CANINE TREATMENT AND RESUSCITATION RECORD
Part I, Animal Technician/Nursing Flow Sheet

Date ______

1. PATIENT/CANINE INFORMATION

1.1 TRAUMA TEAM DATA

Service	Time Called	Time Arrived	Name
ED Physician			
Veterinarian			
Trauma Surgeon			
Radiology			
Pharmacy			
Lab/Blood Bank			
Respiratory Therapy			
Anesthesiology			
Consult (Germany)			

1.2 ARRIVAL

Date ______
Time of Arrival ______
Time of Injury ______
Date of Injury ______
Transit Time minutes ______

1.3 EVAC FROM

☐ 1st Responder
☐ Forward Resuscitative Care
☐ Theater Hospital
Location ______

1.4 MODE OF ARRIVAL

☐ Walked/Carried ☐ CCATT
☐ CASEVAC - Air ☐ Ship EVAC
☐ CASEVAC - Ground ☐ AE
☐ MEDEVAC - Air ☐ Other
Mission # ______
☐ MEDEVAC - Ground
Mission # ______ ______

1.5 INJURY TYPE

☐ Blunt
☐ Burn
☐ Penetrating
☐ Medical (Non-trauma)

1.6 INJURY CLASSIFICATION

☐ Battle
☐ Non-Battle
☐ Unknown

1.7 TRIAGE CATEGORY

☐ Immediate ☐ Delayed ☐ Minimal ☐ Expectant

1.8 SAFETY

☐ Muzzle Applied
☐ Handler Present
☐ Sedated

1.9 PATIENT CATEGORY

☐ USA MWD ☐ USAF MWD
☐ USN MWD ☐ USCG MWD
☐ NATO - Coalition MWD ☐ USMC MWD
☐ Non-NATO - Coalition MWD ☐ Contractor MWD
☐ Other MWD ______

1.10 PPE

☐ Body Armor
☐ Doggles/Eye Protection
☐ Ear Protection
☐ Other
______

1.11 INJURY CAUSE

☐ Building Collapse ☐ CBRNE *Agent* ______
☐ Bullet/GSW ☐ Inhalation Injury ☐ MVC
☐ Fire/Flame (Burn) ☐ Mine ☐ UXO
☐ IED ☐ Mortar/Rocket ☐ Heat/Sun
☐ Fall ☐ Artillery Shell ☐ Medical
☐ Other ______

2. CARE DONE PRIOR TO ARRIVAL

2.1 PREHOSPITAL TOURNIQUET

Front Extremities:
Type:
☐ CAT ☐ SOFTT
☐ Other ______
Time On ______ Off ______
☐ L How many? ☐ 1 ☐ 3 ☐ 2 ☐ 4
Effective? ☐ Y ☐ N
☐ R How many? ☐ 1 ☐ 3 ☐ 2 ☐ 4
Effective? ☐ Y ☐ N

Rear Extremities:
Type:
☐ CAT ☐ SOFTT
☐ Other ______
Time On ______ Off ______
☐ L How many? ☐ 1 ☐ 3 ☐ 2 ☐ 4
Effective? ☐ Y ☐ N
☐ R How many? ☐ 1 ☐ 3 ☐ 2 ☐ 4
Effective? ☐ Y ☐ N

2.2 PREHOSPITAL VITALS

Sedation Level:
☐ Alert P ______
☐ Sedated RR ______
☐ Lethargic BP ____ / ____
☐ Unconscious SpO_2 ______
T ______ ☐F ☐C CRT ______

2.3 HEMORRHAGE CONTROL

☐ Celox ☐ Field Dressing
☐ ChitoFlex ☐ QuikClot
☐ Combat Gauze ☐ None
☐ Direct Pressure ☐ Unknown
☐ Other ______

2.4 PREHOSPITAL WARMING

☐ Blanket
☐ Body Bag
☐ HPMK
☐ Space Blanket
☐ Other
______

2.5 PREHOSPITAL MEDS

2.6 PREHOSPITAL INTERVENTIONS

Intubated ☐ Y ☐ N | IO Infusions ☐ Y ☐ N | IV Fluids ☐ Y ☐ N
Tracheostomy ☐ Y ☐ N | E-Collar ☐ Y ☐ N | Pain Scale (0 - 10)
Needle Decompression ☐ Y ☐ N | CPR ☐ Y ☐ N | ______
CBRNE Decon ☐ Y ☐ N ______

3. PRIMARY ASSESSMENT

3.1 VITALS

P ______
RR ______
BP ____ / ____
SpO_2 ______
Pain Scale (0 - 10) ______

3.2 NEURO/MENTAL STATUS

☐ Hyperactive ☐ Disoriented
☐ Alert ☐ Stupor
☐ Sedated ☐ Comatose
☐ Depressed

MGCS
L of C ______
Motor ______
Brainstem ______
TOTAL ______

3.3 HYPO / HYPERTHERMIA CONTROL MEASURES

Arrival Temp ______ ☐ F ☐ C
Time ______ Date ______
Route: ☐ Aural
☐ Rectal

Temperature Control Procedure:
☐ Bair Hugger ☐ Warming Blanket
☐ Warmed Fluids ☐ Cooling Blanket
☐ Water ☐ IV Fluids
☐ Other ______

3.4 AIRWAY

☐ Patent ☐ BVM (Ambu)
☐ Panting ☐ Intubated
☐ Stridor ☐ Other (specify):
☐ Obstructed
☐ OPA ______

3.5 BREATHING

☐ Unlabored
☐ Labored
☐ Panting
☐ Abdominal Component
☐ Absent

Breath Sounds:
Clear ☐ L ☐ R
Rales ☐ L ☐ R
Wheeze ☐ L ☐ R
Absent ☐ L ☐ R

Chest Symmetry:
☐ Equal
☐ L > R
☐ R > L
Flail: ☐ L ☐ R

Trachea:
☐ Midline
☐ Deviated

PATIENT ID Name ______ DOB ______ Age ____ Weight ______ Gender ☐ N ☐ F ☐ M Breed ______ MWD Type ______
Tattoo # ______ Microchip # ______ SSN ______ Handler Name ______ Deployed/Assigned Unit ______
Vet/Tech/HCP Name ______ Facility Name ______ Facility Location ______

3. PRIMARY ASSESSMENT (CONT.)

3.6 NOTES

3.7 CIRCULATION

Mucus Membrane
- ☐ Hot ☐ Warm ☐ Cool
- ☐ Pink ☐ Pale
- ☐ Moist ☐ Dry
- ☐ Cyanotic ☐ Brick Red

Heart Sounds
- ☐ Clear
- ☐ Muffled

CRT
- ☐ < 2 s
- ☐ ≥ 2 s

4. SECONDARY SURVEY

4.1 HEAD / NECK ENT

Drainage:
- ☐ Nasal (Color) ________
- ☐ Ear (Color) ________

Dental Injury ☐ Y ☐ N

JVD ☐ Y ☐ N

Reactive Pupils

Right:	Left:
☐ Y ☐ N	☐ Y ☐ N
☐ Brisk	☐ Brisk
☐ Sluggish	☐ Sluggish
☐ NR	☐ NR

4.2 HEART

Rhythm
- ☐ NSR ☐ PEA
- ☐ Tachy ☐ Brady
- ☐ V-fib ☐ V-tach
- ☐ Asystole
- ☐ Normal Sinus Arrhythmia
- ☐ Other ________

Pulses
S = Strong **W** = Weak
D = Doppler **A** = Absent

Femoral ___L ___R

Dorsal Metatarsal ___L ___R

4.3 ABDOMINAL
- ☐ Open Wound
- ☐ Flat
- ☐ Distended
- ☐ Rigid
- ☐ Bruising
- ☐ Soft
- ☐ Pain

FAST ☐ + / ☐ -

Site ☐ DH ☐ CC ☐ SR ☐ HR

4.4 EXTREMITIES

Deformities	Pulses Present	Motor	Sensory
☐ LF	________	☐ Y ☐ N	☐ Y ☐ N
☐ RF	________	☐ Y ☐ N	☐ Y ☐ N
☐ LR	________	☐ Y ☐ N	☐ Y ☐ N
☐ RR	________	☐ Y ☐ N	☐ Y ☐ N

Pulses Present: indicate **S**=Strong **W**=Weak **D**=Doppler **A**=Absent

4.5 ALLERGIES
- ☐ Unknown
- ☐ NKDA ☐ Other

4.6 CURRENT MEDICATIONS
- ☐ Unknown ☐ None
- ☐ Current Meds: (List med, dose, & route)

4.7 MEDICAL HISTORY

4.8 PROCEDURES

Procedure	Time	Size/Type	Site	Performed By	Results/Notes
O_2 Therapy ___Lpm ___%	On ______ Off ______	☐ Low Flow Blow By ☐ High Flow Blow By	☐ OPA ☐ Nasal Cannula ☐ BVM/(Ambu)	________	________
ET Intubation	Time ______	Trach Tube ______ mm	☐ Oral ☐ Tracheostomy	________	☐ $ETCO_2$ Change ☐ BBS Post Intubation
Chest Tube #1	Time ______	________	☐ L ☐ R	________	☐ Air Blood (ml) ______
Chest Tube #2	Time ______	________	☐ L ☐ R	________	☐ Air Blood (ml) ______
Needle Decompression	Time ______	________	☐ L ☐ R	________	☐ Air Blood (ml) ______
Tourniquet	Time ______	Types ________	☐ LF ☐ RF ☐ LR ☐ RR	________	________
Urinary	Time ______	Amount ______ Color ______ Foley Size ______		________	________

Other Procedure Time ______ Describe ________________

Other Procedure Time ______ Describe ________________

Other Procedure Time ______ Describe ________________

Hemorrhage Control ☐ Celox ☐ Combat Gauze ☐ Field Dressing ☐ QuikClot ☐ ChitoFlex ☐ Direct Pressure ☐ HemCon ☐ None ☐ Unknown ☐ Other ________

PATIENT ID Name ________ DOB ________ Age ___ Weight ______ Gender ☐ N ☐ F ☐ M Breed ________ MWD Type ________

Tattoo # ________ Microchip # ________ SSN ________ Handler Name ________ Deployed/Assigned Unit ________

Vet/Tech/HCP Name ________ Facility Name ________ Facility Location ________

4. SECONDARY SURVEY, continued

4.9 VENT SETTINGS

Time

Mode:

FiO2:

Rate:

PEEP:

TV:

Notes:

4.10 INTRAVENOUS/INTRAOSSEOUS ACCESS AND FLUIDS/BLOOD PRODUCTS

Start Time	Rate	Type	Gauge	Site	IVF Type	Amount Up	Amount In	Stop Time	Initials
		☐ IV ☐ IO							
		☐ IV ☐ IO							
		☐ IV ☐ IO							
		☐ IV ☐ IO							
		☐ IV ☐ IO							

4.11 MEDICATIONS

Start Time	Drug	Dose	Site	Route	Stop Time	Initials

4.12 LABS

Time	Test	Time	Test
	CBC		INR
	Chem7		Lactate
	Chem12		U/A
	H&H	☐	Other, specify:
	ABG/Serial		
	VBG		
	PT/PTT		

4.13 CT

Type	Time
☐ Head	
☐ Spine	
☐ Chest	
☐ Abd/Pelvis	
☐ Pan Scan	

4.14 X-RAY

Type	Time
☐ Head	
☐ Spine	
☐ Chest	
☐ Abd	
☐ Pelvis	

☐ Extremity
- ☐ LF
- ☐ RF
- ☐ LR
- ☐ RR

Time

4.15 Pending Studies

4.16 Results

4.17 VITAL SIGNS

Time	BP	P	RR	Temp	SpO2	Other (ICP)	Initials

4.18 DISPOSITION

Date: Time: Handler Present: ☐ Y ☐ N

RTD ☐ Full ☐ Light Work ☐ No Work for ______ Days

Admit ☐ OR ☐ ICU ☐ ICW ☐ Vet Clinic

Evac to ☐ VTF Role 2 ☐ VTF Role 3

☐ VMCE Facility Name:

Evac Priority ☐ Routine ☐ Priority ☐ Urgent

Evac Mode ☐ Ambulatory ☐ Gurney/Litter ☐ Crate/Kennel

Evac Transport Vehicle

MEDEVAC: ☐ Rotary Wing ☐ Fixed Wing ☐ CCATT

Ground: ☐ Ambulance ☐ Non-Medical

4.19 NOTES

PATIENT ID Name DOB Age Weight Gender ☐ N ☐ F ☐ M Breed MWD Type

Tattoo # Microchip # SSN Handler Name Deployed/Assigned Unit

Vet/Tech/HCP Name Facility Name Facility Location

CANINE TREATMENT AND RESUSCITATION RECORD
Part II, Veterinarian/Physician

Date ______

1. HISTORY & PHYSICAL - INJURY DESCRIPTION

1.1 ARRIVAL

Date ______

Time of Arrival ______

1.2 TRIAGE CATEGORY

- ☐ Immediate
- ☐ Delayed
- ☐ Minimal
- ☐ Expectant

1.3 CHIEF COMPLAINT, HISTORY AND PRESENTING ILLNESS

1.4 INJURY DESCRIPTION

(**AB**)rasion
(**AMP**)utation
(**AV**)ulsion
(**BL**)eeding
(**B**)urn %TBSA_____
(**C**)repitus
(**D**)eformity
(**DG**)Degloving
(**E**)cchymosis
(**FX**)Fracture
(**F**)oreign Body
(**GSW**)Gun Shot Wound
(**H**)ematoma
(I)llness (not trauma)
(**LAC**)eration
(**PW**)Puncture Wound
(SW) Stab Wound
(**P**)ain
(PP) Peppering

L R CANINE R L

DORSAL VENTRAL

Pulses Present
S= Strong **W**= Weak
D= Doppler **A**=Absent

Injury Description Comments ______

1.5 HISTORY AND PHYSICAL

Head & Neck :

Chest:

Abdomen/Back and Spine:

Pelvis: ☐ Stable ☐ Unstable

Front Extremities:

Rear Extremities:

Interventions Prior to Arrival:

1.6 PRE / INITIAL PROCEDURES / DIAGNOSTICS

Pre / Initial

- ☐ ☐ Trach
- ☐ ☐ ICP Monitor
- ☐ ☐ Eye Injury ☐ L ☐ R
- ☐ Fluorescein ☐ - / ☐ +

Pre / Initial

- ☐ ☐ Cantholysis & Canthotomy ☐ L ☐ R
- ☐ ☐ Tympanic Membranes Rupture ☐ L ☐ R; Blood ☐ L ☐ R

Needle Decompression ☐ R ☐ L

Output ☐ Air
☐ Blood (ml) ______
☐ Pericardiocentesis

Pericardial FAST ☐ - / ☐ +
Describe ______
Thoracic FAST ☐ - / ☐ +
Site ☐ L CTS ☐ R CTS

DPL ☐ Gross Blood: ☐ - / ☐ + Describe

Serial AFAST ☐ - / ☐ + Site ☐ DH ☐ CC ☐ SR ☐ HR

Rectal Exam ☐ WNL ☐ Weak/Absent Tone Gross Blood: ☐ - / ☐ +

☐ Closed Reduction ☐ EXT Fixation ☐ Splint ☐ Wound Washout
☐ Tourniquet ☐ L # ______ ☐ R # ______

☐ Closed Reduction ☐ EXT Fixation ☐ Splint ☐ Wound Washout
☐ Tourniquet ☐ L # ______ ☐ R # ______

☐ Sedated ☐ Hypertonic Saline ☐ Mannitol ☐ Seizure Protocol
☐ Central Line Loc ______ Site ______
☐ IO/IV Loc ______ Site ______

PATIENT ID Name ______ DOB ______ Age ___ Weight ______ Gender ☐ N ☐ F ☐ M Breed ______ MWD Type ______

Tattoo # ______ Microchip # ______ SSN ______ Handler Name ______ Deployed/Assigned Unit ______

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CANINE TREATMENT AND RESUSCITATION RECORD
Part II, Veterinarian/Physician

Date ______

1.7 PUPILS / VISION

Brisk ☐ L ☐ R Sluggish ☐ L ☐ R NR ☐ L ☐ R Hand Motion ☐ L ☐ R
Light Perception ☐ L ☐ R No Light Perception ☐ L ☐ R
Aniscoria ☐ L > R ☐ R > L

1.8 BURN

☐ Super ☐ Deep PT %TBSA ______ Cause ______
☐ Super PT ☐ Full

1.9 EXTREMITIES

	Motor	Sensory	ROM
LF	+ ____ / - ____	+ ____ / - ____	+ ____ / - ____
RF	+ ____ / - ____	+ ____ / - ____	+ ____ / - ____
LR	+ ____ / - ____	+ ____ / - ____	+ ____ / - ____
RR	+ ____ / - ____	+ ____ / - ____	+ ____ / - ____

2. LABORATORY RESULTS

2.1 CBC

____ WBC
____ RBC
____ HGB
____ HCT
____ PLT

2.2 CHEMISTRY 7/12

____ Na	____ Gluc	____ TProtein
____ K	____ BUN	____ ALT
____ Cl	____ Crea	____ AST
____ Ca	____ Albumin	____ ALP
____ CO2	____ TBili	____ Lactate

2.3 COAG

____ PT
____ PTT
____ INR

2.4 Blood Type

______

2.5 VBG/ABG

VBG		ABG
____	pH	____
____	PaO2	____
____	PaCO2	____
____	HCO3	____
____	SaO2	____

2.6 URINALYSIS

____ SpGr
____ pH
____ LEU
____ PRO
____ GLU
____ KET
____ UBG
____ BIL
____ HGB

2.7 OTHER LABS

______

3. X-RAYS and CT

3.1 CT OBTAINED

☐ Head
☐ Spine
☐ Chest
☐ Abd/Pelvis
☐ Pan Scan*

* Select Pan Scan only if all of the above requested

3.2 X-RAYS OBTAINED

☐ Head ☐ Extremity
☐ Spine ☐ LF
☐ Chest ☐ RF
☐ Abd ☐ LR
☐ Pelvis ☐ RR
Other ______
Other ______
Other ______

3.3 Foreign Body

☐ Projectile ☐ Shrapnel ☐ Debris
☐ Incendiary Device ☐ Bones
☐ Other: ______

3.4 PENDING STUDIES

3.5 RESULTS (include TEG/Rotem results)

4. IMPRESSION/ASSESSMENT

4.1 Severity

☐ Critical
☐ Severe
☐ Moderate
☐ Mild

4.2 Impression/Assessment Comments

5. DIAGNOSES

1. ______
2. ______
3. ______
4. ______
5. ______
6. ______
7. ______
8. ______
9. ______
10. ______
11. ______
12. ______

PATIENT ID Name ______ DOB ______ Age ____ Weight ____ Gender ☐ N ☐ F ☐ M Breed ______ MWD Type ______
Tattoo # ______ Microchip # ______ SSN ______ Handler Name ______ Deployed/Assigned Unit ______
Vet/Tech/HCP Name ______ Facility Name ______ Facility Location ______

CANINE TREATMENT AND RESUSCITATION RECORD

Part II, Veterinarian/Physician

Date ______________

6. PLAN

6.1 PLAN

7. DNBI / NBI CATEGORY

☐ Injury, MVC ☐ Surgical ☐ Other ______________

☐ Injury, Work/Training ☐ Disease ☐ Describe ______________

8. CAUSE OF DEATH

8.1 ANATOMIC

☐ Airway ☐ Neck ☐ Abdomen

☐ Head ☐ Chest ☐ Pelvis

☐ Extremity ☐ LF ☐ RF ☐ LR ☐ RR ☐ Other, Specify

8.2 PHYSIOLOGIC

☐ MOF ☐ Sepsis ☐ CNS ☐ Hemorrhage ☐ Breathing

☐ Heart Failure ☐ Total Body Disruption ☐ Other, Specify

8.3 DEATH INFORMATION

Date of Death ______________ Time of Death __________ Mortuary Affairs Notified? ☐ N/A ☐ Y ☐ N

Euthanized ☐ Y ☐ N Method ______________

Gross Necropsy by DVM ☐ Y ☐ N Necropsy Date ______________ Necropsy Time __________

Time between death and necropsy ______________ Gross Pathology Report: ☐ Y ☐ N ☐ Unknown

Samples Shipped to JPC ☐ Y ☐ N ☐ N/A ☐ Unknown

Death Remarks

Sign and submit when form is completed Vet/Tech/HCP Signature ______________ dog.consult@us.af.mil

PATIENT ID Name ______________ DOB __________ Age ____ Weight ______ Gender ☐ N ☐ F ☐ M Breed ______________ MWD Type ______________

Tattoo # ______________ Microchip # ______________ SSN __________ Handler Name ______________ Deployed/Assigned Unit __________

Vet/Tech/HCP Name ______________ Facility Name ______________ Facility Location ______________