**Transport Information:** Date: | Air | Ground

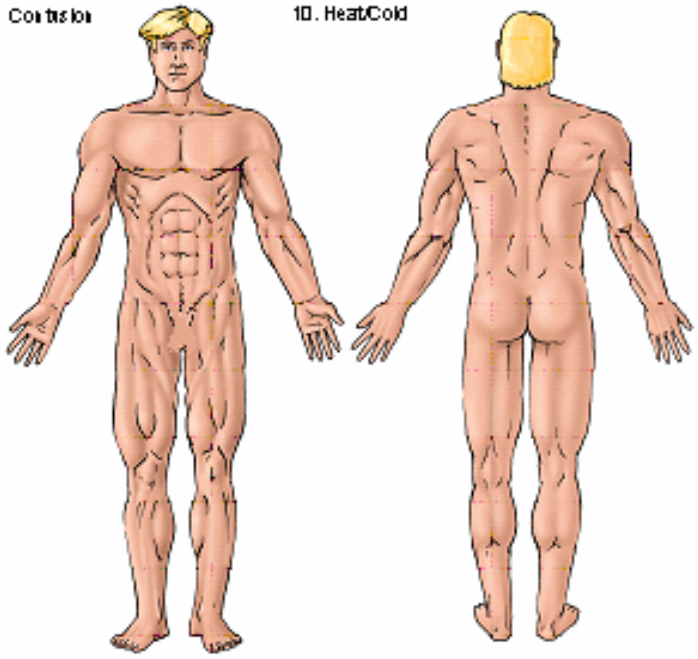
Enroute: _____ On Scene: _____
Depart Scene: _____ Destination: _____
Name of Destination: _____
Referring Physician: _____
Accepting Physician: _____

**Vital Signs:**

| | | |
|---|---|---|
| TIME: _____ | TIME: _____ | TIME: _____ |
| B/P: _____ | B/P: _____ | B/P: _____ |
| R: _____ | R: _____ | R: _____ |
| P: _____ | P: _____ | P: _____ |
| SPO2: _____ | SPO2: _____ | SPO2: _____ |
| TEMP: _____ | TEMP: _____ | TEMP: _____ |

**Injury/Wound Site By Number:**

1. Abrasion
2. Amputation
3. Avulsion
4. Burn
5. Contusion
6. Crush
7. Edema
8. Fracture
9. GSW
10. Heat/Cold
11. Laceration
12. Puncture/Penetrating
13. Pain
14. Other see notes




**Assessment: (Airway/Breathing/Circulation)**

| Airway/Breathing: | Lungs: | R | L |
|---|---|---|---|
| ☐ Patent/Normal | Clear | ☐ | ☐ |
| ☐ Obstructed | Decreased | ☐ | ☐ |
| ☐ Symmetrical | Absent | ☐ | ☐ |
| ☐ Asymmetrical | Wheezing | ☐ | ☐ |
| ☐ Shallow | Rales/Rhonchi | ☐ | ☐ |
| ☐ Labored | | | |
| ☐ Trachea Midline Y: _____ N: _____ | | | |

**Procedures:**

☐ BVM
☐ ET Size #_____
☐ NT Size #_____
☐ J-Tube/OPA
☐ $O_2$ _____ L/min
☐ Crico Size #_____
☐ Mask

**Circulation:**

**Cap Refill:**
☐ < 3 sec
☐ 3-5 sec
☐ > 5 sec

**Skin Color:**
☐ Normal
☐ Pale/Ashen
☐ Cyanotic
☐ Flushed

**Skin Temp:**
☐ Normal
☐ Hot
☐ Warm
☐ Cool
☐ Cold

**Skin Moisture:**
☐ Normal
☐ Dry
☐ Moist/Clammy

**Pulses: Location:** _____
☐ Normal ☐ Weak ☐ Bounding ☐ Absent

**Procedures:**
☐ IV mL #_____ ☐ Peripheral ☐ Subclavian ☐ Femoral
☐ Interosseous Site: _____
☐ NS ☐ LR ☐ Dextrose
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Blood #_____
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

**Prehospital Treatment:**
☐ C-Collar
☐ Spine Immobilization: Time On: _____
☐ Type: _____
☐ Splints
☐ Tourniquet: Time: _____ Location: _____
☐ CPR: Time Started: _____ Stopped: _____
☐ PASG: ☐ Legs ☐ Abd
☐ Chest Tube: ☐ R ☐ L ☐ Bilateral
☐ NG Tube
☐ OG Tube
☐ Other: _____

**Mental Status:**
TIME: _____
☐ A ☐ V
☐ P ☐ U
TIME: _____
☐ A ☐ V
☐ P ☐ U

GLASGOW COMA SCALE (Circle each value)

| Eye Opening | Verbal Activity | Motor Activity |
|---|---|---|
| 4 – Spontaneous | 5 – Oriented | 6 – Obeys Command |
| 3 – To Command | 4 – Confused | 5 – Localized Pain |
| 2 – To Pain | 3 – Inappropriate | 4 – Withdraws to Pain |
| 1 – None | 2 – Incomprehensible | 3 – Flexion to Pain |
| | 1 – None | 2 – Extension to Pain |
| | | 1 – None |

TOTAL SCORE: _____ TIME: _____

**Medications Administered:**

**Narrative:**

**History:**
Allergies:
Medication:
Pregnancy: ☐ Y ☐ N LMP:

**Patient Identification:**
Last, First MI:
SSN: Rank:
DOB:
Unit: Unit Phone:

**MEDEVAC Provider Identification:**
Last, First MI:
SSN: Rank:
Healthcare Provider Level:
MEDEVAC Unit: Unit Phone:
Signature:

DA Form XXXX (Test) Medical Evacuation Runsheet