MASS CASUALTY (MASCAL)/AUSTERE TRAUMA TEAM RESUSCITATION RECORD

Submit by Email

ARRIVAL
Date of Arrival: _____
Time of Arrival: _____
Date of Injury: _____
Time of Injury: _____

EVAC FROM
◯ 1st Responder
◯ Forward Resuscitative Care
◯ Theater Hospital
Location: _____

INJURY CAUSE
☐ Building Collapse ☐ Burn Fire/Flame/Hot Obj ☐ Mine
☐ Bullet/GSW ☐ IED NFS/VBIED/PBIED ☐ Sports
☐ Fall ☐ Knife/Other Sharp Obj ☐ Other _____
☐ MVC ☐ Mortar/Rocket/Artillery

TRIAGE CATEGORY
◯ Immediate
◯ Delayed
◯ Minimal
◯ Expectant

PATIENT CATEGORY
◯ USA ◯ USCG ◯ Non-NATO - Coalition
◯ USAF ◯ Civilian - Local ◯ Local Partner Forces
◯ USMC ◯ Contractor ◯ EPW/Detainee
◯ USN ◯ NATO - Coalition ◯ Other: _____

INJURY TYPE
☐ Blunt
☐ Burn
☐ Penetrating

PATIENT MEDICAL INFORMATION
ALLERGIES: NKDA/: _____
PMH: UNK/: _____
PSH: UNK/: _____

MODE OF ARRIVAL
☐ Walked/Carried ☐ CASEVAC: Air/ground ☐ Ship EVAC
☐ CCATT ☐ MEDEVAC:Air/ground ☐ Air EVAC
☐ Other (specify): _____

History of Present Illness / Notes

INTERVENTIONS PRIOR TO ARRIVAL

VITALS SIGNS
Temp: ____
BP: ____ / ____
HR: ____ RR: ____
SpO_2 ____

GCS:
Eyes: ____/4
Verbal: ____/5
Motor: ____/6
Total ____/15

WARMING
☐ Blanket
☐ Body Bag
☐ HPMK
☐ Space Blanket
☐ Other (specify): _____
☐ N/A

TOURNIQUET *Type: C = CAT / S = SOFTT*

Extremity	#	Type	Time On	Time Off
☐ RUE:				
☐ LUE:				
☐ RLE:				
☐ LLE:				

☐ Junctional
Location(s): _____
Time On: _____
Time Off: _____

HEMORRHAGE CONTROL MEASURES
☐ Combat Gauze
☐ Celox
☐ Chitogauze
☐ Direct Pressure
☐ Field Dressing
☐ Other (specify): _____

BLOOD PRODUCTS GIVEN
☐ Whole Blood: # ____ U
☐ RBCs: # ____ U
☐ FFP/LP: # ____ U
☐ Plts: # ____ U
☐ None/Unknown
☐ Other (specify): _____
◯ Yes-Reaction ◯ No-Reaction

PREHOSPITAL AIRWAY/BREATHING INTERVENTIONS
☐ OPA/NPA
☐ Intubated: ____ETT ____LMA ____King LT Other _____
☐ Trach: Size _____
☐ BVM w/o intubation
☐ Chest seal
☐ Cric: Size _____
☐ Needle Decompression: ◯ Right Loc: _____
◯ Left Loc: _____
☐ Chest Tube: ◯ Right ____Size Output (mL) ____
◯ Left ____Size Output (mL) ____
☐ Vent Settings
Mode: _____ RR: _____ TV: _____ Peep: _____
FiO_2: _____ Other: _____
☐ Other (specify): _____

PREHOSPITAL MEDICATIONS GIVEN:

	Total Dose	Route
☐ Fentanyl:		
☐ Morphine:		
☐ Ketamine:		
☐ Propofol:		
☐ Versed:		
☐ Rocuronium:		
☐ Succinylcholine:		
☐ Antibiotic (specify):		
☐ TXA (grams IV):		
☐ Other (specify):		
☐ Other (specify):		

Tetanus Given: ◯ Yes ◯ No
TIG Given: ◯ Yes ◯ No

LINE ACCESS:
☐ IVs: Type/ Loc(s)/ Size
1. _____
2. _____
3. _____
☐ IO Infusion: Loc(s):
1. _____ 2. _____
☐ Central Line: Loc: _____
Type: ◯ Trip Lumen ◯ Cordis
☐ Other: _____

OTHER INTERVENTIONS:
☐ Eye Shield: ◯ OS ◯ OD ◯ OU
☐ C-Spine Immobilized
◯ *C-Spine Cleared PTA?* ◯ Yes ◯ No
☐ Splints Placed: *(location)*
1. _____ 2. _____
☐ Pelvic Binder
☐ Foley Catheter
☐ CPR Prior to Arrival: Start Time: _____
End Time: _____

Comments

Patient Last Name: _____ First Name: _____ MI: ____
Rank: _____ Patient ID/SSN: _____ DOB: _____
Age: ____ Gender: ◯ M ◯ F MOS/AFSC/NEC: _____

Unit: _____ Facility/Loc: _____ Team Type (i.e. SRT, GHOST): _____
RN/Medic Name: _____ Signature: _____ Date _____
Provider Name: _____ Signature: _____ Date _____

MASS CASUALTY (MASCAL)/AUSTERE TRAUMA TEAM RESUSCITATION RECORD

PRIMARY SURVEY

INITIAL VITALS SIGNS
Time: _____
Temp: _____ ◯F ◯C
◯T ◯O ◯A ◯R
BP: ____ / ____
HR: _____ RR: _____
SpO2: _____
Pain: ____/10

AIRWAY:
☐ Stridor ☐ Obstructed
☐ Patent ☐ Drooling
☐ OPA/NPA ☐ BVM
☐ Intubated
◯ *Type:* _____
☐ Other (specify):
_____

BREATHING
☐ Unlabored ☐ Absent
☐ Labored (describe): _____

Breath Sounds:

☐ Clear:	◯ R	◯ L	◯ B
☐ Rales:	◯ R	◯ L	◯ B
☐ Wheeze:	◯ R	◯ L	◯ B
☐ Diminished:	◯ R	◯ L	◯ B
☐ Absent:	◯ R	◯ L	◯ B

Trachea
☐ Midline
☐ Deviated

Chest Symmetry
☐ Equal
☐ Left >
☐ Right >
☐ Flail: ◯ R ◯ L

CIRCULATION
Skin
◯ Warm ◯ Cool ◯ Hot
◯ Pink ◯ Pale ◯ Cyanotic
◯ Dry ◯ Moist ◯ Diaphoretic
Heart Sounds
◯ Clear ◯ Muffled
Capillary Refill
☐ Equal
☐ < 2 Sec (nml) ☐ > 2 Sec (delayed)

NEURO
GCS:
Eyes: ____/4
Verbal: ____/5
Motor: ____/6
Total ____/15
Extremities:
☐ Neuro Intact
Deficit: _____

SECONDARY SURVEY

HEENT:
Pupils/Vision
☐ Unable to access
☐ Reactive: ◯ R ◯ L ◯ B
☐ NR: ◯ R ◯ L ◯ B
☐ Size: ____mm ____mm
☐ Eye Shield: ◯ R ◯ L ◯ B

TMs:
☐ Rupture
◯ R ◯ L ◯ B
☐ Blood
◯ R ◯ L ◯ B

C-SPINE
☐ C-Collar Placed Time placed: _____
☐ Cleared:
◯ Normal Exam, Reliable Pt
◯ Normal CT, Normal Exam
☐ Not Cleared

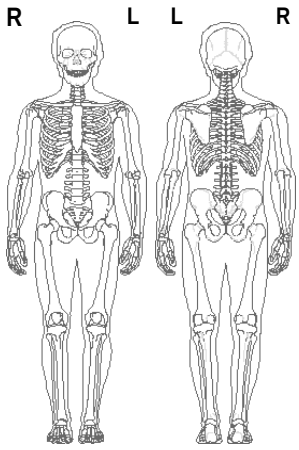
FAST ☐ Neg ☐ Indeterminate
☐ Pos, describe: _____

eFAST ☐ Neg ☐ Indeterminate
☐ Pos, describe: _____

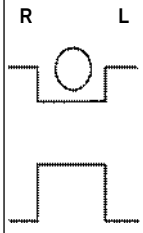
VITAL SIGNS:

Time	BP	HR	RR	SpO2	Pain	GCS	Temp
	/						
	/						
	/						
	/						
	/						
	/						
	/						

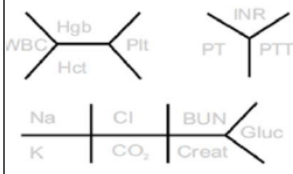
INJURY DESCRIPTION
(**AB**)rasion
(**AMP**)utation
(**AV**)ulsion
(**BL**)eeding
(**B**)urn %TBSA ____
(**C**)repitus
(**D**)eformity
(**DG**)Degloving
(**E**)cchymosis
(**EV**)isceration
(**FX**)Fracture
(**F**)oreign Body
(**GSW**)Gun Shot Wound
(**H**)ematoma
(**LAC**)eration
(**PW**)Puncture Wound
(**SS**)Seatbelt Sign
(**SW**)Stab Wound
(**P**)ain
(**PP**)Peppering



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



LAB RESULTS: Time: _____
attach iStat labs if prefer



ABG/VBG (circle/select)
_____pH _____BE
_____pCO2 _____HCO3
_____pO2 _____iCa
Blood Type: ____
Other _____

MEDS GIVEN:

Time	Medication	Dose	Route

IV/IO ACCESS:

Time	IV/IO	Size	Loc
		g	
		g	
		g	
		g	

BLOOD PRODUCTS/FLUIDS:

Type	#Units	Total PTA+now	Type	#Units	Total PTA+now
WB:			Plasma:		
RBCs:			Plts:		

Fluids: Type _____ Volume _____
Type _____ Volume _____

PROCEDURES: Time
☐ O2 Tx _____ Lpm ◯ NC ◯ NRB ◯ BVM
☐ ET Intubation _____ Size: ____F ____cm @ teeth
◯ ETCO2 Change ◯ BBS Post Intubation ◯ Vent Mode: _____
RR: ____ TV: ____ PEEP: ____ FiO2: ____
☐ Cric _____
☐ Needle D _____ ◯ R ◯ L
☐ Chest Tube _____ ◯R ◯ Air ◯ Blood _____mL
◯L ◯ Air ◯ Blood _____mL
☐ Tourniquet _____ Loc(s): ____ / ____ Time off: _____
☐ Gastric Tube _____ ◯ Oral ◯ Nasal
☐ Thoracotomy _____ ◯ R ◯ L ◯ Clamshell
☐ A-Line _____ Loc(s): _____ / _____
☐ Urinary Cath _____ Size: _____ Amt: _____
☐ REBOA _____

RADIOLOGY

Xrays	CT
☐ C-Spine	☐ Pan
☐ CXR	☐ Head
☐ KUB	☐ C-Spine
☐ Pelvis	☐ Chest
☐ Extremity:	☐ Abd/Pelvis
◯ Upper right	☐ Other
◯ Upper left	
◯ Lower right	
◯ Lower left	

Radiology Results

DISPOSITION
Date: _____ Time: _____
☐ Admit ◯ OR ◯ ICU ◯ ICW
☐ RTD ◯ Full ◯ Qtrs ◯ Profile

DEATH: Time: _____
Mechanism of Death

Diagnoses/Plan

EVACUATION: Evacuated to: HN/Coal Fac.: _____

Prioirity:
◯ Urgent
◯ Priority
◯ Routine

Mode:
◯ Ambulatory
◯ Litter
◯ Other: _____

Type
◯ AE ◯ MEDEVAC
◯ CCATT ◯ CASEVAC
◯ Ambulance

Patient Last Name: _____ First Name: _____ MI ____ ID/SSN _____
Unit: _____ Facility/Loc: _____ Team Type (i.e. SRT, GHOST): _____
RN/Medic Name: _____ Signature: _____ Date _____
Provider Name: _____ Signature: _____ Date _____