



MACOMB

Room Number: _____ Activation Time: _____ Patient Arrival Time: _____ Level 1 Level 2 Transfer in

Title	Name	Arrival Time	Title	Name	Arrival Time
Trauma Surgeon			Trauma Resident		
ED Attending			ED Resident		
Scribe Nurse			Primary Nurse		
Ortho Liaison			Neuro Surgeon		
Anesthesia	LEVEL 1 ACTIVATIONS		Respiratory		

Mode of Arrival: EMS Police Walk in Other _____

MECHANISM OF INJURY

INJURY DATE: _____ TIME: _____ LOCATION: _____

MOTOR VEHICLE VS. _____ SPEED _____ MPH Impact: Front Driver Side Passenger Side Rear
 Intrusion _____ Extrication Time: _____ min Driver Passenger Front Back
 Seatbelt Air Bag Child Seat Unrestrained Unknown Rollover Ejected: Found _____ ft from Vehicle

FALL: Stairs:#: _____ Height: _____ Landed on: _____

OTHER _____

TREATMENT PRIOR TO ARRIVAL:

A= AIRWAY Patent Gurgling Obstructed Other: _____

INTERVENTION: _____

B=BREATHING Unlabored Labored Shallow Splinted Agonal Absent

INTERVENTION: _____

C=CIRCULATION Central Pulse: Present Absent CPR Cap Refill < 2sec > 2sec Hemorrhage: _____

INTERVENTION: _____

ADDRESSOGRAPH



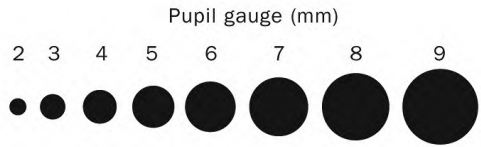
106

D=DISABILITY LOC: _____ min
INITIAL GCS TOTAL: _____ **Chemically paralyzed**

Left: _____ Right: _____

EYE OPENING		VERBAL		MOTOR	
SPONTANEOUS	4	ORIENTED	5	OBEYS COMMANDS	6
TO VOICE	3	CONFUSED	4	VOCALIZES PAIN	5
TO PAIN	2	INAPPROPRIATE WORDS	3	WITHDRAWS W/PAIN	4
NONE	1	INCOMPREHENSIBLE	2	FLEXION W/PAIN	3
		NONE	1	EXTENSION W/PAIN	2
				NONE	1

Reaction: Brisk Sluggish None



E= EXPOSURE TIME: _____ Initial Temp: _____ °C PO Rectal Axillary

Clothing Removed Time: _____ Given to: _____ Warming measure: _____ Time: _____

F=FULL SET OF VITALS Time: _____ BP: _____/_____ HR: _____ SPO2: _____ RR: _____

G= GIVE COMFORT– Notify Family Pain: ____/10 Family Notified: By whom: _____ Present

Contact Name: _____ Relation: _____ Phone Number: _____

H=HEAD TO TOE ASSESSMENT

HEAD/NECK: Normal Ear Drainage Nose Drainage Deviated Trachea JVD Crepitus Other: _____

CHEST: Normal Symmetrical Asymmetrical Crepitus Flail Other: _____

LUNG SOUNDS: Equal Diminished Absent R L

HEART TONES: Normal Distant/Muffled Absent

SKIN: Warm Cool Hot Dry Pink Pale Diaphoretic Clammy Dusky Cyanotic Other: _____

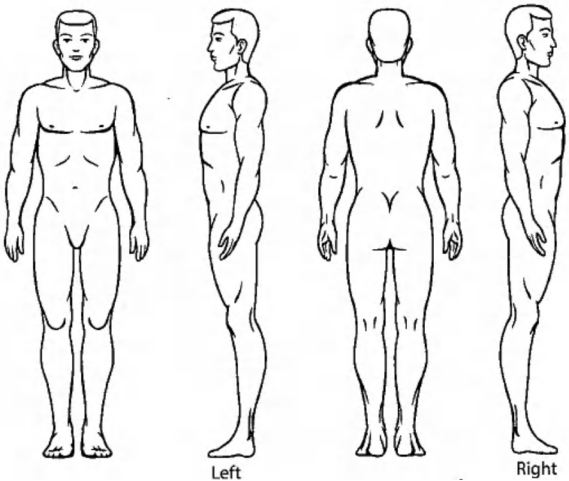
ABDOMEN: Normal Rigid Seatbelt Sign Distended

EXTREMITIES: Moves all extremities Deformities: _____

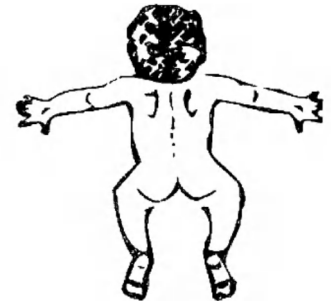
I=INSPECT POSTERIOR/ PERINEAL AREA

Logroll time: _____ Normal Tenderness to: _____ Deformities: _____

Rectal Tone Normal Decreased Absent Gluteal Clench Intact Not Intact



- 1-Abrasion
- 2- Amputee
- 3- Avulsion
- 4- Burn
- 5- Bruise
- 6- Contusion
- 7- Deformity
- 8- Foreign body
- 9- Gunshot wound
- 10- Laceration
- 11- Pain
- 12- Rash



ADDRESSOGRAPH



106

