## Part I, Animal Technician/Nursing Flow Sheet PATIENT/CANINE INFORMATION 1.1 TRAUMA TEAM DATA 1.3 EVAC FROM 1.2 ARRIVAL 1.4 MODE OF ARRIVAL <u>Time</u> <u>Time</u> Date 1st Responder CCATT ■ Walked/Carried <u>Service</u> <u>Called</u> **Arrived** Forward Resuscitative Care Time of Arrival ☐ Ship EVAC CASEVAC - Air ED Physician Time of Injury CASEVAC - Ground AE Veterinarian Theater Hospital MEDEVAC - Air Date of Injury Other Trauma Surgeon Location Transit Time minutes Mission # \_\_ Radiology 1.5 INJURY TYPE 1.6 INJURY Pharmacy CLASSIFICATION Mission # \_\_\_\_ Blunt Lab/Blood Bank Battle Burn 1.7 TRIAGE CATEGORY Respiratory Therapy ■ Non-Battle Penetrating ☐ Immediate ☐ Delayed ☐ Minimal ☐ Expectant Anesthesiology Unknown Medical (Non-trauma) Consult (Germany) 1.11 INJURY CAUSE 1.8 SAFETY **1.9 PATIENT CATEGORY** 1.10 PPE ☐ Building Collapse ☐ CBRNE Agent ☐ USAF MWD ☐ USA MWD Muzzle Applied Body Armor Inhalation Injury MVC Bullet/GSW ☐ Handler Present USN MWD USCG MWD Doggles/Eye Protection Fire/Flame (Burn) Mine ☐ UXO NATO -Sedated ☐ USMC MWD ☐ Heat/Sun Ear Protection ☐ IED Coalition MWD Contractor MWD ☐ Fall Non-NATO -Artillery Shell Medical Other Coalition MWD Other \_\_\_\_ Other MWD 2. CARE DONE PRIOR TO ARRIVAL 2.1 PREHOSPITAL TOURNIQUET **2.2 PREHOSPITAL VITALS** 2.3 HEMORRHAGE CONTROL 2.4 PREHOSPITAL Sedation Level: **WARMING** Front Extremities: Rear Extremities: Celox Field Dressing Alert Blanket Type: Type: ChitoFlex QuikClot Body Bag Sedated CAT SOFTT ☐ CAT ☐ SOFTT ☐ HPMK Combat Gauze None Other \_\_\_\_ Off \_\_\_ Other Time On Off Lethargic Space Blanket ☐ Direct Pressure ☐ Unknown $SpO_2$ Unconscious Other □ L How □ 1 □ 3 □ L How □ 1 □ 3 many? □ 2 □ 4 Other \_\_\_\_F \_\_C CRT 2.5 PREHOSPITAL MEDS **2.6 PREHOSPITAL INTERVENTIONS** Effective? $\square$ Y $\square$ N Effective? $\square$ Y $\square$ N □ R How □ 1 □ 3 □ R How □ 1 □ 3 many? □ 2 □ 4 Tracheostomy Y N E-Collar Y N Pain Scale (0 - 10) Decompression Y N CPR Y N Effective? Y N Effective? Y N CBRNE Decon Y N 3. PRIMARY ASSESSMENT 3.1 VITALS 3.3 HYPO / HYPERTHERMIA CONTROL MEASURES 3.2 NEURO/MENTAL STATUS ☐ Hyperactive ☐ Disoriented MGCS Arrival Temp F C <u>Temperature Control Procedure:</u> ☐ Bair Hugger ☐ Warming Blanket Alert Stupor L of C Time \_\_\_\_\_ Date \_\_\_\_ ☐ Warmed Fluids ☐ Cooling Blanket Comatose Motor Sedated Route: Aural ☐ Water ☐ IV Fluids Depressed SpO<sub>2</sub> \_\_\_\_\_ Brainstem Rectal Other \_\_\_ TOTAL Pain Scale (0 - 10) 3.4 AIRWAY 3.5 BREATHING **Breath Sounds:** Chest Symmetry: Trachea: Patent BVM (Ambu) Unlabored $\square$ L $\square$ R Equal Midline Intubated Panting Labored $\square$ L > R Deviated Stridor Panting Other (specify): Wheeze L R □ R > L Obstructed Abdominal Component Absent L R Flail: L R □ OPA Absent Gender N PATIENT ID Name \_\_\_ Weight\_\_\_\_ Microchip # Handler Name Deployed/Assigned Unit Tattoo # **Facility Location** Vet/Tech/HCP Name

CANINE TREATMENT AND RESUSCITATION

## Part I, Animal Technician/Nursing Flow Sheet 3. PRIMARY ASSESSMENT (CONT.) 3.6 NOTES 3.7 CIRCULATION Mucus Membrane Heart Sounds CRT Clear ☐ Warm ☐ Cool <2s Hot $\square$ Muffled $\square \ge 2 s$ Pale Pink ☐ Moist Dry Cyanotic Brick Red 4. SECONDARY SURVEY 4.3 ABDOMINAL **4.2 HEART 4.4 EXTREMITIES** 4.1 HEAD / NECK ENT <u>Deformities</u> <u>Pulses Present</u> **Rhythm** Motor <u>Sensory</u> Open Wound Drainage: $\square$ Y $\square$ N $\square$ Y $\square$ N ☐ NSR ☐ PEA ☐ LF Flat Nasal (Color) $\square$ Y $\square$ N $\square$ Y $\square$ N RF ☐ Tachy ☐ Brady Distended Ear (Color) $\square$ Y $\square$ N $\square$ Y $\square$ N LR V-tach Rigid $\square$ Y $\square$ N $\square$ Y $\square$ N RR Dental Injury Y N Asystole Bruising Pulses Present: indicate S=Strong W=Weak D=Doppler A=Absent Normal Sinus Arrhythmia Soft JVD $\square$ Y $\square$ N **4.5 ALLERGIES 4.6 CURRENT MEDICATIONS** Pain Other ☐ Unknown ☐ None Unknown **Reactive Pupils** <u>FAST</u> \_ + / \_ -**Pulses** □ NKDA □ Other Current Meds: (List med, dose, & route) Left: Right: **S** = Strong **W** = Weak Site DH $\square$ Y $\square$ N $\square$ Y $\square$ N **D** = Doppler **A** = Absent Brisk Brisk Femoral ☐ SR Sluggish Sluggish Dorsal Metatarsal ☐ NR □ NR HR 4.7 MEDICAL HISTORY 4.8 PROCEDURES Results/Notes **Procedure** <u>Time</u> Size/Type <u>Site</u> Performed By OPA O<sub>2</sub> Therapy On Lpm Low Flow Blow By ■ Nasal Cannula High Flow Blow By % BVM/(Ambu) ☐ ETCO<sub>2</sub> Change Oral ET Intubation Time Trach Tube \_\_\_\_\_ mm Tracheostomy BBS Post Intubation Air Blood (ml) □ L □ R Chest Tube #1 Time $\square$ L $\square$ R Chest Tube #2 Air Blood (ml) Time $\square$ L $\square$ R Air Blood (ml) Needle Decompression ! ☐ LF ☐ RF Types\_ Tourniquet │ □ LR □ RR Urinary Amount Color Foley Size Other Procedure Describe Time Other Procedure Time Describe Other Procedure Time Describe Combat Gauze Field Dressing QuikClot ChitoFlex Direct Pressure HemCon Celox Hemorrhage Control Unknown None Other Gender N \_ □F □M <sup>Breed</sup> \_ PATIENT ID Name Deployed/Assigned Unit Handler Name Microchip # Tattoo # Facility Name **Facility Location** Vet/Tech/HCP Name

CANINE TREATMENT AND RESUSCITATION RECORD

## Part I, Animal Technician/Nursing Flow Sheet 4. SECONDARY SURVEY, continued 4.9 VENT SETTINGS 4.10 INTRAVENOUS/INTRAOSSEOUS ACCESS AND FLUIDS/BLOOD PRODUCTS Time <u>Type</u> Gauge Site IVF Type Amount Up Amount In Stop Time Initials Start Time Rate Mode: FiO2: □ IV □ IO Rate: ☐ IV ☐ IO PEEP: ☐ IV ☐ IO TV: ☐ IV ☐ IO Notes: 4.11 MEDICATIONS 4.12 LABS <u>Time</u> <u>Test</u> <u>Time</u> <u>Test</u> Start Time Drug **Dose** <u>Site</u> <u>Route</u> Stop Time **Initials** CBC INR Chem7 Lactate Chem12 U/A H&H Other, specify: ABG/Serial **VBG** PT/PTT 4.13 CT 4.14 X-RAY 4.15 Pending Studies 4.16 Results <u>Time</u> <u>Type</u> <u>Type</u> <u>Time</u> Head Head Extremity ☐ LF Spine Spine RF Chest Chest ☐ LR Abd Abd/Pelvis RR Pelvis Pan Scan <u>Time</u> 4.17 VITAL SIGNS 4.18 DISPOSITION Time: Handler Present: Y N <u>BP</u> <u>P</u> RR SpO2 Other (ICP) Initials <u>Time</u> <u>Temp</u> Full Light Work No Work for Days $\hfill \square$ OR $\hfill \square$ ICU $\hfill \square$ ICW $\hfill \square$ Vet Clinic <u>Admit</u> Evac to ☐ VTF Role 2 ☐ VTF Role 3 Evac Priority Routine Priority Urgent Evac Transport Vehicle MEDEVAC: Rotary Wing Fixed Wing CCATT Ambulance Non-Medical **4.19 NOTES** Gender N PATIENT ID Name DOB Microchip # Handler Name Deployed/Assigned Unit Tattoo # Facility Name **Facility Location** Vet/Tech/HCP Name

CANINE TREATMENT AND RESUSCITATION RECORD

## Part II, Veterinarian/Physician 1. HISTORY & PHYSICAL - INJURY DESCRIPTION 1.1 ARRIVAL 1.2 TRIAGE CATEGORY **1.4 INJURY DESCRIPTION** Date Immediate (AB)rasion CANINE (AMP)utation Delayed Time of Arrival (AV)ulsion ☐ Minimal (BL)eeding Expectant (B)urn %TBSA\_ (**C**)repitus 1.3 CHIEF COMPLAINT, HISTORY AND PRESENTING ILLNESS (D)eformity (**DG**)Degloving DORSAL VENTRAL (E)cchymosis (**FX**)Fracture (F)oreign Body (GSW)Gun Shot Wound (**H**)ematoma (I)Ilness (not trauma) (LAC)eration (PW)Puncture Wound (SW)Stab Wound (P)ain (PP)Peppering **Pulses Present** <u>Injury</u> Description **S**= Strong **W**= Weak <u>Comments</u> **D**= Doppler **A**=Absent 1.5 HISTORY AND PHYSICAL 1.6 PRE / INITIAL PROCEDURES / DIAGNOSTICS Pre / Initial Pre / Initial Head & Neck: Trach Cantholysis & Canthotomy L R ☐ ☐ ICP Monitor ☐ ☐ Tympanic Membranes Rupture L R ☐ Eye Injury ☐ L ☐ R Blood L R Fluorescein - / + Needle Decompression R L Pericardial FAST - / + Chest: Output Air Describe Thoracic FAST \_\_\_ - / \_\_\_ + Site LCTS RCTS Pericardiocentesis Abdomen/Back and Spine: <u>DPL</u> Gross Blood: - / + Describe Rectal Exam WNL Weak/Absent Tone Gross Blood: -/ + Pelvis: Stable Unstable 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:** ☐ Hypertonic Saline Mannitol Seizure Protocol Sedated Central Line Loc □ IO/IV Gender N PATIENT ID Name Deployed/Assigned Unit Handler Name Microchip# Tattoo # Facility Name **Facility Location** Vet/Tech/HCP Name

CANINE TREATMENT AND RESUSCITATION RECORD

	CA	NINE TR	EATMENT Part II, V							REC	O R D Date	
1.7 PUPILS / VISIO	N		Tuit II, V	01011111			TREMIT		1411			-
Brisk □ L □ R	Sluggish [	□L □R NR □	L R Hand Mot	tion 🗆 I	¬ ₽			<u>Motor</u>		Sensory	<i>L</i>	<u>ROM</u>
		No Light Perception				LF -	+	_ / -	+	/ -	+	/
	-	140 Light Forospile				RF	+	_ / -	+	/ -	+	/
1.8 BURN		Causa				LR	+	_ / -	+	/ -	+	/
Super	Deep PT	Cause %TBSA				RR	+	_ / -	+	/ -	+	/
Super PT	Full											
2. LABORATOR	Y RESULTS											
2.1 CBC		/IISTRY 7/12			2.3 C	OAG			2.5 VBG/AB	<u> </u>		2.6 URINALYSIS
WBC	;	Na	Gluc	TProtein			PT		<u>VBG</u>	-	ABG	SpGr
RBC		K	BUN	ALT			– PTT			pH _		pH
		CI	— — — — — Crea	— AST			_			PaO2 _		LEU
HGB	-			_			_INR			PaCO2 _		PRO
HCT		Ca	Albumin	ALP _	2.4 E	Blood	Туре			HCO3 _		GLU
PLT		CO2	TBili	Lactate						SaO2 _		KET
2.7 OTHER LABS								-				
												UBG
												BIL
												HGB
3. X-RAYS and	1		1					1.				
3.1 CT OBTAINED	3.2 X-RAYS (		3.4 PENDING STUDIE	<u>:S</u>				<u>3.</u>	<u>5 RESULTS (</u> i	nclude TEG.	/Rotem result	<u>s)</u>
☐ Head	Head	Extremity										
Spine	Spine											
Chest	Chest	☐ RF										
☐ Abd/Pelvis	Abd	☐ LR										
Pan Scan*	Pelvis	☐ RR										
* Select Pan Scan only if all of the	Other											
above requested	Other											
	Other		_									
3.3 Foreign Body												
Projectile Shrapnel Debris												
☐ Incendiary De	evice	Bones										
Other:	/800500845	NIT						_				
4. IMPRESSION												
4.1 Severity  Critical	4.2 Impression	n/Assessment Comr	<u>nents</u>									
Severe												
Moderate												
Mild												
5. DIAGNOSES												
1.					7.							
2.					8.							
-					9.							
3					_							
4					10							
5					11							
6.					12.							
				<u> </u>								
					Ger	nder [	N					
PATIENT ID Nam	e	DOB	Age	Weight		` ∏F		reed _			MWD Type	
Tattoo #		Microchip #			_		m Name	_		 De	ployed/Assi	gned Unit
Vet/Tech/HCP Nan	ne		Facility Name		_				Facility L			
ver/ recil/ricr ivall												

	erinarian/Physician						
6. PLAN 6.1 PLAN							
O.TTEAN							
7. DNBI/NBI CATEGORY							
☐ Injury, MVC ☐ Surgical ☐ Other							
☐ Injury, Work/Training ☐ Disease ☐ Describe							
8. CAUSE OF DEATH							
8.1 ANATOMIC	8.2 PHYSIOLOGIC						
☐ Airway ☐ Neck ☐ Abdomen	MOF Sepsis CNS Hemorrhage Breathing						
Head Chest Pelvis	Heart Failure Total Body Disruption Other, Specify						
Extremity LF RF LR RR Other, Specify	Total body bistuption Other, specify						
8.3 DEATH INFORMATION							
Date of Death Time of Death Mo	ortuary Affairs Notified?   N/A Y N						
Euthanized Y N Method							
	Nagaraga, Tima						
Gross Necropsy by DVM  Y N Necropsy Date Necropsy Time Necropsy Time Necropsy Time							
Time between death and necropsy Gross Pathology Report: Y N Unknown							
Samples Shipped to JPC  Y  N  N  N/A  Unknown							
Death Remarks							
Sign and submit when form is completed Vet/Tech/HCP Signa	ture Submit to: dog.consult@us.af.mil						
Sign and Submit when form is completed verification of signal	Submit to. dog.consuite as.a.mii						
	Gender						
PATIENT ID Name DOB Age Weig							
Tattoo # Microchip # SSN	Handler Name Deployed/Assigned Unit						
Vet/Tech/HCP Name Facility Name	Facility Location						
very recriting radiity name	Tacinty Location						

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