



# Patient Treatment Record

1. DMAT / Federal Agency ID: \_\_\_\_\_

2. Chart Number: \_\_\_\_\_

4. Patient Admittance: \_\_\_\_\_

Veteran:  Yes  No

TIME IN: \_\_\_\_\_ AM  
\_\_\_\_\_ PM

DATE: \_\_\_\_\_

3. Location: \_\_\_\_\_

5. Patient Authorization (Check Applicable Statement)

I Give My Permission For Treatment And Diagnostic Tests Of Myself / Spouse / Minor Child

\_\_\_\_\_  
(Signature of patient or responsible adult)

\_\_\_\_\_  
(Date)

I Herely Refuse Treatment And By My Signature, Acknowledge That I Am Doing So Against Medical Advice. I Also Agree to Hold Harmless \_\_\_\_\_, Its Medical Personnel And The NDMS Medical System For Any Complications That Result From My Refusal Of Care.

\_\_\_\_\_  
(Signature of patient)

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
(Date)

6. Patient Identification

Sex

Age

Name

M  F

Address

Phone

( )

City

State

Zip Code

7. Medical Information  
Chief Complaint

Allergies

NKDA

History of Present Illness

Medications

Past Medical History

8. Patient Care Information

Vital Signs

Time	Pulse	Respirations	B/P	Temp <input type="checkbox"/> O <input type="checkbox"/> R

Dextrose Stick: \_\_\_\_\_

Pulse Oximeter: \_\_\_\_\_

Patient Weight: \_\_\_\_\_

Exam

Head / Eyes / Ears / Nose / Throat

Neck

Back

Chest

Heart

Abdomen

Extremities

Neuro

Additional / Continued Comments

9. Treatment

Airway: O<sub>2</sub>@ \_\_\_\_\_ LPM Via:  NC  Mask

IV: Size: \_\_\_\_\_ Site: \_\_\_\_\_

Fluid:  NS  LR  D5 Rate: \_\_\_\_\_ CC/Min.

Comments

10. Disposition

Treated & Released, Discharge Instructions Received

To Hospital: \_\_\_\_\_

Patient Initials: \_\_\_\_\_

Time out: \_\_\_\_\_

AM

PM

Via:  EMS Unit # \_\_\_\_\_  Private Car  Other: \_\_\_\_\_

Discharge Instructions: \_\_\_\_\_

Drug(s) Given Upon Release: \_\_\_\_\_

Comments: \_\_\_\_\_

Check If Cont'd

11. Diagnosis (Print within lines below)

12. Triage Class (Check below)

Birth

Red  Yellow  Green

Black - Time Pronounced:

AM

PM

Medical Examiner Notified

Treatment Provider Name  EMT  EMT-P  RN

Physician Name  MD  D.O.

Signature of Provider

Date

Signature of Physician

Date

**FIELD MEDICAL STATION DISCHARGE AND FOLLOW-UP DIRECTIONS**

**HEAD INJURY**

After a person has hit his/her head, symptoms may develop that suggest a **HEAD INJURY**. If any of these develop, **RETURN IMMEDIATELY** or go to the **EMERGENCY ROOM**:

- 1 - Seizures (convulsions)
  - 2 - Unequal pupils
  - 3 - Prolonged or forceful vomiting
  - 4 - Double vision
  - 5 - Weakness of arms or legs
  - 6 - Severe headache, that worsens or is not relieved by Tylenol
- Someone should awaken you every 2 hours at night. No alcohol or strenuous activity for 24 hours.

**SPRAINS**

Sprains are tears of the bands that hold joints together. To care for your injury, do the following:

- 1 - Rest your injury
- 2 - Elevate your injury
- 3 - Cool the injury for the first 24-48 hours, do not apply heat or liniments during this time.
- 4 - Wear your sling / sprint / bandage for \_\_\_\_\_ days
- 5 - If numbness or severe swelling occur, rewrap the area. If it does not improve, contact your doctor or go to the **EMERGENCY DEPARTMENT IMMEDIATELY!**

**VOMITING/DIARRHEA**

Encourage fluids, begin with clear broths, teas, Kool Aid, or Gatorade. Once vomiting or diarrhea stops, begin with light foods and increase as tolerated. **CONTACT YOUR PHYSICIAN IMMEDIATELY IF:**

- 1 - Vomiting / diarrhea last longer than 2-3 days.
- 2 - Abdominal pain develops and does not go away.
- 3 - Blood is seen in vomitus or bowel movements.
- 4 - You develop a fever or it worsens.
- 5 - You stop urinating or urinate much less than usual.

**WOUND CARE**

Keep wound clean and dry. Elevate for 24 hours to reduce swelling. Clean wound with \_\_\_\_\_ times a day. If you have sutures, see your family physician in \_\_\_\_\_ days for removal. If you have fever over 100.4, pus from the wound, redness or streaks or increased swelling, this may represent an infection. See your Doctor **IMMEDIATELY!**

**EYE INJURY**

Wear your eye patch for 24 hours. Do not rub your eye. Rest your eye, do not read or watch TV. If you have an eye patch you should not drive. Do not wear **CONTACT LENSES** for at least 5 days. For **HIGH FEVER, SEVERE PAIN, OR CHANGE IN VISION**, contact your physician or go to the **EMERGENCY ROOM IMMEDIATELY!**

**INSECT BITE/STING**

Insect bites and stings come from many types of insects. Most will turn red and develop pain or itching. Scratching increases risk of infection (see wound care instructions for signs of infection). Apply cool compress or ice pack to the area for up to 3 hours after injury. If you develop **SIGNS OF INFECTION OR ALLERGIC REACTION**:

- 1 - Wheezing or trouble breathing.
- 2 - Chest pain or fainting.
- 3 - Diffuse rash or spread of the swelling.

**GO TO THE EMERGENCY ROOM OR CALL YOUR DOCTOR IMMEDIATELY!**

**ADDITIONAL INSTRUCTIONS:**

\_\_\_\_\_ You will need a Tetanus Shot, see your family doctor

\_\_\_\_\_ You have received a Tetanus Shot, Lot # \_\_\_\_\_

TREATING PHYSICIAN: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOLLOW-UP INSTRUCTIONS**

\_\_\_\_\_ See your family Doctor:

\_\_\_\_\_ Go to the Emergency Room at:

IMMEDIATELY!

PATIENT NAME: \_\_\_\_\_

R<sub>x</sub>

## INSTRUCCIONES PARA ESTACION MEDICA

### LESIONES DE CABEZA

Luego de un golpe a la cabeza, pueden ocurrir síntomas que sugieren una lesión a la cabeza.

Si alguno de estos síntomas ocurre, **REGRESE DE INMEDIATO** o diríjase a la **SALA DE EMERGENCIA**:

- 1- Ataques con convulsiones
- 2- Pupilas desiguales
- 3- Vómitos prolongados o violentos
- 4- Visión doble
- 5- Debilidad de brazos o piernas
- 6- Dolor de cabeza intenso, que empeora o que no se alivie con remedio.

Debe ser despertado cada 2 horas durante la noche. *Abstenerse de alcohol y de esfuerzos por 24 horas.*

### TORCEDURAS

Las torceduras son lesiones de los ligamentos de las articulaciones. Haga lo siguiente para cuidar su torcedura:

- 1- Descanse la zona afectada
- 2- Eleve la zona afectada
- 3- Aplique frío durante las primeras 24-48 horas. No aplique calor ni cremas durante éste tiempo.
- 4- Utilice la cinta que inmovilice la zona afectada por \_\_\_\_\_ días.
- 5- Si ocurre adormecimiento o inflamación, envuelva la zona. Si no mejora, vea al doctor o vaya al **DEPARTAMENTO DE EMERGENCIA DE INMEDIATO**.

### VOMITOS / DIARREA

Consuma líquidos, comience con caldos, té, refrescos azucarados. Cuando cese el vómito o diarrea comience con comidas livianas y aumente a medida que se tolere. Comuníquese de inmediato con su doctor en los siguientes casos:

- 1- Si vómito/diarrea dura más de 2-3 días.
- 2- Si ocurre dolor abdominal que no se alivie.
- 3- Sangre en vómito o heces.
- 4- Fiebre o empeoramiento
- 5- Si deja de orinar u orina mucho menos de lo usual.

### CORTADURAS

Mantenga lesión limpia y seca. Eleve por 24 horas para reducir inflamación. Limpie lesion con \_\_\_\_\_

\_\_\_\_\_ veces al día. Si tiene puntadas vea a su médico dentro de \_\_\_\_\_ días para quitarlas. Si tiene fiebre superior a 100.4 grados Fahrenheit, pus del lastimado, irritación o inflamación, puede haber una infección. Vea a su doctor de inmediato.

### LESION DEL OJO

Use su parche de ojo por 24 horas. No se toque el ojo. Descanse la vista, no lea ni vea televisión. No conduzca. No use lentes de contacto por lo menos en 5 días. Si tiene fiebre, dolor agudo o cambio en la vista, vea a su médico o diríjase de inmediato a la sala de emergencia.

### PICADURAS

Las picaduras provienen de varios tipos de insectos. La mayoría se ponen rojas y duelen o pican. Rascarse aumenta el riesgo de infección (vea las instrucciones sobre cortaduras para señales de infección). Aplique frío/hielo al area hasta por 3 horas después de la picadura. Si ocurren señales de infección o reacción alérgica:

- 1- Dificultad en respirar
  - 2- Dolor de pecho o desmayos
  - 3- Irritación o inflamación creciente
- DIRIGASE A LA SALA DE EMERGENCIA O LLAME A SU DOCTOR DE INMEDIATO.**

### OTRAS INSTRUCCIONES:

\_\_\_\_\_ Ud. necesitará una inyección para el tétano. Vea a su médico familiar.

\_\_\_\_\_ Ud. ha recibido una inyección para tétano del lote # \_\_\_\_\_

MEDICO: \_\_\_\_\_

FECHA: \_\_\_\_/\_\_\_\_/\_\_\_\_

### SEGUIMIENTO:

\_\_\_\_\_ Vea a su doctor familiar: \_\_\_\_\_

\_\_\_\_\_ Vaya a la sala de emergencia en:

\_\_\_\_\_ de inmediato.

NOMBRE DEL PACIENTE: \_\_\_\_\_

**R** \_\_\_\_\_



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES/NATIONAL DISASTER MEDICAL SYSTEM

Patient Treatment Summary Report (Team)

Date: \_\_\_\_\_ Team ID: \_\_\_\_\_

Reporting Official (Print): \_\_\_\_\_

Location: \_\_\_\_\_

Reporting Official (Signature): \_\_\_\_\_

Reporting Period From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_ No. personnel on duty: \_\_\_\_\_

From (Time): \_\_\_\_\_ To (Time): \_\_\_\_\_

A reported case must have a patient record associated with it. Special or additional activities should be reported in the comments section below.

Workload by age group

Adult: \_\_\_\_\_  
Ped <2: \_\_\_\_\_  
Ped 2-14: \_\_\_\_\_

Cases by medical severity

Births: \_\_\_\_\_  
Red (Critical): \_\_\_\_\_  
Yellow (Serious): \_\_\_\_\_  
Green (Non-Serious): \_\_\_\_\_  
Black (Fatality): \_\_\_\_\_

CDC Data

Bite (Non-Insect): \_\_\_\_\_  
Cough: \_\_\_\_\_  
Diarrhea: \_\_\_\_\_  
Injury: \_\_\_\_\_  
Infection: \_\_\_\_\_  
Rash: \_\_\_\_\_  
Other: \_\_\_\_\_

Transport to hospital

Via Aircraft: \_\_\_\_\_  
Via Ambulance: \_\_\_\_\_  
Via Private Vehicle: \_\_\_\_\_

Number of special teams

Out Reach: \_\_\_\_\_  
Mental Health: \_\_\_\_\_  
Preventive Health: \_\_\_\_\_

INJURY / DISEASE PATTERNS NOTED (Including Pharmaceuticals Utilized)

COMMENTS (Anecdotal information which would be of interest)



## PATIENT TREATMENT RECORD LOG (TEAM) INSTRUCTIONS

### General Information:

The DMAT Patient Treatment Record Log will be used by each DMAT while serving at each duty station. All patients will be recorded on this log sheet no matter how much or how little health/medical care is provided.

#### A. Directions for completing the top part of the sheet:

- Date: Date form is filled out.
- Team ID: Team or Agency name.
- Location where services are provided: If a team is performing services at more than one location such as a fixed facility and outreach programs, the outreach will be recorded on a separate log sheet and not as part of a primary station.
- Page number of each log sheet: Each new day (24 hrs) will have a dated log sheet. If a duty station starts on Day one and stops on Day 5, the log sheets will be dated by the date that the service was rendered; but the page numbers will start from the day you start and run consecutively to the last day of service.

#### B. Directions for completing the Patient Log Record Information Columns:

- Patient number: The patient number will either reflect a specific number on each patient chart or will start with 0001 and run consecutively through the total number of patients treated at that site for the length of service of that particular DMAT. An example of this would be first patient is 0001; and if you saw 165 patients during a three day period of time, the last one would be 0165. These numbers are not on a daily basis but on the length of stay basis, as long as the team is at a specific site.
- Name: Please print patient's name - last name first, first name, middle initial.
- Arrival time: The time that the patient was logged into your station in military hours (7:00am =0700hrs).
- Complaint: In essence, a chief complaint; i.e., abdominal pain or one of the CDC data codes such as diarrhea, cough, rash, etc.
- CDC Data: The CDC data code is extremely important for future disaster training and planning, as well as for daily epidemiological activities in the local area where the disaster occurred. If a patient has a problem that is reflected in the CDC data codes found at the bottom of the log sheet, it will be recorded in the CDC Code Column by a number, i.e., 1 for bite (non-insect), 2 for cough, etc.
- Admission Code: This refers to critical, serious, non-serious, fatality, or birth. Red through black triage codes are used. See bottom of log sheet. Place the proper Admission Code initials in the Admission Code column.
- Discharge Time: The time the patient was discharged from the NDMS facility.
- Discharge Codes: In this column, choose two codes for each patient: one is location; the other is transport. Codes should be taken from the two lists at the bottom of the log sheet.
- Age: Listing the age of the patient provides the person working on the total record system an easy way of sorting the data that is requested by the Federal government, as well as the local health and State health department. Age groupings are divided into three categories at the bottom of the log sheet:
  - (1) Adults
  - (2) Pediatrics <2 (less than 2 years of age)
  - (3) Pediatrics 2 to 14 (between 2 and 14 years of age)In the Age column, list the patient's actual age; i.e., a child is 18 months old or an adult is 53 years old.

#### C. Directions for completing the bottom part of the sheet.

The bottom part of the Log sheet is used for tallying data from above.

- CDC Totals (per page): Tally the number of code number 1s, code number 2s, etc., from the CDC Code column above.
- Admission Totals (per page): Tally the numbers of the various color codes from the Admission Code column above.
- Age Totals (per page): Tally the numbers of adults, pediatrics (less than 2 years of age), and pediatrics (between 2 and 14 years of age) from the Age column above.

The data that is requested at the bottom of the Patient Log is recorded on either a 12 hour time basis or a 24 hour time basis. If you have three sheets during a given time period, the figures you have tallied on the bottom of each sheet are your subtotals for that time period. Do one extra page for that time period, adding the subtotals from each of your three sheets. The figures on this extra page would be your totals for that time period. (On this extra page, complete only the top and bottom parts of the page. It is unnecessary to complete the Patient Log Record Information columns).

At the end of a team's mission at a specific site, the team collects all the log sheets it has completed and makes a copy of each. The team will take home each original log sheet for training and documentation purposes. Before leaving for home, the team will deliver to the MSU the copies of the log sheets it has made. It is not necessary for the team to deliver log sheets to the MSU on a daily basis.

**PATIENT TREATMENT RECORD - INSTRUCTIONS**  
(If additional space is needed, use PATIENT TREATMENT RECORD (SUPPLEMENTAL))

The original form must stay with the Provider. One copy is sent to the Management Support Unit (MSU), and one copy provided to the Medical Facility if the patient is either: a.) sent to a designated permanent facility or referred to one, or b.) kept by the treatment facility if it is itself a permanent facility. This report will be used in places such as hospitals or health clinics that are augmented by Federal personnel and, therefore, would become a part of the patient's permanent medical record.

1. In Item 1, enter the Disaster Medical Assistance Team (DMAT) ID or your federal agency, such as "VA, Bus 1."
2. The chart number (same as Patient Number) should already be entered in Item 2, but if not, enter a number assigned to you during this event. You will be assigned a series of numbers for that particular event and location starting with 0001. *Do not* reuse numbers with each new date. The numbering starts the minute you enter the sight and begin to treat a patient until you are relieved at that sight. E.g., if you treat 124 patients during your tour of duty, the chart numbers would read 0001 through 0124.
3. Item 3 is the location of the service facility providing treatment.
4. Item 4 is the time the patient was admitted, the date, and Veterans' status.

**5. Patient Authorization**

This area is provided for permission or refusal of care. A witness is needed only if the patient refuses care. The top part of this item (giving permission) is to be signed by the patient or, if appropriate, by a parent or legal guardian. The lower part of this item (refusing care) is to be signed by both the patient refusing care and a witness.

**6. Patient ID Information**

This is self explanatory. It is preferable that the first name, middle name and last name be printed.

**7. Medical Information**

- **Chief complaints:** Use brief words such as "fell on my side".
- **History of Present Illness and Past Medical History:** Limit input to pertinent information. Risk factors relevant to taking care of the patient may be included, such as diabetic condition, previous myocardial infarction, renal failure, etc.
- Enter allergies to medicines and medications being taken by the patient.

**8. Patient Care Information**

- **Vital signs:** This area consists of two lines. If more are needed, the patient is being monitored and a progress note must then be attached to this chart. This is used for additional vital sign entries and patient status information while the patient is being observed at your facility.
- This item also has entries for readings of dextrose stick, pulse oximeter and patient weight, specifically with children or very thin or obese adults.
- **Exam:** It is not necessary to fill in each blank if it is totally unrelated to why the patient is being seen. Example: a right lower leg laceration would require the extremity portion to be filled out; below that, there are two additional lines for further writing. It is important that writing be kept to a bare minimum due to the large number of patients that need to be seen as well as to keep the record readable.

**9. Treatment**

The top line is self explanatory. For example, if the patient is on six liters of nasal oxygen, a "6" would be entered next to LPM and the box for NC would be checked. Also, three lines can be used for patient treatment comments. If additional space is needed, a progress note must be used.

**10. Disposition**

The area of patient disposition is extremely important for follow up care, epidemiology and liability. Please fill in the blanks, especially if the patient is sent to the hospital, and please fill out the time that the patient left the facility.

- There are printed discharge instructions, both in English and in Spanish. It is very important to have the patient or family take the instructions with them.
- Drugs given refers to medications or prescriptions given the patient on discharge, *not* medications given the patient while being treated in the facility.
- **Comments:** Example: "The patient has been asked to come back tomorrow," or "The patient is being sent to a public health clinic for follow-up," etc. If a continuation page is needed, check the box at the end of the comment line.

**11. Diagnosis**

This item is for the final diagnosis. For example, if the chief complaint was "fell on my side" and it was found that the patient had a contused left chest wall with no visible rib fractures and clear lungs, it would be considered "blunt chest wall trauma to left lower chest".

- If the person who treated the patient is *not* a physician, then that person will sign and date the record in the **Treatment Provider** signature block. Also, the physician (who is a medical officer) who oversaw the treatment of the patients during a specific time frame at that site, must sign and date the form in the **Physician** signature block. If the physician is also the person who actually treated the patient, then only the physician will sign and date the record, and the Treatment Provider signature will be blank. Note: Treatment provider and physician names should be printed and appropriate boxes checked in the spaces immediately above the signature areas.

**12. Triage Class**

Check the appropriate box to describe the condition of the treated patient (Red = Critical; Yellow = Serious; Green = Non-serious; Black = Fatality). If the patient dies, enter the time pronounced and notify the Medical Examiner (ME), checking the box for the ME upon notification.

## PATIENT TREATMENT SUMMARY REPORT (TEAM) INSTRUCTIONS

### **General Information:**

A data sheet is filled out and turned in to the MSU at the end of the reporting time specified by the Operations Section of the MSU. This is usually on a 12 or 24 hour basis.

#### **A. Directions for completing the top part of the sheet:**

- **Date:** Date that report is completed.
- **Team ID:** DMAT ID or Agency ID.
- **Location:** Location where services are performed.
- **Reporting Official:** Printed Name/Signature. The printed name and signature of the Team official completing this form.
- **Reporting Period:** Date and hours of operation that this form is covering.
- **Number of Personnel on Duty.** This means the number of personnel that are working on the shift covered by this report. Include personnel working during this shift participating in other tasks outside of the service facility, for example, outreach.

#### **B. Directions for completing bottom part of sheet:**

- **Workload By Age Group.** These figures are copied from the bottom of the Patient Log Record total page for the reporting time period. Then total the number of patients.
- **Transport To Hospital.** This category is divided into the following transport methods: aircraft, ambulance, or privately owned vehicle (POV). Add the numbers in each of these three categories that are found in the Discharge Codes Column of the Patient Log Record *when the same Column has an HO (Hospital) entry for the 'Location' Discharge Code.* (Note: There are no subtotals for these categories on the bottom of the Patient Log Record). Then place your totals in the proper lines of the Patient Log Record Information Summary Report and add them for the overall total.
- **Cases by Medical Needs/Severity.** These figures are copied from the bottom of the Patient Log Record total page for the reporting time period covered.
- **CDC Data.** These figures are copied from the bottom of the Patient Log Record total page for the reporting time period covered.
- **Number of Special Teams Used.** If outreach activities were performed by the team, identify the number of outreach teams used. Below that, identify mental health teams similarly. If mental health was provided at the site or if mental health outreach teams went out, this should be documented. The same is true for preventive health.
- **Injury/disease patterns noted (including pharmaceuticals utilized).** This space is to allow the team leader to report any unusual findings or trends, such as 75% of the patients seen were children. This trend would indicate an increased need of pediatric pharmaceuticals would be anticipated. This space can also be used for any unusual medical problems such as hazardous material decontaminations or treatment of tuberculosis or infectious disease patients.
- **Comments.** This is for additional things that you think the MSU should be considering regarding health care needs from information that you have been advised of, on site.

### **More General Information**

It is imperative that an administrative person or Team Commander sign the form so that a contact person is identified. This sheet must be forwarded to the MSU within one hour of the end of the reporting period. Example: if a report is from 6:00 A.M. to 6:00 P.M., by 7:00 P.M. the full data should be completed and transmitted to the MSU.

Although this seems like busy work, these forms serve a useful purpose. They are invaluable for the planning of continued patient care at the Federal, State, and local levels.