

INJURY DATE _____	INJURY TIME _____
DATE OF ARRIVAL _____	TIME OF ARRIVAL _____
Time of Trauma Activation _____	
*Level 1 *Level 2	
Change to _____	Time _____

TITLE	NAME	ARRIVAL TIME
Trauma Surgeon		
ED Attending		
Primary Nurse		
Secondary Nurse		
Scribe		
ER Technician		
Respiratory		
Lab		
Radiology		
*Anesthesia		
Neurosurgery/Other:		
Orthopedics/Other:		
Other		

Arrival Mode: EMS Car Police _____

Historian: Patient EMS Family: _____

MECHANISM OF INJURY

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 Unknown
 Rollover Ejected found _____ ft from vehicle

MOTORCYCLE **BICYCLE** _____
VS. _____ **SPEED** _____ **MPH**
 Driver Passenger Helmet Yes No

PEDESTRIAN **THROWN** _____ **FT**
 Type of vehicle: _____
SPEED _____ **MPH**

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

ASSAULT Gunshot Stabbing Physical Police Notified
 Weapon: _____

SPORTS INJURY _____
 Helmet Yes No _____

OTHER _____

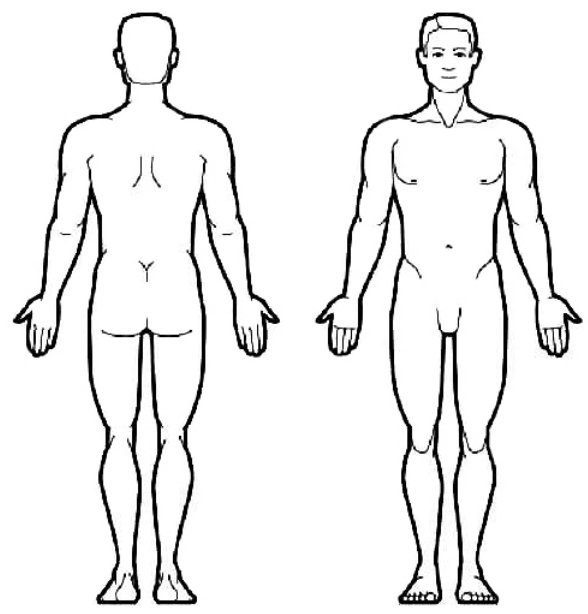
PRE-HOSPITAL

BP _____ / _____ AUSC PALP HR _____ Rhythm _____
 RR _____ O₂ Sat _____ GCS _____ AccuCheck _____
 CPR on scene en route length of time _____
 LOC on scene en route length of time _____
 Oxygen NC _____ L/min NRB Peds Mask BVM
 Airway OET _____ NET _____ Size _____ FR Lip line: _____ cm
 LMA _____ Combitube _____ Cricothyrotomy _____
 C-Spine collar backboard immobilized in car seat
 IV gauge/site #1 _____ Total IV infused _____
 IV gauge/site #2 _____ Total IV infused _____
 Splint: _____
 Medications given: Morphine Fentanyl Zofran Aspirin nitro x1 x2 x3
 Narcan

MEDICAL BACKGROUND

Adult: Height _____ ft _____ in Weight _____ kg
 Peds: Weight _____ kg _____ lbs _____ kg/Broselow
ALLERGIES: Denies Unknown
MEDS: see EMR None Unknown
 _____ / _____
 _____ / _____
PAST MEDICAL/SURGICAL HX: Denies Unknown EMR
 _____ / _____
 _____ / _____
 LMP _____ pregnant _____ wks N/A
 Peds IMMUNIZATIONS: Current Not current Unknown
 TETANUS: < 5 yrs Yes No Unknown

INJURIES/COMPLAINTS



- | | | |
|---------------------|---------------------------|--------------------|
| AB: Abrasion | FB: Foreign Body | RD: Redness |
| AMP: Amputee | G: Gunshot Wound | _____ |
| B: Bum | L: Laceration | _____ |
| BR: Bruise | P: Pain | _____ |
| C: Confusion | PU: Puncture Wound | _____ |
| D: Deformity | R: Rash | _____ |



INITIAL ASSESSMENT	SECONDARY ASSESSMENT
A = AIRWAY <input type="checkbox"/> Patent <input type="checkbox"/> Gurgling <input type="checkbox"/> Obstructed _____	G = Give Comfort, notify family Family Notified: By Whom _____ <input type="checkbox"/> Present Contact Name/Relation: _____ Phone No.: _____ Time: _____
B = BREATHING <input type="checkbox"/> Unlabored <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Splinted <input type="checkbox"/> Agonal <input type="checkbox"/> Absent	
C = CIRCULATION <input type="checkbox"/> Strong central and peripheral pulses Central pulses: <input type="checkbox"/> strong <input type="checkbox"/> weak <input type="checkbox"/> absent Peripheral pulses: <input type="checkbox"/> strong <input type="checkbox"/> weak <input type="checkbox"/> absent to _____ Cap Refill: <input type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec <input type="checkbox"/> External hemorrhaging: _____	

D = DISABILITY		AVPU	
A = Awake	V = Verbal	P = Pain	U = Unresponsive
GLASGOW COMA SCALE			
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	
Initial GCS Total _____		<input type="checkbox"/> Chemically paralyzed on arrival	

Pupil Gauge (mm)

E = EXPOSURE

Initial temperature _____ C PO Rectal AX

Clothing secured evidence with patient

Released to _____

Warm blankets applied

Valuables: secured evidence with patient

Released to _____

F = Full Set Vitals – Document on page 3

Cardiac Monitor Focused Adjuncts NG Foley
 (Documented Below in interventions)

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: _____

LUNG SOUNDS
 Equal Bilaterally
 Diminished Absent R L

HEART TONES Normal Distant/Muffled Absent

SKIN Warm Cool Hot
 Dry Diaphoretic Clammy
 Pink Pale Dusky Cyanotic

ABDOMEN
 Normal Rigid Seatbelt sign
 Distended Tender to: _____
 Bowel Sounds Present Absent

EXTREMITIES	LUE	RUE	LLE	RLE
Pulses	Y/N	Y/N	Y/N	Y/N
Sensation	Y/N	Y/N	Y/N	Y/N
Movement	Y/N	Y/N	Y/N	Y/N
Edema	Y/N	Y/N	Y/N	Y/N
Deformity	Y/N	Y/N	Y/N	Y/N

Color _____

Temp _____

I = Inspect Posterior — BACK / AXILLA / PERINEAL Area

Logroll time: _____ Backboard removed

Normal Tenderness to: _____

Deformities: _____

Rectal Tone: Normal Decreased Absent
 GUICA Positive Negative

INTERVENTIONS											
TIME	PROCEDURE/DIAGNOSTICS	TIME	PROCEDURE/DIAGNOSTICS								
	O2: _____ L/min <input type="checkbox"/> NC <input type="checkbox"/> NRB <input type="checkbox"/> BVM _____		Foley cath: size _____ FR by: _____ return: _____ m: color: _____ <input type="checkbox"/> urometer								
	Intubation: <input type="checkbox"/> Oral ET <input type="checkbox"/> Nasal ET Size: _____ FR Lip line: _____ cm Dr. _____ Placement confirmed via: <input type="checkbox"/> auscultation <input type="checkbox"/> capnography		Urine sent: <input type="checkbox"/> UA <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> UCG Urine Pregnancy Test Negative Positive QC Pass/Fail								
	EKG: Shown to Dr. _____		Gastric Tube: <input type="checkbox"/> NG <input type="checkbox"/> OG by: _____ size _____ FR return _____ mL color: _____								
	IV/IO site _____ g _____ by: _____		Chest Tube: <input type="checkbox"/> L <input type="checkbox"/> R size _____ FR by: _____ Gravity <input type="checkbox"/> Suction <input type="checkbox"/> Output _____								
	IV/IO site _____ g _____ by: _____		Swallow Screen: Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> see Cerner documentation								
	Labs drawn by: _____		Portable X-Ray: Chest / C-Spine / Pelvis / Other								
	CVC: site: _____ type: _____ Art Line: _____		FAST exam: Dr _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative								
	Level I Rapid Infuser		<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td>CT: Head / Chest</td> <td>WITH NURSE</td> <td>WITH MONITOR</td> <td>TIME RETURNED</td> </tr> <tr> <td>Abd / Pelvis / Spine</td> <td></td> <td></td> <td></td> </tr> </table>	CT: Head / Chest	WITH NURSE	WITH MONITOR	TIME RETURNED	Abd / Pelvis / Spine			
CT: Head / Chest	WITH NURSE	WITH MONITOR		TIME RETURNED							
Abd / Pelvis / Spine											
	Ranger Warmer by: _____										
	Bair Hugger by: _____										
	C-collar applied by: _____										
	C-collar cleared: collar removed by _____										



Date	Time	Nursing Notes /Assessment (continued)

Audit C

1. How often did you have a drink containing alcohol in the last year?

Never (0 points)
 Monthly or less (1 point)
 Two to four times a month (2 points)
 Two to three times a week (3 points)
 Four or more times a week (4 points)

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

0 drinks (0 points)
 1 or 2 drinks (0 points)
 3 or 4 drinks (1 point)
 5 or 6 drinks (2 points)
 7 or 9 drinks (3 points)
 10 or more (4 points)

3. How often did you have 6 or more drinks on 1 occasion in the last year?

Never (0 points)
 Less than monthly (1 points)
 Monthly (2 points)
 Weekly (3 points)
 Daily or almost daily (4 points) **Total AUDIT-C Score:** _____

AUDIT Score 0-4	No Intervention Required
AUDIT Score 5-7	Brief Intervention Required
AUDIT Score 9-12	Brief Intervention Required & Referral for Treatment Social Work Consult Required CIWA – are required on all admitted patients

Brief intervention (expressed concern, educational pamphlets, etc).
ED Social Worker informed of the need for referral for treatment.
RN Signature _____ Date/Time _____

SEE ELECTRONIC MEDICAL RECORD FOR CONTINUED CHARTING (once patient is admitted) TIME: _____

Critical Care Time

<30 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100 105 110 115 120 minutes

DISPOSITION

Admitted to: _____ Transferred to: _____
 Discharged: _____ Expired in ED TOD: _____
 IV/Lock d/c cath intact no swelling no redness
Time: _____ Int: _____
 IV Lock to floor: _____ Amt remaining in bag _____
 Disposition Date/Time _____ Int: _____

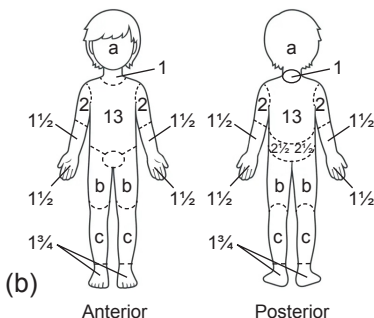
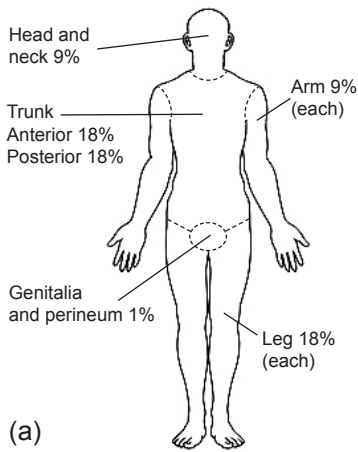
Primary RN Signature _____ Date/Time _____
Scribe Signature _____ Date/Time _____

INTAKE	OUTPUT
IVF:	Urine:
Blood:	Gastric:
PO:	Chest: L: _____ R: _____
Other:	EBL



Temperature Conversion Chart

Centigrade	Fahrenheit	Centigrade	Fahrenheit
34.0	93.2	38.6	101.5
34.2	93.6	38.8	101.8
34.4	93.9	39.0	102.2
34.6	94.3	39.2	102.6
34.8	94.6	39.4	102.9
35.0	95.0	39.6	103.3
35.2	95.4	39.8	103.6
35.4	97.7	40.0	104.0
35.6	96.1	40.2	104.4
35.8	96.4	40.4	104.7
36.0	96.8	40.6	105.1
36.2	97.2	40.8	105.4
36.4	97.5	41.0	105.8
36.6	97.9	41.2	106.2
36.8	98.2	41.4	106.5
37.0	98.6	41.6	106.9
37.2	99.0	41.8	107.2
37.4	99.3	42.0	107.6
37.6	99.7	42.2	108.0
37.8	100.0	42.4	108.3
38.0	100.4	42.6	108.7
38.2	100.8	42.8	109.0
38.4	101.1	43.0	109.4



Relative percentage of body surface area (% BSA) affected by growth

Body Part	Age				
	0 yr	1 yr	5 yr	10 yr	15 yr
a = 1/2 of head	9 1/2	8 1/2	6 1/2	5 1/2	4 1/2
b = 1/2 of 1 thigh	2 3/4	3 1/4	4	4 1/4	2 1/2
c = 1/2 of 1 lower leg	2 1/2	2 1/2	2 3/4	3	3 1/4

Kilograms to Pounds Conversion

Kilos	Pounds	Kilos	Pounds	Kilos	Pounds	Kilos	Pounds
42 kg	92 lbs	72 kg	159 lbs	102 kg	225 lbs	132 kg	291 lbs
44 kg	97 lbs	74 kg	163 lbs	104 kg	229 lbs	134 kg	295 lbs
46 kg	101 lbs	76 kg	168 lbs	106 kg	234 lbs	136 kg	300 lbs
48 kg	106 lbs	78 kg	172 lbs	108 kg	238 lbs	138 kg	304 lbs
50 kg	110 lbs	80 kg	176 lbs	110 kg	243 lbs	140 kg	309 lbs
52 kg	115 lbs	82 kg	181 lbs	112 kg	247 lbs	142 kg	313 lbs
54 kg	119 lbs	84 kg	185 lbs	114 kg	251 lbs	144 kg	317 lbs
56 kg	123 lbs	86 kg	190 lbs	116 kg	256 lbs	146 kg	322 lbs
58 kg	128 lbs	88 kg	194 lbs	118 kg	260 lbs	148 kg	326 lbs
60 kg	132 lbs	90 kg	198 lbs	120 kg	265 lbs	150 kg	331 lbs
62 kg	137 lbs	92 kg	203 lbs	122 kg	269 lbs	152 kg	335 lbs
64 kg	141 lbs	94 kg	207 lbs	124 kg	273 lbs	154 kg	340 lbs
66 kg	146 lbs	96 kg	212 lbs	126 kg	278 lbs	158 kg	348 lbs
68 kg	150 lbs	98 kg	216 lbs	128 kg	282 lbs	160 kg	353 lbs
70 kg	154 lbs	100 kg	220 lbs	130 kg	287 lbs	162 kg	356 lbs

Parkland Formula

$$\text{Volume of Ringer's lactate} = 4 \text{ mL} \times \% \text{ BSA} \times \text{weight (kg)}$$

1/2

First 8 hours

1/2

Next 16 hours

TROUBLESHOOTING FOR INTUBATED PATIENTS

DOPE MNEMONIC

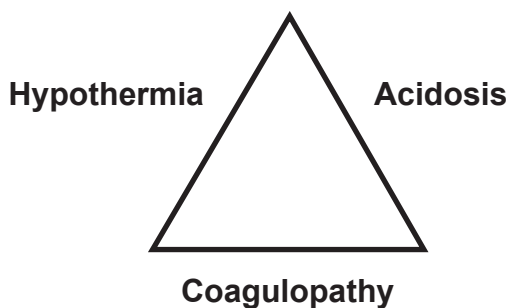
(for endotracheal tube issues)

- D** : Displacement of endotracheal tube
- O** : Obstruction of endotracheal tube
- P** : Pneumothorax
- E** : Equipment Failure

Pediatric Vital Sign Normal Ranges

Age Group	Respiratory Rate	Heart Rate	Systolic Blood Pressure	Weight in Kilos	Weight in pounds
Newborn	30-50	120-160	50-70	2-3	4.5-7
Infant (1-12 mo.)	20-30	80-140	70-100	4-10	9-22
Toddler (1-3 yr.)	20-30	80-130	80-110	10-14	22-31
Preschool (3-5 yr.)	20-30	80-120	80-110	14-18	31-40
School (age 6-12 yr.)	20-30	70-110	80-120	20-42	42-92
Adolescent +13 yr.	12-20	55-105	110-120	>50	>110

Trauma Triad of Death



RASS (Richmond Agitation Sedation Scale)

4	Combative	Overtly combative, violent, immediate danger to staff
3	Very agitated	Pulls or removes tubes or catheters; aggressive
2	Agitated	Frequent non-purposeful mvmt, fights ventilator
1	Restless	Anxious but movements not aggressive or vigorous
0	Alert and calm	
-1	Drowsy	Sustained awakening to voice (≥ 10 sec)
-2	Light Sedation	Briefly awakens with eye contact to voice (< 10 sec)
-3	Moderate Sedation	Movement or eye opening to voice but no eye contact
-4	Deep Sedation	No response to voice but movement or eye opening to physical stimulation
-5	Cannot be aroused	No response to voice or physical stimulation