

HERNANDO COUNTY FIRE CORPS REHAB FORM INDIVIDUAL RECORD

Last Name

First Name

DATE ____/____/____

TIME IN REHAB

TIME OUT OF REHAB

UNIT

AGENCY: HCFR SHFD BVFD
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 Corps Member