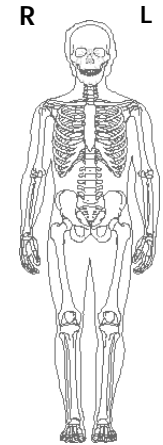
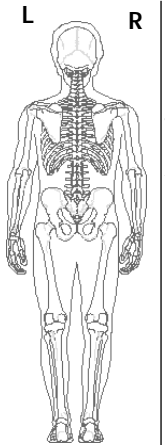
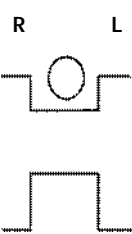
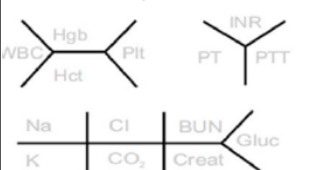


MASS CASUALTY (MASCAL)/AUSTERE TRAUMA TEAM RESUSCITATION RECORD

PRIMARY SURVEY

INITIAL VITALS SIGNS Time: _____ Temp: _____ °F _____ °C ○ T ○ O ○ A ○ R BP: _____ / _____ HR: _____ RR: _____ SpO2: _____ Pain: _____ /10	AIRWAY: <input type="checkbox"/> Stridor <input type="checkbox"/> Obstructed <input type="checkbox"/> Patent <input type="checkbox"/> Drooling <input type="checkbox"/> OPA/NPA <input type="checkbox"/> BVM <input type="checkbox"/> Intubated ○ Type: _____ <input type="checkbox"/> Other (specify): _____	BREATHING <input type="checkbox"/> Unlabored <input type="checkbox"/> Absent <input type="checkbox"/> Labored (describe): _____ Breath Sounds: <input type="checkbox"/> Clear: ○ R ○ L ○ B <input type="checkbox"/> Rales: ○ R ○ L ○ B <input type="checkbox"/> Wheeze: ○ R ○ L ○ B <input type="checkbox"/> Diminished: ○ R ○ L ○ B <input type="checkbox"/> Absent: ○ R ○ L ○ B	Trachea <input type="checkbox"/> Midline <input type="checkbox"/> Deviated Chest Symmetry <input type="checkbox"/> Equal <input type="checkbox"/> Left > <input type="checkbox"/> Right > <input type="checkbox"/> Flail: ○ R ○ L	CIRCULATION Skin <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic Heart Sounds <input type="checkbox"/> Clear <input type="checkbox"/> Muffled Capillary Refill <input type="checkbox"/> Normal <input type="checkbox"/> < 2 Sec (nm) <input type="checkbox"/> > 2 Sec (delayed)	NEURO GCS: Eyes: _____ /4 Verbal: _____ /5 Motor: _____ /6 Total _____ /15 Extremities: <input type="checkbox"/> Neuro Intact Deficit: _____
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SECONDARY SURVEY

HEENT: Pupils/Vision <input type="checkbox"/> Unable to access <input type="checkbox"/> Reactive: ○ R ○ L ○ B <input type="checkbox"/> NR: ○ R ○ L ○ B <input type="checkbox"/> Size: _____ mm _____ mm <input type="checkbox"/> Eye Shield: ○ R ○ L ○ B	TMS: <input type="checkbox"/> Rupture ○ R ○ L ○ B <input type="checkbox"/> Blood ○ R ○ L ○ B	C-SPINE <input type="checkbox"/> C-Collar Placed Time placed: _____ <input type="checkbox"/> Cleared: _____ ○ Normal Exam, Reliable Pt ○ Normal CT, Normal Exam <input type="checkbox"/> Not Cleared	FAST <input type="checkbox"/> Neg <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pos, describe: _____ % eFAST <input type="checkbox"/> Neg <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pos, describe: _____	INJURY DESCRIPTION (AB)rasion (AMP)utation (AV)ulsion (BL)eeding (B)urn %TBSA _____ (C)repitus (D)eformity (DG)degloving (E)cchymosis (EV)isceration (FX)Fracture (F)oreign Body (GSW)Gun Shot Wound (H)ematoma (LAC)eration (PW)Puncture Wound (SS)Seatbelt Sign (SW)Stab Wound (P)ain (PP)Peppering <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>ANTERIOR</p> </div> <div style="text-align: center;">  <p>POSTERIOR</p> </div> </div> <div style="margin-top: 10px;"> Pulses Present S= Strong W= Weak D= Doppler A= Absent R L  </div>																																																																																																																									
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