



MABAS Division 128

Personnel Rehabilitation Division Worksheet

Name _____ **Department** _____

Incident Number: _____ **Date:** _____

Time: _____ hrs.	Pulse: _____	B/P: ____/____	Resp: _____	Temp: _____
Time: _____ hrs.	Pulse: _____	B/P: ____/____	Resp: _____	Temp: _____
Time: _____ hrs.	Pulse: _____	B/P: ____/____	Resp.: _____	Temp.: _____
CO Reading: _____ 12 lead EKG (if required) _____				
Complaints: _____				
Time Returned to Duty: _____ hrs.			Rehab Signature: _____	

Time: _____ hrs.	Pulse: _____	B/P: ____/____	Resp: _____	Temp: _____
Time: _____ hrs.	Pulse: _____	B/P: ____/____	Resp: _____	Temp: _____
Time: _____ hrs.	Pulse: _____	B/P: ____/____	Resp.: _____	Temp.: _____
CO Reading: _____ 12 lead EKG (if required) _____				
Complaints: _____				
Time Returned to Duty: _____ hrs.			Rehab Signature: _____	

Transport Criteria Based on ALS Evaluation of Signs or Symptoms

*Positive Symptoms	§Automatic Transport Criteria	+20-Minute Transport Criteria
<ul style="list-style-type: none"> ● Headache ● Dizziness ● Nausea/vomiting ● Vision abnormalities ● Paresthesias (numbness and/or tingling) 	<ul style="list-style-type: none"> ● Chest pain ● Confusion ● Shortness of breath ● Palpitations or irregular heart beat sensation 	<ul style="list-style-type: none"> ● Any Automatic Transport Criteria ● Any Positive Symptoms ● HR 140 or greater ● SBP 200 or greater OR 90 or less ● DBP greater than 110 ● T 101 or greater OR 97 or less ● RR 30 or greater ● CO level greater than 8%



Mabas Division 128

Signs & Symptoms Checklist for Rehab Division Operations

Incident Number: _____

Date: _____

Mental Status

Awake Alert & Oriented

Confused, lethargic

Unconscious

Skin Color/Temperature

Normal

Flushed

Pale

Gray/Ashen

Cyanotic

Hot

Warm

Cold

Dry

Moist

Notes:

Respirations/Rate

Normal

Labored

Absent

Rapid

Normal

Blood Pressure/ Pulse

Regular

Elevated

Low

Rapid > 140

Normal < 140

Slow < 50

Irregular

Time _____

Name _____

Department _____

Are there any of the following:

Injuries

Shortness of breath §

Chest Pain §

Abdominal pain

Nausea/Vomiting

Numbness or Tingling

Headache or Vision Problems

Recent History Medical Problems

Confusion §

Palpitations §

§ =Automatic Transport