PATIENTS SUMMARY

Page Nr.

Date	
Incident	
Place of incident	
MCI Commander	
Treatment Area Officer	

Primary Triage							Secondary Triage						
Nr.	START						START						Note
					Diagnose	Time					Diagnose	Time	

SUMMARY AFTER PRIMARY TRIAGE

Page Nr.

Date	
Incident	
Place of incident	
Triage Area Officer	

Pat. Nr.	Patient Tag Nr.	GCS	Breathing (Yes/No, BF)	Circulation (Kapill. ref., HR)	Injury	START				Note

SUMMARY OF TRANSPORTED PATIENTS	Page Nr.
Date	
Incident	
Place of incident	
Transport Officer	

						Transport		Hospital Destination			
Patient Nr.	START				Diagnose	Ambulance	ID Nr.	Hospital	Ward	Time of transp.	Note

RESOURCES SUMMARY			Page Nr.
Date			
Incident			
Place of incident			
MCI Commander			
Time of arrival on the scene			
Fire Comm.		Police Comm.	

Resources on the scene

Time of arrival	**Emergency Medical Service**			Assignment	Note
	Ambulance Nr.	Ambulance Name	Radio Code		