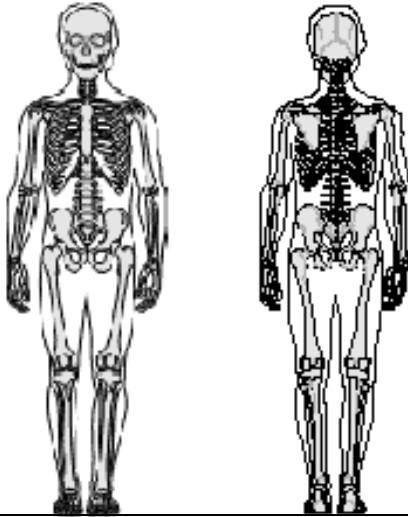
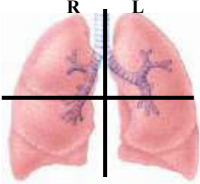


CANADIAN FORCES TRAUMA / SUBSAR FORM

SURNAME		FIRST NAME / INITIALS		<p>SECONDARY SURVEY</p> 			
SN		CHIEF COMPLAINT					
DOB		NATIONALITY					
RANK	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE / TIME	Of Injury _____ Of Arrival _____				
SUBSAR TRIAGE <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C0		SUBSAR TRIAGE <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Black					
MECHANISM OF INJURY				Deformity Contusion Abrasion Penetration Paradoxical Movement Burn Laceration Swelling Tenderness Instability Crepitus Pulselessness ↓ Motor Function ↓ Sensation			
<input type="checkbox"/> Trauma <input type="checkbox"/> Decompression <input type="checkbox"/> Penetrating <input type="checkbox"/> Crush <input type="checkbox"/> Burn							
<input type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Fall _____ ft <input type="checkbox"/> Climatic <input type="checkbox"/> Other (note)							
AMPLE HISTORY							
Allergies:							
Medications:							
Past Medical History:							
Last Meal:		Last Tetanus:					
Events:							
Height:		Weight:					
PRIMARY SURVEY				REVIEW OF SYSTEMS Head / Maxillofacial: C-Spine / Neck: Chest: Musculoskeletal: Perineum / Rectum / Vagina:			
BP	P	R	O₂ Sat			T	Blood Glucose
AIRWAY / C-SPINE		<input type="checkbox"/> Open	<input type="checkbox"/> Patent			<input type="checkbox"/> Obstructed	
C – Collar		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
BREATHING						<input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Spontaneous <input type="checkbox"/> Laboured	
Decreased Absent Crackles Wheezes							
CIRCULATION							
Pulse:		<input type="checkbox"/> Radial	<input type="checkbox"/> Femoral			<input type="checkbox"/> Carotid	<input type="checkbox"/> None
		<input type="checkbox"/> Strong	<input type="checkbox"/> Weak				
Cap Refill:		<input type="checkbox"/> < 2 secs	<input type="checkbox"/> > 2 secs				
GCS TOTAL:							
Eye Opening		Verbal Response		Motor Response			
4 Spontaneous	5 Oriented	6 Obeys Commands					
3 To Voice	4 Confused	5 Purposeful Movement					
2 To Pain	3 Inappropriate Words	4 Withdrawn					
1 None	2 Incomprehensible	3 Flexion					
	1 None	2 Extension					
		1 None					

HYDRATION LEVEL <input type="checkbox"/> Well hydrated <input type="checkbox"/> Normal <input type="checkbox"/> Mild Hydration <input type="checkbox"/> Moderate Hydration	TEMPATURE OF SUBMARINER DURING DECOMPRESSION <input type="checkbox"/> Shivering <input type="checkbox"/> Cold <input type="checkbox"/> Comfortable <input type="checkbox"/> Hot
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CANADIAN FORCES TRAUMA FORM

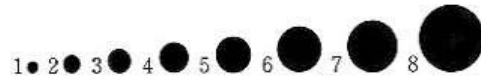
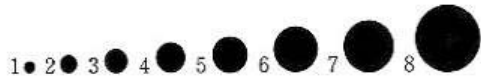
VITAL SIGNS

SURNAME / SN

TIME												
AIRWAY												
BREATHING RATE												
PULSE RATE												
BLOOD PRESSURE												
TEMP												
OXIMETRY (O ₂ SAT)												
GCS (TOTAL)												
OXYGEN RATE (LPM)												
URINARY OUTPUT (ML / HR)												
RIGHT PUPIL SIZE / REACTION	/	/	/	/	/	/	/	/	/	/	/	/
LEFT PUPIL SIZE / REACTION	/	/	/	/	/	/	/	/	/	/	/	/

PUPIL REACTION

Brisk
Sluggish
Absent



MEDICATIONS

TIME												

INTRAVENOUS							
	SITE	SIZE	SOLUTION	RATE	ADDITIVES	D/C	INITIALS
IV #1							
IV #2							
IV #3							
IO							

PROCEDURES			
	SIZE	INSERTED	D/C
OPA			
NPA			
COMBI-TUBE			
ET TUBE			
NG TUBE			
CHEST TUBE			
URINARY CATH			

Medical Facility	Signature
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