K9 Casualty Care Card

NAME : ____________________ **ID #** _____________ **BREED**: ____________________ **AGE**: ________**years**

GENDER: ☐ M ☐ F **NEUTERED** ☐ Y ☐ N **WEIGHT (KG)**: ___________ **DATE**: __________________

UNIT:___________________________________

MECHANISM OF INJURY: (**X** all that apply)

Trauma (*Penetrating* ☐ *Blunt* ☐) **Burn** ☐ **Laceration** ☐ **Head Trauma** ☐ **Spinal Trauma** ☐

Impalement/Knife ☐ **Ballistic** ☐ **Fall** ☐ **Vehicular** ☐ **IED** ☐ **Bloat/GDV** ☐ **Heat-related** ☐

Cold-related ☐ **Other** ☐ (explain): ____

PRESSURE DRESSING AND/OR TOURNIQUETS

*(Mark location on pictorial below with an **X**)*

R Forelimb ☐Y ☐N
TIME:

L Forelimb ☐Y ☐N
TIME:

R Hind limb ☐Y ☐N
TIME:

L Hind limb ☐Y ☐N
TIME:

Description

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INJURY: (***Circle** injuries locations*)

Ventral

4.5
4.5 4.5
18
4.5 4.5

Dorsal

4.5
4.5 4.5
18
4.5 4.5

Time	Perfusion Parameters						PAIN (0-10)
	HR	CRT (sec)	MM Color	Mentation	Pulse Quality	SBP	

Treatments: *(X all that apply, and fill in the blank)*

C:	**Pressure Dressing** ☐ **Location:**	**Tourniquet** ☐ **Location:**
	Hemostatic Dressing ☐	**Type:**
A:	**Intact** ☐ **Cric** ☐ **Trach** ☐ **Naso-Phar** ☐ **EndoTrach:** ☐ **Other** *(describe)*: ☐	
B:	**O2** ☐ **Needle-D:** R ☐ L ☐ **Chest-Tube:** R ☐ L ☐ (size:) **Chest Seal** ☐ *(Vented ☐ Non-vented ☐)* **Other** *(describe)* ☐	

Fluid Therapy

Type	Name	Volume	Route	Time
FLUID				
BLOOD				

MEDS:	Name	Dose	Route	Time
Analgesic *(e.g., Fentanyl, Morphine, Ketamine)*				
Antibiotic				
Other *(e.g. TXA, EACA)*				

OTHER TX:

Eye Trauma / Shield (☐ R ☐ L) **Hypothermia-Prevention** ☐ (Type: ______________________)

Bandage ☐ (Location: ________________________) **Splint** ☐ (Location: ____________________________)

IV Catheter ☐ (Size _______ / Location: ________________) **CPR:** (☐ Y ☐ N) **CPR Duration:** ________minutes

NOTES:

FIRST RESPONDER
NAME (Last, First) / **TITLE:** ________________________________ **Organization:** ____________________________