

Incident Name:  
Area Manager:

Date  
 Rehabilitation Log

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 Treatment Log

Unit	Name	Time In	Vitals Time	Pulse Rate & Reg	Resp Rate	Blood Pressure	SpO2	SpCO	Time Out
<b>Abnormal vital sign criteria</b>				> 110/min Irregular	> 20/min	> 160 sys > 100 dia	< 96%	> 5%	
						/			
						/			
<b>Fluid Intake (# 12 Oz)</b>						/			
<b>Symptom (0-12):</b>		<b>Disposition:</b>		Released from Rehab	Moved to Treatment	Refusal	Transport:		
						/			
						/			
<b>Fluid Intake (# 12 Oz)</b>						/			
<b>Symptom (0-12):</b>		<b>Disposition:</b>		Released from Rehab	Moved to Treatment	Refusal	Transport:		
						/			
						/			
<b>Fluid Intake (# 12 Oz)</b>						/			
<b>Symptom (0-12):</b>		<b>Disposition:</b>		Released from Rehab	Moved to Treatment	Refusal	Transport:		
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						/			
<b>Fluid Intake (# 12 Oz)</b>						/			
<b>Symptom (0-12):</b>		<b>Disposition:</b>		Released from Rehab	Moved to Treatment	Refusal	Transport:		
						/			
						/			
<b>Fluid Intake (# 12 Oz)</b>						/			
<b>Symptom (0-12):</b>		<b>Disposition:</b>		Released from Rehab	Moved to Treatment	Refusal	Transport:		

Symptom Key: 0 - None 1 - Chest Pain 2 - SOB 3 - AMS 4 - Dizziness 5 - Cramps 6 - Weakness 7 - Aches/Pains  
8 - Nausea 9 - Headache 10 - Changes in gait, speech, behavior 11 - Symptoms of heat/cold stress 12 - Other: \_\_\_\_\_