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| **Medical Incident Size Up Card** | | |
| **Patient Location:**  **Location Description: Lat/Long:** | | |
| **Patient Information**:  Age:  Sex:  Weight: | **Time of Injury:** | |
| **Person making assessment:** | |
| **Description of Injury/Illness (Mechanism of Injury/Chief Complaint):** | | |
| 1. **Airway:**   Patent Compromised | **6. Lost Consciousness:**  No Yes Unknown | |
| 1. **Breathing:**   Normal with a rate of:\_\_\_\_\_\_\_/min  Labored with a rate of:\_\_\_\_\_\_\_/min  Not breathing  Rescue breathing in progress | **7. Skin Color:**  Normal  Pale Flushed/Red | |
| 1. **Pulse:**   Present with a rate of:\_\_\_\_\_\_\_/min  Taken at: neck or wrist  Absent  CPR in progress | **8. Skin Moisture:**  Normal Moist/Clammy  Dry | |
| 1. **Bleeding:**   Not bleeding Oozing  Squirting Running  **Location of bleeding:\_\_\_\_\_\_\_**  **Control measures:**  Direct pressure  Pressure bandage  Hemostatic agent  Tourniquet  **Control measures working:**  Yes  Partially (slowing not stopped)  No | **9. Skin Temperature:**  Normal/Warm Cold  Cool Hot | |
| **10. Pupils:**  Equal and reactive Dilated  Unequal Constricted | |
| **11. Level of Medical Provider with Patient**  WFR EMR  EMT Paramedic  Other | **12. Gear with**  **Provider**  1st Aid Kit  BLS Kit  ALS Kit |
| 1. **Level of Consciousness:**   Alert and oriented to:  Person  Place  Time  Event  Responsive to verbal stimulus  Responsive to pain stimulus  Unresponsive | **13.** **Transport Request:**  Walk out/crew transport  Carry out – non-critical  Air Transport – non-critical  Carry out – critical  Air transport - critical | |
| **14.** **Other Info:** | |

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