐ Brady ☐ V-fib ☐ V-tach ☐ Asystole ☐ Normal Sinus Arrhythmia ☐ Other _____

Pulses

S = Strong **W** = Weak **D** = Doppler **A** = Absent

Femoral ___ L ___ R

Dorsal Metatarsal ___ L ___ R

4.3 ABDOMINAL

☐ Open Wound ☐ Flat ☐ Distended ☐ Rigid ☐ Bruising ☐ Soft ☐ Pain

FAST ☐ + / ☐ -

Site ☐ DH ☐ CC ☐ SR ☐ HR

4.4 EXTREMITIES

	Deformities	Pulses Present	Motor	Sensory
LF	☐	_____	☐ Y ☐ N	☐ Y ☐ N
RF	☐	_____	☐ Y ☐ N	☐ Y ☐ N
LR	☐	_____	☐ Y ☐ N	☐ Y ☐ N
RR	☐	_____	☐ Y ☐ N	☐ Y ☐ N

Pulses Present: indicate S=Strong W=Weak D=Doppler A=Absent

4.5 ALLERGIES

☐ Unknown ☐ NKDA

Other _____

4.6 CURRENT MEDICATIONS

☐ Unknown ☐ None ☐ Current Meds: (List med, dose, & route)

4.7 MEDICAL HISTORY

_____

4.8 PROCEDURES

Procedure	Time	Size/Type	Site	Performed By	Results/Notes
O2 Therapy ___ Lpm ___ %	On _____ Off _____	☐ Low Flow Blow By ☐ High Flow Blow By	☐ OPA ☐ Nasal Cannula ☐ BVM/(Ambu)	_____	_____
ET Intubation	Time _____	Trach Tube _____ mm	☐ Oral ☐ Tracheostomy	_____	☐ $ETCO_2$ Change ☐ BBS Post Intubation
Chest Tube #1	Time _____	_____	☐ L ☐ R	_____	☐ Air Blood (ml) _____
Chest Tube #2	Time _____	_____	☐ L ☐ R	_____	☐ Air Blood (ml) _____
Needle Decompression	Time _____	_____	☐ L ☐ R	_____	☐ Air Blood (ml) _____
Tourniquet	Time _____	Types _____	☐ LF ☐ RF ☐ LR ☐ RR	_____	
Urinary	Time _____	Amount _____ Color _____ Foley Size _____		_____	
Other Procedure	Time _____	Describe _____			
Other Procedure	Time _____	Describe _____			
Other Procedure	Time _____	Describe _____			

Hemorrhage Control: ☐ Celox ☐ Combat Gauze ☐ Field Dressing ☐ QuikClot ☐ ChitoFlex ☐ Direct Pressure ☐ HemCon ☐ None ☐ Unknown ☐ Other _____

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Part I, Animal Technician/Nursing Flow Sheet

Date _____

4. SECONDARY SURVEY (CONT.)

4.9 VENT SETTINGS

Time: _____
Mode: _____
FiO2: _____
Rate: _____
PEEP: _____
TV: _____
Notes: _____

4.10 INTRAVENOUS/INTRAOSSEOUS ACCESS AND FLUIDS/BLOOD PRODUCTS

Start Time	Rate	Type		Gauge	Site	IVF Type	Amount Up	Amount In	Stop Time	Initials
		☐ IV	☐ IO							
		☐ IV	☐ IO							
		☐ IV	☐ IO							
		☐ IV	☐ IO							
		☐ IV	☐ IO							

4.11 MEDICATIONS

Start Time	Drug	Dose	Site	Route	Stop Time	Initials

4.12 LABS

Time	Test	Time	Test
	CBC		INR
	Chem7		Lactate
	Chem12		U/A
	H&H		☐ Other, specify:
	ABG/Serial _____		
	VBG		
	PT/PTT		

4.13 CT

Type	Time
☐ Head	
☐ Spine	
☐ Chest	
☐ Abd/Pelvis	
☐ Pan Scan	

4.14 X-RAY

Type	Time
☐ Head	
☐ Spine	
☐ Chest	
☐ Abd/Pelvis	
☐ Pan Scan	

☐ Extremity
☐ LF
☐ RF
☐ LR
☐ RR
Time

4.15 Pending Studies

4.16 Results

4.17 VITAL SIGNS

Time	BP	P	RR	Temp	SpO_2	Other (ICP)	Initials

4.18 DISPOSITION

Date: _____ Time: _____ Handler Present: ☐ Y ☐ N

RTD ☐ Full ☐ Light Work ☐ No Work for _____ Days

Admit ☐ OR ☐ ICU ☐ ICW ☐ Vet Clinic

Evac to ☐ VTF Role 2 ☐ VTF Role 3
☐ VMCE Facility Name: _____

Evac Priority ☐ Routine ☐ Priority ☐ Urgent

Evac Mode ☐ Ambulatory ☐ Gurney/Litter ☐ Crate/Kennel

Evac Transport Vehicle

MEDEVAC: ☐ Rotary Wing ☐ Fixed Wing ☐ CCATT

Ground: ☐ Ambulance ☐ Non-Medical

4.19 NOTES

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CANINE TREATMENT AND RESUSCITATION RECORD

Part II, Veterinarian/Physician

Date _____

1. HISTORY & PHYSICAL - INJURY DESCRIPTION

1.1 ARRIVAL

Date _____

Time of Arrival _____

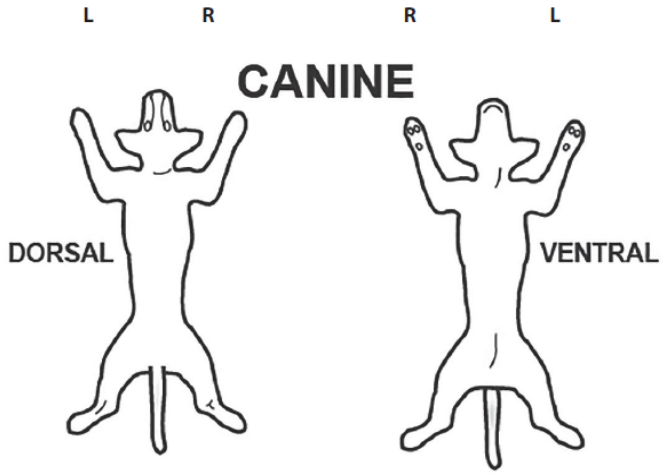
1.2 TRIAGE CATEGORY

- ☐ Immediate
- ☐ Delayed
- ☐ Minimal
- ☐ Expectant

1.3 CHIEF COMPLAINT, HISTORY AND PRESENTING ILLNESS

1.4 INJURY DESCRIPTION

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn %TBSA_____
(C)repitus
(D)eformity
(DG) Degloving
(E)cchymosis
(FX) Fracture
(F)oreign Body
(GSW) Gun Shot Wound
(H)ematoma
(I)llness (not trauma)
(LAC)eration
(PW) Puncture Wound
(SW) Stab Wound
(P)ain
(PP) Peppering



Pulses Present

S= Strong **W**= Weak **D**= Doppler **A**=Absent _____

1.5 HISTORY AND PHYSICAL

Head & Neck :

1.6 PRE / INITIAL PROCEDURES / DIAGNOSTICS

Pre/Initial		Pre/Initial			
☐ ☐	Trach	☐ ☐	Cantholysis & Canthotomy	☐ L	☐ R
☐ ☐	ICP Monitor	☐ ☐	Tympanic Membranes	Rupture ☐ L	☐ R
☐ ☐	Eye Injury	☐ L	☐ R	Blood ☐ L	☐ R
☐	Fluorescein	☐ - /	☐ +		

Chest:

Needle Decompression ☐ R ☐ L

Output ☐ Air ☐ Blood (ml) _____ ☐ Pericardiocentesis

Pericardial FAST ☐ - / ☐ +

Describe _____

Thoracic FAST ☐ - / ☐ +

Site ☐ L CTS ☐ R CTS

Abdomen/Back and Spine:

DPL ☐ Gross Blood: ☐ - / ☐ + Describe _____

Serial AFAST ☐ - / ☐ + Site ☐ DH ☐ CC ☐ SR ☐ HR

Pelvis: ☐ Stable ☐ Unstable

Rectal Exam ☐ WNL ☐ Weak/Absent Tone Gross Blood: ☐ - / ☐ +

Front Extremities:

☐ Closed Reduction ☐ EXT Fixation ☐ Splint ☐ Wound Washout

☐ Tourniquet ☐ L # _____ ☐ R # _____

Rear Extremities:

☐ Closed Reduction ☐ EXT Fixation ☐ Splint ☐ Wound Washout

☐ Tourniquet ☐ L # _____ ☐ R # _____

Interventions Prior to Arrival:

☐ Sedated ☐ Hypertonic Saline ☐ Mannitol ☐ Seizure Protocol

☐ Central Line Loc _____ Site _____

☐ IO/IV Loc _____ Site _____

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CANINE TREATMENT AND RESUSCITATION RECORD

Part II, Veterinarian/Physician

Date _____

1. HISTORY & PHYSICAL - INJURY DESCRIPTION (CONT.)

1.7 PUPILS / VISION

Brisk ☐ L ☐ R Sluggish ☐ L ☐ R NR ☐ L ☐ R Hand Motion ☐ L ☐ R

Light Perception ☐ L ☐ R No Light Perception ☐ L ☐ R

Aniscoria ☐ L > R ☐ R > L

1.8 BURN Cause

☐ Super ☐ Deep PT %TBSA

☐ Super PT ☐ Full

1.9 EXTREMITIES

	Motor	Sensory	ROM
LF	+ ___ / - ___	+ ___ / - ___	+ ___ / - ___
RF	+ ___ / - ___	+ ___ / - ___	+ ___ / - ___
LR	+ ___ / - ___	+ ___ / - ___	+ ___ / - ___
RR	+ ___ / - ___	+ ___ / - ___	+ ___ / - ___

2. LABORATORY RESULTS

2.1 CBC

WBC, RBC, HGB, HCT, PLT

2.2 CHEMISTRY 7/12

Na, K, Cl, Ca, CO_2, Gluc, BUN, Crea, Albumin, TBili, TProtein, ALT, AST, ALP, Lactate

2.3 COAG

PT, PTT, INR

2.4 BLOOD TYPE

2.5 VBG/ABG

VBG		ABG
	pH	
	PaO_2	
	$PaCO_2$	
	HCO_3	
	SaO_2	

2.6 URINALYSIS

SpGr, pH, LEU, PRO, GLU, KET, UBG, BIL, HGB

2.7 OTHER LABS

3. X-RAYS and CT

3.1 CT OBTAINED

☐ Head
☐ Spine
☐ Chest
☐ Abd/Pelvis
☐ Pan Scan

* Select Pan Scan only if all of the above requested

3.2 X-RAYS OBTAINED

☐ Head
☐ Spine
☐ Chest
☐ Abd/Pelvis
☐ Extremity
☐ LF
☐ RF
☐ LR
☐ RR

Other _____
Other _____
Other _____

3.3 Foreign Body

☐ Projectile ☐ Shrapnel ☐ Debris
☐ Incendiary Device ☐ Bones
☐ Other: _____

3.4 PENDING STUDIES

3.5 RESULTS (include TEG/Rotem results)

4. IMPRESSION/ASSESSMENT

4.1 Severity

☐ Critical
☐ Severe
☐ Moderate
☐ Mild

4.2 Impression/Assessment Comments

5. DIAGNOSES

1. _____ 7. _____
2. _____ 8. _____
3. _____ 9. _____
4. _____ 10. _____
5. _____ 11. _____
6. _____ 12. _____

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Part II, Veterinarian/Physician

Date _____

6. PLAN

6.1 PLAN

7. DNBI / NBI CATEGORY

☐ Injury, MVC ☐ Surgical ☐ Other _____

☐ Injury, Work/Training ☐ Disease ☐ Describe _____

8. CAUSE OF DEATH

8.1 ANATOMIC

☐ Airway ☐ Neck ☐ Abdomen

☐ Head ☐ Chest ☐ Pelvis

☐ Extremity ☐ LF ☐ RF ☐ LR ☐ RR

☐ Other, Specify _____

8.2 PHYSIOLOGIC

☐ MOF ☐ Sepsis ☐ CNS ☐ Hemorrhage ☐ Breathing

☐ Heart Failure ☐ Total Body Disruption

☐ Other, Specify _____

8.3 DEATH INFORMATION

Date of Death _____ Time of Death _____ Mortuary Affairs Notified? ☐ N/A ☐ Y ☐ N

Euthanized ☐ Y ☐ N Method _____

Gross Necropsy by DVM ☐ Y ☐ N Necropsy Date _____ Necropsy Time _____

Time between death and necropsy _____ Gross Pathology Report: ☐ Y ☐ N ☐ Unknown

Samples Shipped to JPC ☐ Y ☐ N ☐ N/A ☐ Unknown

Death Remarks _____

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