

Room Number: _____ Time of Arrival: _____

Level 1 Level 2 Upgraded Time: _____

Title	Name	Arrival Time
Trauma Surgeon		
ED Attending		
Primary Nurse		
Secondary Nurse/Scribe		
Resident		
Ortho		
Respiratory		
*Anesthesia		
Neurosurgeon		
Lab		
ED Tech.		
Other		

ARRIVAL MODE: EMS Car Police Other _____

Historian: Patient EMS Family _____

*****MECHANISM OF INJURY*****

INJURY DATE: _____ TIME: _____

Where injury occurred: _____

MOTOR VEHICLE MPH _____ MOTORCYCLE MPH _____

Driver Passenger: front back

Impact: front side rear

Rollover Ejected **Extrication Time:** _____ minutes

Seatbelt / Air Bag / Airbag & Belt / Child Seat / Helmet / None

BICYCLE / DIRTBIKE Helmet: Yes No

PEDESTRIAN _____ MPH

FALL: Stairs # _____ Height _____

ASSAULT

Gunshot to _____

Stabbing to _____

Physical weapon / to _____

SPORTS INJURY – Type _____

BURN Thermal Electrical Chemical

OTHER: _____

PRE-HOSPITAL (circle all that apply)

BP _____ / _____ HR_Rhyth _____ RR _____ O2 Sat_GCS_ _____

AccuCheck _____ CPR: on scene

OR en route – length of time _____ LOC: on scene

OR en route – length of time _____ Oxygen: NC

_____ L/min NRB Peds Mask BVM _____ Airway:

Nasal Oral Size _____ FR Lip Line: _____ cm

Cricothyrotomy

C-Spine: collar backboard immobilized in car seat

IV gauge/site #1 _____ Total IV infused _____

IV gauge/site #2 _____ Total IV infused _____

Splint: _____

Tourniquet: _____ Time applied: _____

• MTP Activated Yes No Call Blood Bank Yes No

• Code Crimson activated Yes No

PRIMARY ASSESSMENT

ALERTNESS Alert Verbal Pain Unresponsive

A = AIRWAY Patent Gurgling Obstructed Other _____

B = BREATHING Unlabored Labored Shallow Splinted
 Agonal Absent

C = CIRCULATION Strong central and peripheral pulses

Central pulses: strong weak absent to _____

Peripheral pulses: strong weak absent to _____

Cap Refill: < 2 sec > 2 sec External hemorrhaging: _____

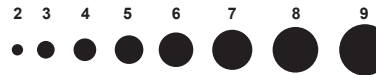
D = DISABILITY

GLASGOW COMA SCALE (GCS)

EYE OPENING	VERBAL RESPONSE	MOTOR RESPONSE
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

Initial GCS Total _____ Chemically paralyzed/sedated on arrival

Pupil Response – MM Scale



L = _____
R = _____

Pupil Response: Brisk Sluggish Fixed

E = EXPOSE AND WARM

Clothes removed Time: _____

Warming Blankets Bair Hugger Radiant Heat

Time Started: _____

F = Full Set Vitals TIME: _____ BP: _____ / _____

TEMP: _____ HR: _____ SPO2: _____ RR: _____ PAIN: _____

SECONDARY ASSESSMENT

G = GIVE COMFORT – notify family

Family Notified: By Whom _____ Present

Contact Name/Relation: _____

Phone No.: _____ Time: _____

H = HEAD TO TOE ASSESSMENT

HEAD/NECK: Normal Ear drainage Nose drainage

Deviated: Trachea: R L JVD Crepitus Other: _____

CHEST: Normal Symmetrical Asymmetrical Crepitus

Flail Other: _____

SKIN: Warm Cool Hot Dry Pink Pale

Diaphoretic Clammy Dusky Cyanotic

ABDOMEN: Normal Rigid Tender to: _____

Distended Bowel Sounds Present Absent

EXTREMITIES: Moves all Extremities Deformities: _____

I = INSPECT POSTERIOR BACK

Logroll time: _____ Yes No Backboard removed

Normal Tenderness to: _____

Deformities: _____

Rectal Tone: Normal Decreased Absent

GUICA Positive Negative

Place patient demographic label here



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FIN #

