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.

CHEST PAIN  NO       YES
DIFFICULTY BREATHING  NO       YES
DIZZINESS  NO       YES
RAPID PULSE/DRY SKIN  NO       YES

RECORD TIME OF NOTIFICATION OF UNIT COMMAND OR
COMMAND POST.
CONTINUE CHECKING VITALS AND MONITOR CLOSELY.

WHO WAS NOTIFIED?___________________________________

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<th>TIME</th>
<th>SYSTOLIC</th>
<th>OK</th>
<th>DIASTOLIC</th>
<th>OK</th>
<th>PULSE</th>
<th>OK</th>
<th>SPO2</th>
<th>OK</th>
<th>TEMP</th>
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<td></td>
<td></td>
<td>Less than 160</td>
<td>OK</td>
<td>Less than 110</td>
<td>OK</td>
<td>Greater 92</td>
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<td>If needed ***</td>
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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