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(12) **United States Design Patent**
Tetrault

(10) **Patent No.:** **US D641,040 S**
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(54) **CASUALTY CARE FORM**

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

(21) Appl. No.: **29/376,053**

(22) Filed: **Sep. 30, 2010**

(51) **LOC (9) Cl.** **19-01**

(52) **U.S. Cl.** **D19/1**

(58) **Field of Classification Search** D19/1-12;
40/124.01-124.15, 672, 661, 726, 776, 617,
40/633; 229/72, 92, 92.1, 300-303; 283/72,
283/74-75, 105-106, 81, 900; 206/449,
206/459-5; D21/385; D20/10, 22, 40, 27,
D20/42, 11; D14/435-437; D24/231; 705/2-3
See application file for complete search history.

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(57) **CLAIM**

The ornamental design for a casualty care form, as shown and described.

DESCRIPTION

FIG. 1 is a front view of the casualty care form showing my new design; and,

FIG. 2 is a rear view thereof.

It is understood that the sides may be of no substantial thickness. The broken lines showing are for illustrative purposes only and form no part of the claimed design or a specified embodiment thereof.

1 Claim, 2 Drawing Sheets

I T 4 C

ZAP / ROSTER# & CASUALTY'S PERSONAL INFO: SEX: M F

ZAP / ROSTER #: _____ UNIT: _____

NAME (LAST, FIRST, MI): _____

BLOOD TYPE: _____ ALLERGIES: _____

CAUSE OF INJURY:

M MECHANISM OF INJURY:

I INJURIES SUSTAINED:

- GUNSHOT WOUND
- OPEN WOUND (OTHER)
- SWELLING / EDEMA
- PAIN
- FRAGMENTATION
- CONTUSION
- FRACTURE
- ERYTHEMA
- TOURNIQUET
- AMPUTATION
- BURN

~ BURN %: _____

TIME: _____

*NOTE: write the injury letter on the front and / or back of the anatomical man where the actual injury occurred.

I T 4 C

IMPROVED TACTICAL COMBAT CASUALTY CARE CARD

1 **2** ZAP / ROSTER# & CASUALTY'S PERSONAL INFO: SEX: M F

ZAP / ROSTER #: _____ UNIT: _____

NAME (LAST, FIRST, MI): _____

BLOOD TYPE: _____ ALLERGIES: _____

CAUSE OF INJURY: ENEMY FRIENDLY UNKNOWN NBC

3 **M** MECHANISM OF INJURY: GSW BLAST MVA OTHER

3 **1** INJURIES SUSTAINED*:

INJURY LETTER
D GUNSHOT WOUND
W OPEN WOUND (OTHER)
S SWELLING / EDEMA
P PAIN
X FRAGMENTATION
C CONTUSION
F FRACTURE
E ERYTHEMA
T TOURNIQUET
A AMPUTATION
B BURN

~ BURN %: _____

TOURNIQUET

TIME

*NOTE - write the injury letter on the front and / or back of the anatomical man where the actual injury occurred.

FIG. 1

1 **5** SIGNS / SYMPTOMS:

TIME				
AVPU*				
PULSE				
RESP				
BP	/	/	/	/

*NOTE - casualty's level of consciousness (A: ALERT, V: VERBAL, P: PAIN, U: UNRESPONSIVE)

2 **1** TREATMENT RENDERED:

3 AIRWAY: INTACT ADJUNCT CRIC INTUBATED

4 BREATHING: CHEST SEAL NEEDLED CHEST TUBE

5 BLEEDING: TC HEMOSTATIC PACKED PRESSURE DRESS

6 FLUIDS: IV IO NS / LR 500 1000 1500
 HEXTEND 500 1000

7 DRUGS: COMBAT PILL PACK

<input type="checkbox"/>	TYPE		DOSE		ROUTE	<input type="checkbox"/> PO
<input type="checkbox"/>	TYPE		DOSE		ROUTE	<input type="checkbox"/> IV
<input type="checkbox"/>	TYPE		DOSE		ROUTE	<input type="checkbox"/> IM
<input type="checkbox"/>	TYPE		DOSE		ROUTE	<input type="checkbox"/> PO
<input type="checkbox"/>	TYPE		DOSE		ROUTE	<input type="checkbox"/> IV
<input type="checkbox"/>	TYPE		DOSE		ROUTE	<input type="checkbox"/> IM

8 OTHER: _____

9 1RN / DTG*: _____

*NOTE - first responder's name (last, first, M I.) and the DTG (date time group) the casualty was treated.

FIG. 2