

**MULTICASUALTY INCIDENT**

Name: _____ Triage Tag # _____ Age _____ Sex _____ Wt _____	<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor <input type="checkbox"/> DOA	Injuries: _____	Resp: _____ Pulse: _____ Cap Refill: <input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds GCS: _____	Treatment: _____	Receiving Facility: _____  ETA/Unit _____ / _____
Name: _____ Triage Tag # _____ Age _____ Sex _____ Wt _____	<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor <input type="checkbox"/> DOA	Injuries: _____	Resp: _____ Pulse: _____ Cap Refill: <input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds GCS: _____	Treatment: _____	Receiving Facility: _____  ETA/Unit _____ / _____
Name: _____ Triage Tag # _____ Age _____ Sex _____ Wt _____	<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor <input type="checkbox"/> DOA	Injuries: _____	Resp: _____ Pulse: _____ Cap Refill: <input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds GCS: _____	Treatment: _____	Receiving Facility: _____  ETA/Unit _____ / _____
Name: _____ Triage Tag # _____ Age _____ Sex _____ Wt _____	<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor <input type="checkbox"/> DOA	Injuries: _____	Resp: _____ Pulse: _____ Cap Refill: <input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds GCS: _____	Treatment: _____	Receiving Facility: _____  ETA/Unit _____ / _____
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Name: _____ Triage Tag # _____ Age _____ Sex _____ Wt _____	<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minor <input type="checkbox"/> DOA	Injuries: _____	Resp: _____ Pulse: _____ Cap Refill: <input type="checkbox"/> < 2 seconds <input type="checkbox"/> > 2 seconds GCS: _____	Treatment: _____	Receiving Facility: _____  ETA/Unit _____ / _____