



# Responder REHAB

Rehab as a unit  
One sheet per unit

Page of Incident#		Fire / EMS		Rehab Group Sup:					
Unit #	Time In:		Ready for Assignment at (time):		Command Post Notified <input type="checkbox"/>				
OIC:	Time Out:		Notes:						
<ul style="list-style-type: none"> <li>Hydrate with 8 oz of water x 2</li> <li>Pulse &gt;140 - full V/S Repeat Hydration (8x2)</li> <li>Signs/Symptoms of dehydration – to triage and treatment area</li> </ul>									
Name ID#	Hydrated	Time	Pulse	Pulse >140?	BP	Resp	S&S of Dehydration ?	Transfer to Triage/ Treatment Area?	Notes/Disposition
					/		Y N		
BAR CODE	15 min>>				/		Y N		
					/		Y N		
BAR CODE	15 min>>				/		Y N		
					/		Y N		
BAR CODE	15 min>>				/		Y N		
					/		Y N		
BAR CODE	15 min>>				/		Y N		
					/		Y N		
BAR CODE	15 min>>				/		Y N		