

CASUALTY CARD - MIST

EVAC: Urgent Priority Routine
Date/Time:

NAME _____ ID _____
 M F AGE ALLERGIES

Mechanism of Injury (X all that apply)

Artillery Blunt Burn Fall Grenade GSW IED
 Landmine MVC RPG Other: _____

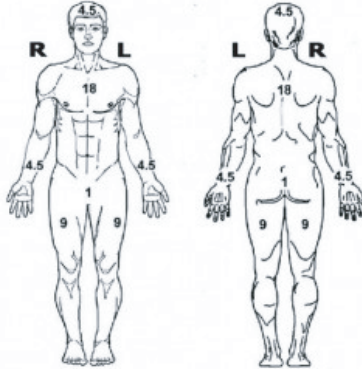
Injury (Mark Injuries with an X)

TQ
TIME

TQ
TIME

TQ
TIME

TQ
TIME



Signs & Symptoms

Time				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

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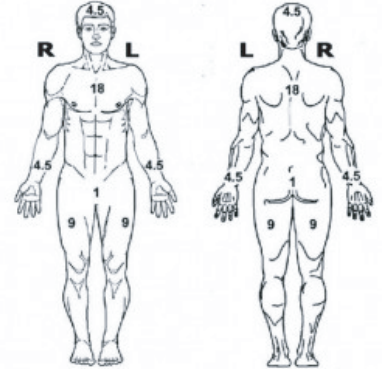
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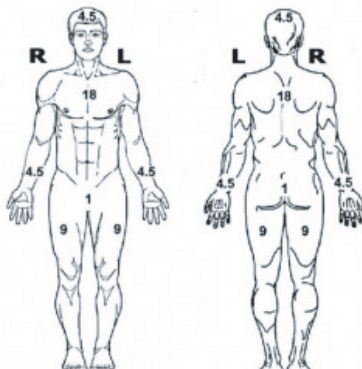
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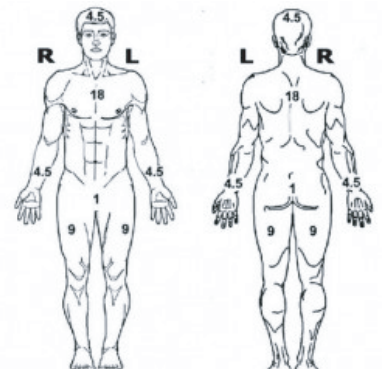
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