

McLaren Print System Order

Order No: 86922
 Order Date: 2024-07-15
 User: Todd Bean
 Phone: 2483385443

Ship Location: McLaren Oakland
 50 north perry
 Pontiac, MI 48342

Form
 Quantity: 5
 Paragon Dept No: 21600-1240
 Dept Name: ED
 Company Number:

Order Total Price: 110.00

Item Number: OAK-435
 Item Description: ED TRAUMA FLOW SHEET
 Revision Date: 05/2024
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: Pkg of 100 11x17 Half Fold 70# Offset Color

McLaren ED TRAUMA FLOW SHEET PAGE 1 OF 4 TRAUMA OAKLAND

Room Number: _____ Time of Arrival: _____
 Level 1: Level 2: Upgraded Time: _____

Title	Name	Arrival Time
Trauma Surgeon		
ED Attending		
Primary Nurse		
Secondary Nurse/cribe		
Respirator		
Ortho		
Respiratory		
Anesthesia		
Neurosurgeon		
LAB		
ED Tech		
Other		

ARRIVAL MODE: EMS Car Police Other _____
 Mechanism: 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: (for Car / Airbag & Belt) (Only Seat / Inertial) None _____
 BICYCLE / QWBTRIKE: Inertial Yes No _____
 PEDESTRIAN: _____ MPH _____
 FALL: _____ Stairs # _____ Height _____
 ASSAULT: _____
 Gunshot to: _____
 Blasting to: _____
 Other: _____ Injury: _____ Type: _____
 Burns: Thermal Electrical Chemical
 Other: _____

PRE-HOSPITAL (circle all that apply)

BP _____ HR _____ RR _____ O2 Sat _____
 Arousal: _____
 GCS: _____
 Pupils: _____
 Spine: _____
 Trauma: _____

PRIMARY ASSESSMENT

Alertness: Alert Verbal Pain Unresponsive
 A = AIRWAY: Patent Gurgling Obstructed Other _____
 B = BREATHING: Unobscured Labored Shallow Splintered 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 Extremity mottling _____

D = DISABILITY

GLASGOW COMA SCALE (GCS)

EYE RESPONSE	VERBAL RESPONSE	MOTOR RESPONSE
Spontaneous 4	Oriented 5	Obeys Commands 6
To voice 3	Confused 4	Involuntary Post. 5
To pain 2	Inappropriate Words 3	Withdraws in Pain 4
None 1	Incomprehensible 2	Flexion in Pain 3
	None 1	Extension in Pain 2
		None 1

Initial GCS Total: _____ (Circulate, ventilate, stabilize, secure)

Pupil Response - MR Scale: _____
 Pupil Response: Normal Sluggish Fixed

E = EXPOSE RAD / WOUND

Warming: Blankets Heat Hugger Radiant Heat
 Time Started: _____

F = Full Set Vitals TIME: _____ BP: _____
 TEMP: _____ HR: _____ SPO2: _____ RR: _____ PAIN: _____

SECONDARY ASSESSMENT

G = GIVE CONSENT - notify family
 Family notified: By whom: _____ Present
 Contact Name/Relation: _____ Phone No: _____ Time: _____

H = HEAD TO THE ASSESSMENT

HEAD/NECK: Normal Ear drainage Nose drainage
 Deviated: Trachea: R L A-D Orthopnea Other _____
ORBIT: Normal Symmetrical Asymmetrical Conjunctiva
 Pupil: Other _____
ENT: Normal Oral: Chel Dry Pink Pale
 Displacement: Density: Swallow: Dysphagia
NOSE: Normal Right Tender to _____
 Obstructed Blood Stains: Present Absent
EXTREMITIES: Moves all Extremities Deformities _____

I = INSPECT POSTERIOR BACK

Ligament line: Yes No Backboard withheld
 Normal Tenderness to: _____
 Deformities: _____
 Rectal Tone: Normal Decreased Absent
 GUCA: Positive Negative

Place patient demographic data here

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