



US00D650009S

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

(10) **Patent No.:** **US D650,009 S**
(45) **Date of Patent:** **** Dec. 6, 2011**

(54) **CASUALTY CARE FORM**

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(US)

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

(21) Appl. No.: **29/393,348**

(22) Filed: **Jun. 2, 2011**

Related U.S. Application Data

(62) Division of application No. 29/376,053, filed on Sep. 30, 2010, now Pat. No. Des. 641,040.

(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;
D21/385; D20/10, 22, 40, 27, 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.
The broken lines shown in FIGS. 1 and 2 showing the outside perimeter of the form and the front and rear views of a person form no part of the claimed design.

1 Claim, 2 Drawing Sheets

IT4C

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

ZAP / ROSTER #: _____ UNIT: _____

NAME (LAST, FIRST, MI): _____

BLOOD TYPE: _____ ALLERGIES: _____

CAUSE OF INJURY:

MECHANISM OF INJURY:

INJURIES SUSTAINED:

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

-- BURN %: _____

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

I T 4 C

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

ZAP / ROSTER #: _____ UNIT: _____

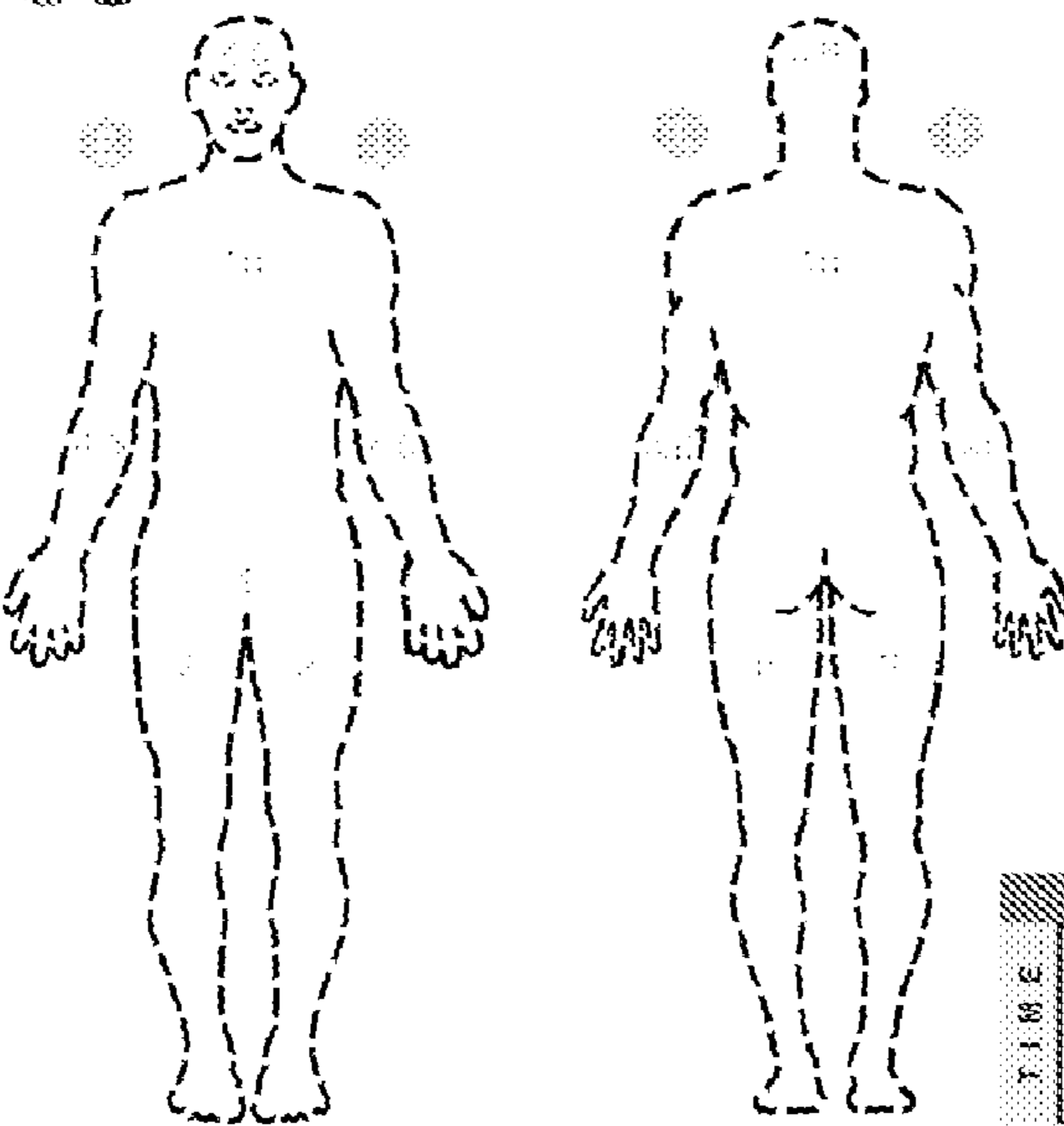
NAME (LAST, FIRST, MI): _____

BLOOD TYPE: _____ ALLERGIES: _____

CAUSE OF INJURY:

MECHANISM OF INJURY:

INJURIES SUSTAINED*:



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

-- BURN %: _____

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

FIG. 1

SIGNS / SYMPTOMS:

TIME				
AVPU				
PULSE				
RESP				
BP	/	/	/	/

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

TREATMENT RENDERED:

AIRWAY: OPENED CLEARED OBTAINED INTUBATED

BREATHING: OBTAINED ASSISTED SUPPLEMENTED

BLEEDING: STOPPED CONTROLLED TREATED PREVENTED

FLUIDS: NS LR NS / LR 500 1000 1500
 HEXTEND 500 1000

DRUGS: ADMINISTERED

W A T E R		W O O L E N		ROUTE	<input type="checkbox"/> PO
					<input type="checkbox"/> IV
					<input type="checkbox"/> IM
W A T E R		W O O L E N		ROUTE	<input type="checkbox"/> PO
					<input type="checkbox"/> IV
					<input type="checkbox"/> IM

OTHER: _____

1RN / DTG*: _____

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

FIG. 2