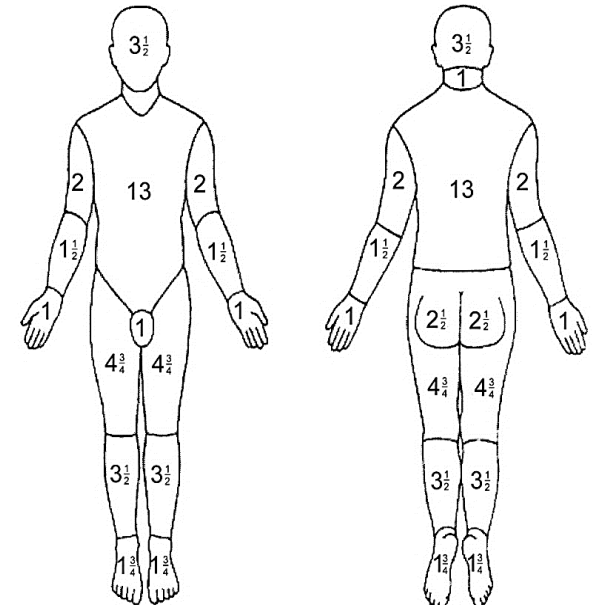


PROLONGED FIELD CARE FLOWSHEET PAGE 2

Name:	Date:	Time:	Blood type:	EVAC Category:	
S:				MOI	
A:				Injuries / illness / problems	Treatment plan
M:				1	
P:				2	
L:				3	
E:				4	
	5				
	6				
TQ 1 time on:	TQ 2 time on:	TQ 3 time on:	TQ 4 time on:	TXA Dose 1 on:	
TQ 1 Converted:	TQ 2 Converted:	TQ 3 Converted:	TQ 4 Converted:	TXA Dose 2 on:	
Notes:			Telemedicine Call Script		
			This is _____, an _____ (Job Position) I have a patient with _____ who I think has _____ and I need _____ Chief		
			Complaint _____ Brief _____ History _____ Vitals HR _____ RR _____ BP _____ Temp _____ Pulse Ox _____ UOP _____ AVPU _____ Exam Findings _____ _____		
			Recommendations _____ _____ _____		
			Fluids/Meds _____ Interventions _____ Red Flags _____		