



US00D550287S

(12) **United States Design Patent** (10) **Patent No.:** **US D550,287 S**
Smart et al. (45) **Date of Patent:** **** Sep. 4, 2007**

(54) **THREE-PANEL TRIAGE CARD**

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(57) **CLAIM**

The ornamental design for a three-panel triage card, as shown and described.

(**) Term: **14 Years**

DESCRIPTION

(21) Appl. No.: **29/261,005**

The patent or application file contains at least one drawing executed in color. Copies of this patent or patent application publication with color drawings(s) will be provided by the Office upon request and payment of the necessary fee.

(22) Filed: **Jun. 6, 2006**

Related U.S. Application Data

FIG. 1 is a view from the front of a 3-panel triage card showing our new design.

(62) Division of application No. 29/208,730, filed on Jul. 2, 2004, now abandoned.

FIG. 2 is a view from the back of the 3-panel triage card showing our new design.

(51) **LOC (8) Cl.** **19-08**

FIG. 3 is a front plan view of the first of the 3 panels of the triage card showing our new design.

(52) **U.S. Cl.** **D20/23; D20/25; D20/27; D20/40**

FIG. 4 is a back plan view of the first of the 3 panels of the triage card showing our new design.

(58) **Field of Classification Search** D20/10, D20/22, 23, 24, 25, 99; 40/124.01, 124.09, 40/299.01, 633, 665, 672; 206/581, 805; 283/55, 75, 106, 117, 900; 705/2

FIG. 5 is a front plan view of the second of the 3 panels of the triage card showing our new design.

See application file for complete search history.

FIG. 6 is a back plan view of the second of the 3 panels of the triage card showing our new design.

(56) **References Cited**

FIG. 7 is a front plan view of the third of the 3 panels of the triage card showing our new design; and,

U.S. PATENT DOCUMENTS

FIG. 8 is a back plan view of the third of the 3 panels of the triage card showing our new design.

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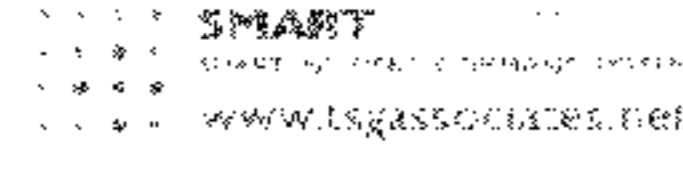
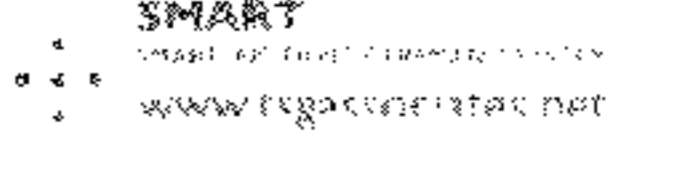
(Continued)

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Rectangular Color-Coded Plasti-Tags, Style PTOB, Seton Identification Products Catalog 878-G, Aug. 1987. p. J27.*

**1 Claim, 8 Drawing Sheets
(8 of 8 Drawing Sheet(s) Filed in Color)**

Primary Examiner—Robert M. Spear

 INFECTIOUS	DECONTAMINATION <table border="1" style="margin: auto;"> <tr><td style="text-align: center;">Patient Number</td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">Copy From Triage Tag</td></tr> </table>	Patient Number		Copy From Triage Tag	 CONTAMINATED
Patient Number					
Copy From Triage Tag					
AGENT(S) _____	by Whom : Fire EMS Hospital _____ Where : On Scene Hospital _____ Method : Primary Secondary _____ TIME : : : : _____ Solution : Wet Dry _____ TIME : : : : _____ Open Wounds Covered with Dressing @ _____	AGENT(S) _____			
Fill in details on Biological panel when time allows		Tick Box : <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Radiological			

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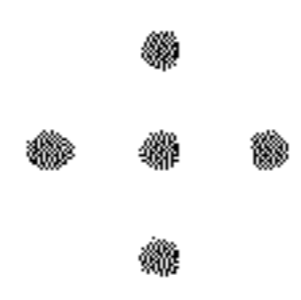
FIG. 1

<p>SMART SMART NETWORK COMPANIES SYSTEM www.tsgassociates.net</p> <h1 style="text-align: center;">INFECTIOUS</h1> <p>AGENT(S)</p> <p>Fill in details on Biological panel when time allows</p>	<h2 style="text-align: center;">DECONTAMINATION</h2> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>Patient Number</td></tr> <tr><td>Copy From Triage Tag</td></tr> </table> <p>by Whom : Fire EMS Hospital</p> <p>Where : On Scene Hospital</p> <p>Method : Primary Secondary</p> <p>IME : : : : : :</p> <p>olution : Wet Dry</p> <p>IME : : : : : :</p> <p>Open Wounds Covered with Dressing @ : :</p>	Patient Number	Copy From Triage Tag	<p>SMART SMART NETWORK COMPANIES SYSTEM www.tsgassociates.net</p> <h1 style="text-align: center;">CONTAMINATED</h1> <p>AGENT(S)</p> <p>Tick Box :</p> <p><input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Radiological</p>
Patient Number				
Copy From Triage Tag				

FIG. 2

CHEMICAL AGENT	RADIOLOGICAL AGENT	BIOLOGICAL AGENT
<p>AGENT(S)</p> <p>Characteristics</p> <p><input type="checkbox"/> Non Persistent Nerve <input type="checkbox"/> Choking</p> <p><input type="checkbox"/> Persistent Nerve <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Blister</p> <p>Signs / Symptoms</p> <p>Treatment</p>	<p>RADIOLOGICAL AGENT</p> <p>Type : ALPHA BETA GAMMA</p> <p>Dose Estimation Method & Estimated Dose</p> <p><input type="checkbox"/> Clinical <input type="checkbox"/> Dosimeter</p> <p><input type="checkbox"/> ^{msv} @ <input type="checkbox"/> ^{msv} @</p> <p>Contamination State</p> <p><input type="checkbox"/> Internal <input type="checkbox"/> External</p> <p>Signs / Symptoms</p> <p>Treatment</p>	<p>BIOLOGICAL AGENT</p> <p>AGENT(S)</p> <p>Characteristics</p> <p><input type="checkbox"/> Infectious <input type="checkbox"/> Non-Infectious</p> <p>If Infectious, ensure Infectious panel is displayed at all times</p> <p>Signs / Symptoms</p> <p>Treatment</p>

FIG. 3



SMART
SMART INCIDENT COMMAND SYSTEM
www.tsgassociates.net

INFECTIOUS

AGENT(S) _____

Fill in details on Biological panel when time allows

FIG. 4

<h1>BIOLOGICAL AGENT</h1>	
AGENT(S) _____	
Characteristics	

<input type="checkbox"/> Infectious	<input type="checkbox"/> Non-Infectious
If Infectious, ensure Infectious panel is displayed at all times	
<hr/>	
Signs / Symptoms	

<hr/>	
Treatment	

FIG. 5

DECONTAMINATION

Patient Number
Copy From Triage Tag

By Whom : Fire EMS Hospital -----

Where : On Scene Hospital -----

Method : Primary Secondary -----

TIME : ___ : ___ ___ : ___ ___ : ___

Solution : Wet Dry -----

TIME : ___ : ___ ___ : ___ ___ : ___

Open Wounds Covered with Dressing @ ___ : ___

FIG. 6

RADIOLOGICAL AGENT

Type : ALPHA BETA GAMMA

Dose Estimation Method & Estimated Dose

Clinical Dosimeter

mSv @ _ _ : _ _ mSv @ _ _ : _ _

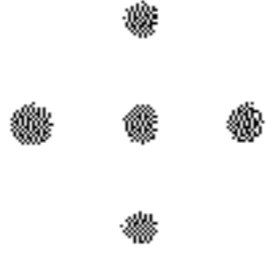
Contamination State

Internal External

Signs / Symptoms

Treatment

FIG. 7

 **SMART**
SMART INCIDENT COMMAND SYSTEM
www.tsgassociates.net

CONTAMINATED

AGENT(S) _____

Tick Box :

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical	Biological	Radiological

FIG. 8

<h1>CHEMICAL AGENT</h1>	
AGENT(S) _____	
Characteristics	
<input type="checkbox"/> Non Persistent Nerve	<input type="checkbox"/> Choking
<input type="checkbox"/> Persistent Nerve	<input type="checkbox"/> Other
<input type="checkbox"/> Blister	_____
<hr/>	
Signs / Symptoms	

<hr/>	
Treatment	

