

Date: _____ Incident: _____ Address: _____ Rehab Officer: _____

Rehabilitation Standard for Emergency Operations and Training Exercises

NFPA 1584: Components for Rehabilitation	*(6.) Medical monitoring conditions
1. Relief from climactic conditions 2. Rest and recovery 3. Cooling and re-warming 4. Re-hydration 5. Calorie and electrolyte replacement	6. Medical monitoring* 7. EMS treatment in accordance with local protocol 8. Member accountability 9. Release a. Presence of chest pain, dizziness, shortness of breath, nausea, or headache. b. General complaints such as cramps or aches and pains. c. Symptoms of heat or cold-related stress. d. Changes In gait, speech, or behavior. e. Alertness and orientation to person, place, and time. f. Vital Signs (temperature, pulse, respirations, blood pressure, pulse oximetry, and carbon monoxide assessment)

Name	Unit*	Time In	Rehab Person Responsible	Complaints/ Condition	Rehab Complete	EMS Treatment or Transport?	Member Accountability Unit* Reassignment	Time Out			
1											
Medical Monitoring	<input type="checkbox"/> a	<input type="checkbox"/> c	<input type="checkbox"/> e	Vital Signs	Time	Temp	Pulse	Respirations	Blood Pressure	Pulse Oximetry	CO
	<input type="checkbox"/> b	<input type="checkbox"/> d	<input type="checkbox"/> f		1						
					2						
					3						
	Unit*	Time In	Rehab Person	Complaints/ Condition			Rehab Complete	Transport?	Unit*	Time Out	
2											
Medical Monitoring	<input type="checkbox"/> a	<input type="checkbox"/> c	<input type="checkbox"/> e	Vital Signs	Time	Temp	Pulse	Respirations	Blood Pressure	Pulse Oximetry	CO
	<input type="checkbox"/> b	<input type="checkbox"/> d	<input type="checkbox"/> f		1						
					2						
					3						
	Unit*	Time In	Rehab Person	Complaints/ Condition			Rehab Complete	Transport?	Unit #	Time Out	
3											
Medical Monitoring	<input type="checkbox"/> a	<input type="checkbox"/> c	<input type="checkbox"/> e	Vital Signs	Time	Temp	Pulse	Respirations	Blood Pressure	Pulse Oximetry	CO
	<input type="checkbox"/> b	<input type="checkbox"/> d	<input type="checkbox"/> f		1						
					2						
					3						
	Unit*	Time In	Rehab Person	Complaints/ Condition			Rehab Complete	Transport?	Unit*	Time Out	
4											
Medical Monitoring	<input type="checkbox"/> a	<input type="checkbox"/> c	<input type="checkbox"/> e	Vital Signs	Time	Temp	Pulse	Respirations	Blood Pressure	Pulse Oximetry	CO
	<input type="checkbox"/> b	<input type="checkbox"/> d	<input type="checkbox"/> f		1						
					2						
					3						
	Unit*	Time In	Rehab Person	Complaints/ Condition			Rehab Complete	Transport?	Unit*	Time Out	
5											
Medical Monitoring	<input type="checkbox"/> a	<input type="checkbox"/> c	<input type="checkbox"/> e	Vital Signs	Time	Temp	Pulse	Respirations	Blood Pressure	Pulse Oximetry	CO
	<input type="checkbox"/> b	<input type="checkbox"/> d	<input type="checkbox"/> f		1						
					2						
					3						
	Unit*	Time In	Rehab Person	Complaints/ Condition			Rehab Complete	Transport?	Unit*	Time Out	