

ALLIGATOR POINT / SAINT TERESA VFD REHAB FORM INDIVIDUAL RECORD

Last Name

First Name

DATE ____/____/____

TIME IN REHAB

TIME OUT OF REHAB

UNIT

AGENCY: **APSTVFD** **LSJVFD** **CVFD**
OTHER _____

YES TO ANY OF THE FOLLOWING WILL TRIGGER A NOTIFICATION OF THE UNIT OFFICER, COMMAND OR REHAB LEADER TO REQUEST AN AMBULANCE TO REHAB FOR FURTHER EVALUATION AND POSSIBLE TRANSPORT.

NO

YES

CHEST PAIN

☐

DIFFICULTY BREATHING

☐

DIZZINESS

☐

RAPID PULSE/DRY SKIN

☐
☐
☐
☐
☐

RECORD TIME OF NOTIFICATION OF UNIT COMMAND OR COMMAND POST.

CONTINUE CHECKING VITALS AND MONITOR CLOSELY.

:_____:_____

WHO WAS NOTIFIED? _____

	TIME	SYSTOLIC Less then 160	OK	DIASTOLIC Less then 110	OK	PULSE Less the 140	OK	SPO2 Greater 92	OK	TEMP If needed ***	OK	HYDRATED
Pre-Vital												Yes No
1st												Yes No
2nd												Yes No
3rd												Yes No

NORMAL RANGES _____ INITIAL VITALS AND FOLLOW UP IN TEN MINUTES

OUT OF RANGE —EXTEND REHAB TIME 10 MINUTES

IF STILL OUT OR RANGE—EXTEND ADDITIONAL 10 MIN COMPLETE 3RD VITAL CHECK

IF STILL OUT OF RANGE REQUEST MEDIC FOR EVALUATION

DIASTOLIC B/P > 120 OR SYSTOLIC B/P > 220 INFORM COMMAND

PULSE OVER 140 CHECK TEMPERATURE ***

Firefighter released from Rehab

Signature of Fire Dept Member