Oregon Health Authority

Trauma Flow Sheet

PT Identification Sticker
Trauma band #:

Prehospital data

Method of arrival: ☐ Ambulance ☐ Helicopter ☐ Private auto ☐ Police

Ambulance company:

Unit number: | **Time of accident:**

Site of accident:

Mechanism of injury   Description of incident:

☐ Auto   ☐ Seatbelt   ☐ Airbag   ☐ Lap ☐ 3 pt   ☐ Driver   ☐ Passenger   ☐ Front   ☐ Back
☐ Pedestrian   ☐ Fall _____ ft ☐ Crush ☐ GSW _____ type   ☐ Motorcycle, ATV ☐ Bicycle ☐ Helmet: ☐ Yes ☐ No
☐ Blunt assault ☐ Stabbing   ☐ Other: _____

Prehospital treatment   ☐ Oral airway _____ ☐ Nasal _____ ☐ Oxygen _____ L Via _____

☐ Endotracheal intubation: ☐ Attempts _____ ☐ _____ Nasal ☐ _____ Oral _____ mm
☐ Supra glottis airway *(King)*   ☐ Assisted ventilation ☐ IV _____ g Location _____   ☐ Prehospital _____ ml
☐ Full spinal immobilization   ☐ C-collar only   ☐ IV _____ g Location _____   ☐ Control bleeding
☐ Splints _____   ☐ Traction _____ ☐ Foley _____ Size _____   ☐ NG tube/OG tube Size _____
☐ Restraints _____   ☐ Pelvic sling ☐ Monitors _____   ☐ Suctioning _____
☐ Other: _____   **Medications prior to arrival:** _____

Prehospital triage criteria   **Vital signs/levels of consciousness:**   ☐ Systolic blood pressure <90mmHg

☐ Resp. distress with rate <10 or >29   ☐ Need for ventilatory support   ☐ Glasgow coma scale ≤13

Anatomy of injury: ☐ All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee
☐ Chest wall instability or deformity *(e.g. flail chest)* ☐ Two or more proximal long-bone fractures ☐ Suspected pelvic fractures
☐ Crushed, degloved, mangled or   ☐ Amputation proximal to wrist or ankle ☐ Open or depressed
 pulseless extremity   ☐ Motor sensory deficit   skull fracture

Mechanism of injury: ☐ **Falls:** ☐ Adults: ≥ 20 ft. *(one story is equal to 10ft.)* ☐ Children: > 10 ft. or 2-3 times the height of the child

☐ **High-risk auto crash:**   ☐ Ejection *(partial or complete)* from automobile   ☐ Death in same passenger compartment
☐ Intrusion, including roof: > 12 in. occupant site; > 18 in. any site ☐ Vehicles telemetry data consistent with high risk of injury

☐ **Auto vs. pedestrian/bicyclist** thrown, run over or with significant *(> 20 mph)* impact ☐ **Motorcycle or ATV crash > 20 mph**

Comorbid factors   ☐ Older adults: age > 55   ☐ Children   ☐ Burns   ☐ Anticoagulants and bleeding disorders
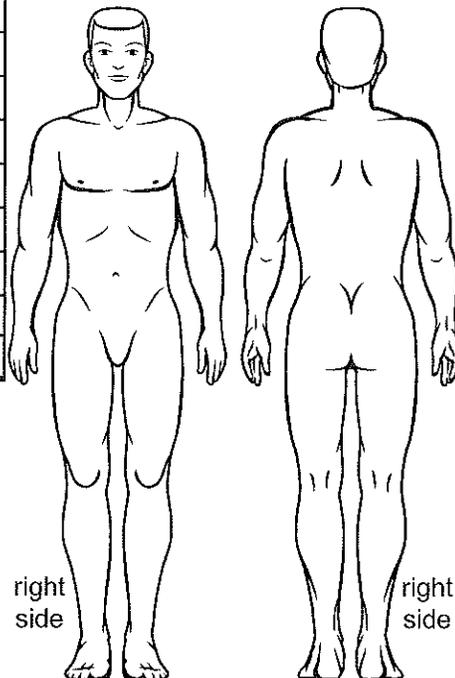 ☐ Pregnancy > 20 weeks   ☐ Activations based on EMS discretion

Trauma team data

Trauma team activated by: ☐ Field ☐ ED   **Team response**
☐ Transfer   Time activated: _____   ☐ Full ☐ Modified

	Time called	Time arrived	Name
Trauma surgeon			
Anesthesiologist /CRNA			
Neurosurgeon			
Orthopedic surgeon			
ED physician			
Imaging			
Nursing			
RT			
Lab			
Other *(specify)*			

Admitting data

Patient name		
Arrival time	Arrival date	Last meal
Age	Sex	D.O.B.	Weight
Medications		
Allergies		Last tetanus	LMP
Medical history		

Initial assessment

Time	WNL	Details of abnormalities
Airway/ breathing		
Circ/rhythm		
Neuro		
Pupils		
Skin		
Head		
Neck		
Chest/lungs		
Abdomen		
Pelvis		☐ Rectal exam.
Back		
Extremities		

PT Identification Sticker

right side   right side

☒=Pain   A=Abrasion   C=Contusion
B=Burn   D=Deformity   H=Hematoma
⊙=GSW   \=Laceration   P=Penetrating

left   right

Lab	Time	Lab	Time	Lab	Time
☐ Trauma panel		☐ Tox screen		☐ ABG	
☐ Type = Cross ____ units		☐ Lactic acid		☐ HCG	
☐ Blood alcohol		☐ PT/PTT/INR		☐ **EKG**	
☐ Other labs:					

Massive transfusion protocol *(times):*

	Panel		Initiated		Stopped	

Radiology	Time	Radiology	Time	Radiology	Time
X-ray: ☐ Head/C-spine		☐ Chest		☐ Pelvis	
☐ Other *(specify):*					
Ultrasound:		☐ FAST exam			
CT: ☐ Head/C-Spine		☐ Chest		☐ Pelvis	
☐ Abdomen		☐ Other *(specify):*			

Procedures

Oxygen: Time _____ L Via _____
Surgical airway: Time _____ Performed by _____

Endotracheal tube: Time _____ Size _____ ☐ Oral ☐ Nasal
Inserted by _____ Cuffed ☐ Yes ☐ No
Inserted to _____ cm   End tidal CO_2 monitor ☐ Yes ☐ No

Thoracotomy: Time _____ Performed by _____
☐ Right ☐ Left ☐ Mediasternal
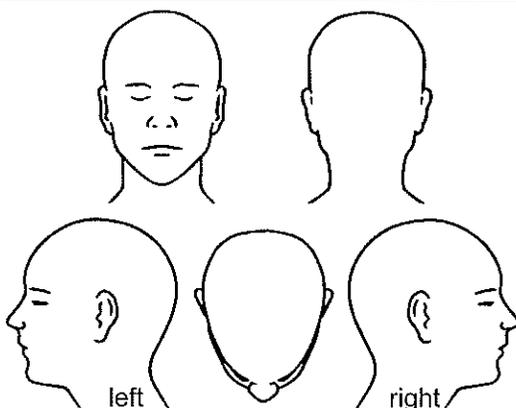
Chest tube #1: Time _____ Size _____ Site _____ Inserted by _____ Initial drainage ____ cc
Description _____ Autotransfuser ☐ Yes ☐ No

Chest tube #2: Time _____ Size _____ Site _____ Inserted by _____ Initial drainage ____ cc
Description _____ Autotransfuser ☐ Yes ☐ No

Naso/Orogastric tube: Time ____ Size ____ Inserted by _____ Output ____ cc Color _____ Guaiac - +

Pericardiocentesis: Time _____ Performed by _____ Blood removed ____ cc

C-spine clearance: Cleared by _____ Time _____ | **Off of backboard:** Time _____

Warming measures: ☐ Blankets ☐ Room warmed ☐ BAIR Hugger ☐ Fluid warmer

Urinary foley placement: Blood at meatus ☐ Yes ☐ No Time _____ Size _____ Initial output _____ cc
Inserted by _____ ☐ Clear ☐ Cloudy ☐ Gross blood *(dipstick - +)*

IV placement #1: Time _____ Size ____ Site _____ Performed by _____ # of attempts ____

IV placement #2: Time _____ Size ____ Site _____ Performed by _____ # of attempts ____

Central line: Time _____ Size ____ Site ____ Performed by _____ # of attempts ____

I/O or Cutdown: Time _____ Size ____ Site _____ Performed by _____

A-line: Time _____ Size ____ Performed by _____ OHA 8790 (1/16) Page 2 of 3

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Trauma Flow Sheet Charting

For additional charting, use page four as an addendum.

PT Identification Sticker

Time	BP	P	RR	T	GCS	O_2	CO_2	Pain 1–10	Medications (dose, site, route)	Nursing notes	Initials

Intake and output

Start	Stop	Site	Liter number	Product infused	Total infused of this product	Output	Totals	Initials
						Urine		
						NG/Emesis		
						Chest tube R		
						Chest tube L		
						Est. blood loss		
Totals				Total infused		Total output		

ED disposition

Time provider decided to: ☐ Admit ☐ Discharge ☐ Transfer _____

Time patient was: ☐ Admitted ☐ Transferred ☐ Discharged from ED _____

Discharged to home/other: _____ ☐ Left AMA ☐ DOA ☐ Expired in ED

Requested organ donation: ☐ Yes ☐ No

Admitted to: ☐ OR ☐ ICU ☐ Floor ☐ Telemetry ☐ Stepdown ☐ OBS ☐ Other inpatient

Transferred out to _____ , transferred by_____

(Hospital name) *(EMS transporting agency)*

Mode of transportation: ☐ Air ☐ Ground ☐ POV

Signatures

MD	Date:
RN	Date:
RN	Date: