

## **Neighborhood Emergency Trauma Bag**

- 2 Space Blankets
- 1 CAT Tourniquet
- 1 Collapsible Litter
- 2 Chux Pads 23"X36" for litter
- 3 Abdominal Bandages 8"X10"
- 1 Elastic Bandage 4"X5yds
- 1 Elastic Bandage 6"X5yds
- 2 4X4 Sterile Gauze Sponges (10/box)
- 1 4X4 Non-Sterile 8-ply Gauze Sponges (200/bag)
- 1 Stop the Bleed Kit – Advanced or items below:
  - 1 Permanent Marker
  - 2 Pair of gloves – latex free, large
  - 1 CAT Tourniquet
  - 1 Emergency Bandage
  - 1 Pair of Trauma Shears 7.5"
  - 2 Rolls of Primed, Compressed Gauze Dressing
  - 1 Pack of HALO Vents (2/pk)
  - 1 QuickClot Combat Gauze 3"X4yds
- 1 Body Bag (hypothermia prevention)
- 4 Hand & Body Warmers – 18hrs
- 1 3" Silk Tape Rolls
- 1 Hand Sanitizer – 3 oz.
- 1 Chest Decompression Needle – 10 gauge, 3.25" long
- 1 Blue Nitrile Exam Gloves – size large 100/box
- 1 Penlight – LED Medical
- 1 Alcohol Pads – 200/box
- 1 Fingertip Pulse Oximeter Blood O2 Sat. Monitor
- 1 Stethoscope & Blood Pressure Cuff – Manual Adult
- 1 SAM Splint XL 5.5"X36" Rolled
- 1 Safety Goggles
- 1 Betadine Solution 4 oz. bottle

*If your neighborhood has medically trained personnel, please consider adding:*

- 1 Emergency Cricothyrotomy Kit 3
- 1 Nasopharyngeal 9pc (20F-36F) Airway Kit
- 1 Russell Pneumo Fix Chest Decompression Device w/needle
- 1 Ambu Bag w/mask

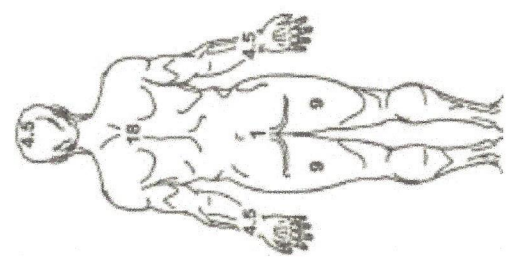
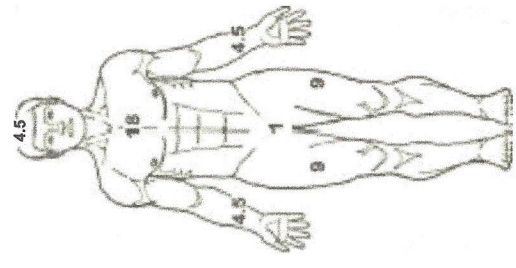
# DEM TRIAGE CARD - JEFFERSON COUNTY, WA

TAG #: \_\_\_\_\_ EVAC: \_\_\_\_\_ Urgent (Red) \_\_\_\_\_ Priority (Yellow) \_\_\_\_\_ Routine (Green) \_\_\_\_\_  
 NAME: (Last, First) \_\_\_\_\_ GENDER: M F  
 DATE: (DD-MM-YY) \_\_\_\_\_ TIME: (00:00 - 23:59) \_\_\_\_\_  
 LOCATION: \_\_\_\_\_  
 DOB (DD-MM-YY) \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

Mechanism of Injury: (X all that apply)  
 \_\_\_\_\_ Blast \_\_\_\_\_ Blunt \_\_\_\_\_ Burn \_\_\_\_\_ Fall \_\_\_\_\_ GSW  
 \_\_\_\_\_ Penetrating \_\_\_\_\_ MVC \_\_\_\_\_ Other \_\_\_\_\_

Injury: (Mark injuries with abbreviation)

- D - Deformities
- C - Contusions
- A - Abrasions
- P - Punctures
- B - Burns
- T - Tenderness
- L - Lacerations
- S - Swelling
- Amp - Amputations



Tourniquet  
 Type: \_\_\_\_\_  
 Time: \_\_\_\_\_

TAG #: \_\_\_\_\_ EVAC: \_\_\_\_\_ Urgent (Red) \_\_\_\_\_ Priority (Yellow) \_\_\_\_\_ Routine (Green) \_\_\_\_\_  
 Treatments: (X all that apply and fill in the blanks)  
 C: Tourniquet: \_\_\_\_\_  
 Dressing: \_\_\_\_\_ Hemostatic \_\_\_\_\_ Pressure \_\_\_\_\_ Other \_\_\_\_\_  
 A: \_\_\_\_\_ Intact \_\_\_\_\_ NPA \_\_\_\_\_ CRIC \_\_\_\_\_ ET-Tube \_\_\_\_\_ SGA \_\_\_\_\_  
 B: \_\_\_\_\_ O2 \_\_\_\_\_ Needle-D \_\_\_\_\_ Chest-Tube \_\_\_\_\_ Chest-Seal \_\_\_\_\_

Fluid (IV or IO):

Name	Volume	Route	Time

Medications:

Name	Dose	Route	Time

OTHER: \_\_\_\_\_ Eye Shield ( \_\_\_\_\_ R \_\_\_\_\_ L)  
 \_\_\_\_\_ Splint \_\_\_\_\_ Hypothermia - Prevention Type \_\_\_\_\_

MEDICAL ISSUES / NOTES:

Time (00:00 - 23:59)				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Temperature				

FIRST RESPONDER  
 NAME (Last, First) \_\_\_\_\_ DESIGNATION (MD, RN, EMT, CERT, etc.) \_\_\_\_\_