REHAB

_____ Command STAGING LOCATION _____

(Command Name)

REMINDERS Medical Personnel [ ] Food [ ] Fans [ ]
Extra Personnel [ ] Water [ ] Heaters [ ]
Sanitation[ ] Other Fluids [ ] Shelter [ ]

NAME	TIME IN	# of SCBA Bottles	PULSE RATE	BODY TEMP	LOC		WATER/ FLUIID	FOOD	10 MIN. PULSE	TIME OUT

PERSONNEL EXCEEDING THE VALUES FOR VITAL SIGNS; SHALL HAVE A COMPLETE FIELD MEDICAL EXAM, RECORDED ON A DEPT. MEDICAL FORM

VALUES

PULSE: *HEART RATE GREATER THAN 160 = MEDICAL EXAM, EKG MONITOR, NO MORE WORK*
PULSE IRREGULARITIES = PARAMEDIC EVALUATION, EKG MONITOR, NO MORE WORK

*** AFTER 10 MINUTES OF REST, HEART RATE SHALL BE BELOW 120 IF NOT; MEDICAL EVALUATION; NO MORE WORK*

TEMPERATURE: *UNDER 97 DEG. = HYPOTHERMIA*
OVER 101 DEG. = HYPERTHERMIA

LEVEL OF CONSCIOUSNESS: *NAME, ASSIGNMENT (UNIT #), PARTNER, DATE, LOCATION*

NEUROLOGIC EXAM: *ROMBERT - FEET TOGETHER, STANDING ERECT, FINGER TO NOSE TANDEM GAIT - HEEL TO TOE WALKING*

Incident Information
(Inc#/Loc/date):_____ ©4/96

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