ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

REHAB - INDIVIDUAL RECORD

LAST NAME: _____ **FIRST NAME:** _____ **DATE:** _____

TIME IN REHAB: _____ **TIME OUT:** _____ **UNIT:** _____ **AGENCY:** ☐ APSTVFD ☐ LSJVFD ☐ CVFD

OTHER: _____

YES TO ANY OF THE FOLLOWING WILL TRIGGER 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	☐	☐

IF YES:

Record time of notification and continue checking vitals and monitoring closely.

TIME NOTIFIED: _____ **WHO WAS NOTIFIED?** _____

CHECK	TIME	SYSTOLIC <160	OK	DIASTOLIC <110	OK	PULSE <140	OK	SpO2 >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 OF RANGE - EXTEND AN ADDITIONAL 10 MINUTES AND 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: ☐ YES ☐ NO

SIGNATURE OF FIRE DEPT MEMBER: _____