

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child on ground with seizure activity**  
**Swollen eyes, tearing**  
**Pallor and diaphoresis**

## PHYSICAL FINDINGS:

**Resp: 6 and shallow**  
**Audible wheezing**  
**Pulse: 50**  
**BP: 82/76**

## OTHER PATIENT INFORMATION:

**Unresponsive**  
**Moaning**  
**Excessive salivation and runny nose**

## Chemical - Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

- Initial Contact and Triage
  - How long did it take response personnel to contact you? \_\_\_\_\_
  - How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - Were you examined on the scene more than once?  Yes  No
  - Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Treatment:
  - If conscious, did someone explain your treatment?  Yes  No
  - If conscious, were you given clear instructions?  Yes  No
  - What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

- Which hospital did you go to?  
\_\_\_\_\_
- Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!**  
**DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child on ground, moving all  
extremities  
Complains of difficulty  
breathing and blurred vision**

## PHYSICAL FINDINGS:

**Resp: 32 and shallow  
Audible drooling and wheezing  
Pulse: 132  
BP: 150/90**

## OTHER PATIENT INFORMATION:

**Responsive  
Able to follow commands  
Talking but salivating**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once?  Yes  No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?

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2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
  - c. What treatment was given?

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3. Did you observe any outstanding actions among the response personnel you observed?

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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?

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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child on ground, moving  
Marked respiratory distress  
with obvious abdominal  
discomfort  
Tearing**

## PHYSICAL FINDINGS:

**Resp: 25 and erratic  
audible upper airway noise and  
wheezing  
Pulse: 64  
BP: 80/62**

## OTHER PATIENT INFORMATION:

**Responsive, anxious  
Able to follow commands  
Cannot walk with constricted  
pupils**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once?  Yes  No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Complaints of severe respiratory distress**  
**Raspy voice**  
**Whites of eyes are reddened and watering**  
**Extremely pale and sweating**

## PHYSICAL FINDINGS:

**Resp: 32, shallow**  
**Pulse: 80**  
**BP: 82/62**

## OTHER PATIENT INFORMATION:

**Aware; knows name and location only**  
**Unable to walk**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

- Initial Contact and Triage
  - How long did it take response personnel to contact you? \_\_\_\_\_
  - How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - Were you examined on the scene more than once?  Yes  No
  - Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Treatment:
  - If conscious, did someone explain your treatment?  Yes  No
  - If conscious, were you given clear instructions?  Yes  No
  - What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

- Which hospital did you go to?  
\_\_\_\_\_
- Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child with active seizure  
Skin diaphoretic with loss of  
bowel and bladder control  
Tearing and marked salivation**

## PHYSICAL FINDINGS:

**Resp: 24 and shallow  
Audible wheezing  
Pulse: 54  
BP: 72/54**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once?  Yes  No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?

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2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
  - c. What treatment was given?

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3. Did you observe any outstanding actions among the response personnel you observed?

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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child with marked tearing with  
complaint of blurred vision  
Wheezing with associated  
abdominal cramping**

## PHYSICAL FINDINGS:

**Resp: 28; audible wheezing  
Pulse: 62  
BP: 90/60**

## OTHER PATIENT INFORMATION:

**Responsive  
Follows commands  
Oriented  
Able to walk but weak**

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### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once?  Yes  No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child on ground, not moving  
Runny nose and  
hypersalivation  
Swollen eyes with tearing  
Pale and diaphoretic**

## PHYSICAL FINDINGS:

**Resp: 6 and shallow; no  
audible breath sounds  
Pulse: 32  
BP: 66/40**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk**

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### Field Assessment and Treatment:

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2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
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3. Did you observe any outstanding actions among the response personnel you observed?

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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child with eyes tearing  
Coughing with abdominal pain  
and drooling**

## PHYSICAL FINDINGS:

**Resp: 32 and shallow  
Audible wheezing  
Pulse: 64  
BP: 84/78**

## OTHER PATIENT INFORMATION:

**Responsive  
Able to follow commands  
Able to speak  
Able to walk**

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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious child  
Swollen eyes with tearing  
Blurred vision  
Cough**

## PHYSICAL FINDINGS:

**Resp: 20 and shallow, audible wheezing  
Pulse: 128  
BP: 134/88**

## OTHER PATIENT INFORMATION:

**Responsive  
Able to follow commands  
Speaking in short sentences  
Able to walk but weak**

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### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
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2. Treatment:
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