

McLaren Print System Order

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Ship Location: McLaren Flint-Emergency Department 2S Attn: Samantha Chene
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Forms
 Quantity: 100
 Paragon Dept No: 31010
 Dept Name: Emergency Department
 Company Number: 60

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Item Number: 17779
 Item Description: TRAUMA FLOW SHEET
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REQUIRED TRAUMA TRIANGLE	CLINICAL TRIANGLE
<ul style="list-style-type: none"> Head Injuries Neck Injuries Chest Injuries Abdominal Injuries Extremity Injuries Spinal Cord Injuries Other 	<ul style="list-style-type: none"> Head Injuries Neck Injuries Chest Injuries Abdominal Injuries Extremity Injuries Spinal Cord Injuries Other



FLINT Trauma Activation Criteria

Level I

Trauma Surgeon responds within 30 minutes from patient arrival

- Access/Stratification**
 - EMS + 911 99 + 97
 - Unstable patients transferred from the scene
 - Unstable/Unconscious airway
 - Severe musculoskeletal injuries with airway compromise
- Circulation**
 - SBP < 90 mmHg
 - Trauma related transfer requiring blood to maintain vital signs
- CNS**
 - GCS < 8 with a traumatic mechanism of injury
 - Neurological deficits with suspected spinal cord injury
- Chest/Neck/Head/Abdominal**
 - Flail chest/two rib fractures
 - Major pelvic injury with unstable vital signs
- Extremities**
 - Amputation proximal to the ankle/hand
 - Tarsal or more long bone fractures
 - Fluoroscopic extremity with a traumatic mechanism of injury
- Mechanism of Injury**
 - All Penetrating Injuries (G1-G4) to the head, neck, chest, abdomen.
 - Burns > 20% or burns combined with any other injury
- At the Discretion of the ED Physician**

Level II

Trauma Surgeon responds within 60 minutes from trauma activation

- CNS**
 - GCS 9-13 with a traumatic mechanism of injury
- Extremities**
 - Crush, impaled, or mangled extremity with a significant mechanism of injury
 - Open femur/humerus fracture without evidence of neurovascular compromise
- Mechanism of Injury**
 - Penetrating injuries of head, neck, chest, or abdomen including CSF
 - Falls > 20 feet (adults) and > 10 feet or its height for children (< 10 years of age)
 - High risk motor vehicle crash with intrusion of vehicle > 12" in occupant compartment, or 20" in any other site - Ejection (partial or complete) from an automobile
 - Death in same passenger compartment
 - Subs in pedestrian/cyclist (brow, non-vest, or with significant (200 mph) impact)
 - Multitractor, ATX, inoperable or watercraft crash > 20 mph
 - High voltage electrical injury
- At the Discretion of the ED Physician**

*If a MDP is necessary to activate a level II trauma on a patient who meets only the **mechanism of injury** criteria when the traumatic event occurred greater than 4 hours before arrival to the ED.*

Level III: Trauma Consult

- Any patient that does not meet activation criteria and has sustained a traumatic injury requiring admission to the hospital requires a trauma consult, **with the exception of** same level trip and fall with isolated orthopedic injuries.
- Incoming hospital transfers with trauma related injuries that do not meet activation criteria requires a trauma consult.

McLaren FLINT Trauma Flow Sheet

ED Trauma Flow Sheet

INJURY: _____ TIME: _____

DATE OF ARRIVAL: _____ TIME OF ARRIVAL: _____

TYPE OF TRAUMA ACTIVATION: _____

ARRIVAL MODE: EMS Car Police Fire Family

MECHANISM OF INJURY: _____

WITNESS: Yes No

WITNESS NAME: _____ SPEED: _____ MPH

WITNESS ADDRESS: _____

WITNESS PHONE: _____

WITNESS OCCUPATION: _____

WITNESS RELATIONSHIP TO PATIENT: _____

WITNESS SIGNATURE: _____

WITNESS DATE/TIME: _____