

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 pulseless extremity Amputation proximal to wrist or ankle Open or depressed skull fracture
 Motor sensory deficit

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

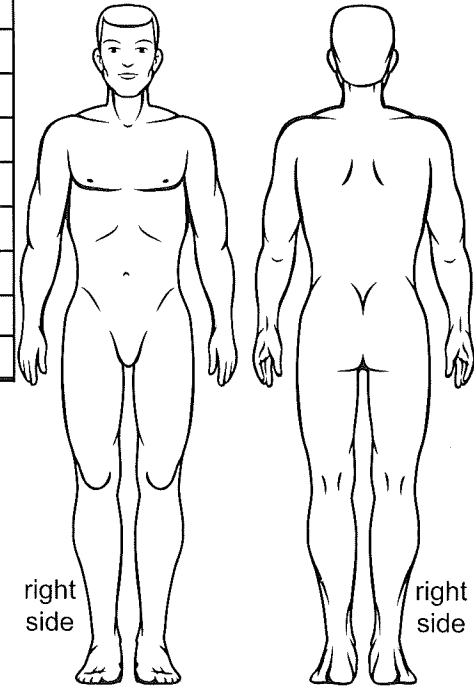
Comorbid factors Older adults: age > 55 Children Burns Anticoagulants and bleeding disorders
 Pregnancy > 20 weeks Activations based on EMS discretion

Trauma team data				Admitting data			
Trauma team activated by: <input type="checkbox"/> Field <input type="checkbox"/> ED		Team response		Patient name			
<input type="checkbox"/> Transfer Time activated: _____		<input type="checkbox"/> Full <input type="checkbox"/> Modified					
	Time called	Time arrived	Name	Arrival time	Arrival date	Last meal	
Trauma surgeon							
Anesthesiologist /CRNA				Age	Sex	D.O.B.	Weight
Neurosurgeon				Medications			
Orthopedic surgeon							
ED physician							
Imaging				Allergies		Last tetanus	LMP
Nursing				Medical history			
RT							
Lab							
Other (specify)							

Initial assessment

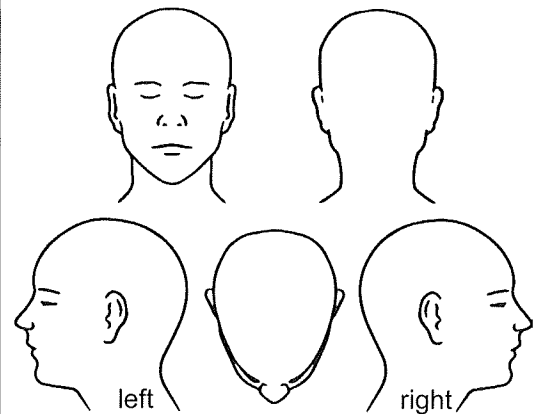
Time	WNL	Details of abnormalities
Airway/ breathing		
Circ/rhythm		
Neuro		
Pupils		
Skin		
Head		
Neck		
Chest/lungs		
Abdomen		
Pelvis	<input type="checkbox"/> Rectal exam.	
Back		
Extremities		

PT Identification Sticker



Lab	Time	Lab	Time	Lab	Time
<input type="checkbox"/> Trauma panel		<input type="checkbox"/> Tox screen		<input type="checkbox"/> ABG	
<input type="checkbox"/> Type = Cross ____ units		<input type="checkbox"/> Lactic acid		<input type="checkbox"/> HCG	
<input type="checkbox"/> Blood alcohol		<input type="checkbox"/> PT/PTT/INR		<input type="checkbox"/> EKG	
<input type="checkbox"/> Other labs:					
Massive transfusion protocol (times):					
Panel		Initiated		Stopped	
Radiology	Time	Radiology	Time	Radiology	Time
X-ray: <input type="checkbox"/> Head/C-spine		<input type="checkbox"/> Chest		<input type="checkbox"/> Pelvis	
<input type="checkbox"/> Other (specify):					
Ultrasound:					
		<input type="checkbox"/> FAST exam			
CT: <input type="checkbox"/> Head/C-Spine		<input type="checkbox"/> Chest		<input type="checkbox"/> Pelvis	
<input type="checkbox"/> Abdomen					
<input type="checkbox"/> Other (specify):					

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



Procedures

Oxygen: Time _____ L Via _____	
Surgical airway: Time _____ Performed by _____	
Endotracheal tube: Time _____ Size _____ <input type="checkbox"/> Oral <input type="checkbox"/> Nasal	
Inserted by _____ Cuffed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inserted to _____ cm End tidal CO ₂ monitor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Thoracotomy: Time _____ Performed by _____	
<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Mediasternal	
Chest tube #1: Time _____ Size _____ Site _____ Inserted by _____ Initial drainage _____ cc	
Description _____ Autotransfuser <input type="checkbox"/> Yes <input type="checkbox"/> No	
Chest tube #2: Time _____ Size _____ Site _____ Inserted by _____ Initial drainage _____ cc	
Description _____ Autotransfuser <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Blankets <input type="checkbox"/> Room warmed <input type="checkbox"/> BAIR Hugger <input type="checkbox"/> Fluid warmer	
Urinary foley placement: Blood at meatus <input type="checkbox"/> Yes <input type="checkbox"/> No Time _____ Size _____ Initial output _____ cc	
Inserted by _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> 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 _____	

