

McLaren Print System Order

Order No: 89220
 Order Date: 2024-10-23
 Order Request Date:
 User: Melissa Cunningham
 Phone: 8109893307

Ship Location: Emergency Center- Attn Melissa Cunningham Trauma Services
 1221 Pine Grove Ave
 Port Huron , MI 48060

Brochures
 Quantity: 1
 Paragon Dept No: 21620
 Dept Name: Trauma Services
 Company Number:

Order Total Price: 48.00

Item Number: MPH-013
 Item Description: TRAUMA RESUSCITATION RECORD Flowsheet
 Revision Date: 10/2024
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: 100/pkg 25.5x11 Flat 8.5x11 Folded DS Black

McLaren
 PORT HURON

CLevel I CLevel II Patient Identification

Trauma Code Record

Date of Arrival: _____ Time of Arrival: _____
 Event Description: _____

Trauma Log				Mechanism of Injury	
Trauma Team	Name	Call Time	Call Back Time	Arrival Time	Injury Code
Trauma Surgeon					Auto vs: <input type="checkbox"/> Auto <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____
ED Physician					<input type="checkbox"/> Ejected from vehicle
ED RN					Speed: _____ MPH
ED sRN					Impact: <input type="checkbox"/> Front <input type="checkbox"/> Driver side <input type="checkbox"/> Passenger side <input type="checkbox"/> Rear
ED Tech/NA					Intrusion: _____ (Intrusion Time: _____ min)
CRNA					<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Seatbelt
Respiratory					<input type="checkbox"/> Airbag <input type="checkbox"/> Child Seat <input type="checkbox"/> rollover <input type="checkbox"/> Unknown
AK Tech					<input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> ATV <input type="checkbox"/> Other _____
CI Tech					Vehicle: _____ MPH
Bed Coordinator					Vehicle: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Helmet <input type="checkbox"/> No <input type="checkbox"/> No
Blood Bank					Assault: <input type="checkbox"/> Blunt <input type="checkbox"/> Penetrating
Orthopedics					<input type="checkbox"/> Striking <input type="checkbox"/> Physical <input type="checkbox"/> Burnshot <input type="checkbox"/> Self-inflicted
					Blunt: <input type="checkbox"/> Chemical <input type="checkbox"/> Electrical <input type="checkbox"/> Thermal
					<input type="checkbox"/> Radiation <input type="checkbox"/> Other _____
					Burn: <input type="checkbox"/> Chemical <input type="checkbox"/> Electrical <input type="checkbox"/> Thermal
					<input type="checkbox"/> Radiation <input type="checkbox"/> Other _____
					Fall: <input type="checkbox"/> Standing <input type="checkbox"/> From _____ Height _____
					Other: _____

Mode of Arrival

Private Auto Bxline Run Sheet on Chart
 EMS Other Escalator from _____

Pre-Hospital

BP: _____ RR: _____ HR: _____ GCS: _____ O2 Sat: _____
 Rhythm: _____ Atrial/Fibril
 Meds Given: _____
 IV Gauge/Size #1: _____ Total IV infused: _____
 IV Gauge/Size #2: _____

CPM: On Scene Enroute Length of Time: _____
 LOC: On Scene Enroute Length of Time: _____

Oxygen: N2 L/min N/A PEEP Mask BVM
 Airway: Nasal Oral Size: _____ FR
 LMN Orotracheotomy

Tourniquet Site: _____ Time Applied: _____
 Cervical Collar Backboard Splint Other _____
 Head Immobilized

Injury/Complaints

Body Site

1. Abrasion
2. Laceration
3. Hematoma
4. Contusion
5. Deformity
6. Open fracture
7. GSW
8. Soft Injured
9. Burn
10. Amputation
11. Pain
12. Other

Remember
 Give antibiotics within 1 hour for all open fractures

Spec Info:

