

McLaren Print System Order

Order No: 91575
Order Date: 2025-01-15
User: Ryan Long
Phone: 248-338-5332

Ship Location: McLaren Oakland ER- East Tower Att: Ryan Long
50 N. Perry
Pontiac, MI 48342

Form
Quantity: 5
Paragon Dept No: 21600
Dept Name: Pontiac 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

ED TRAUMA FLOW SHEET PAGE 1 OF 4 TRAUMA
McLaren OAKLAND
Room Number: _____ Time of Arrival: _____
Level 1: _____ Level 2: _____ Upgraded Time: _____
Title Name Arrival Time
Trauma Surgeon
ED Attending
Primary Nurse
Secondary Nurse Note
Respiratory
Cardio
Neurological
LAB
ED Tech
Other
ARRIVAL WOODS EMS OR Police Other
Mechanism of Injury
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 Only Seat Inertial None
BICYCLE / QUITBIKE Inertial Yes No
FEEBLETHANK MPH
FALL: Stairs # Height
ASSAULT
Directed to
Working to
CURE Thermal Electrical Chemical
CATHETER
PRE-HOSPITAL (circle all that apply)
SP _____ RR _____ RR _____ Of Bar_SGL
Auscultation _____ OPB on scene
Other note - length of time _____ V/C on scene
Other note - length of time _____ Oxygen: NC
Nasal: Oral: Size _____ FR: Lg: Line _____
C-epine: circle backboard immobilized in car wait
to paramedic #1 _____ time for released
to paramedic #2 _____ time for released
Spine: _____
Traumatic: _____ Time applied: _____
*MOA Activated Yes No Call Blood Bank Yes No
*Code Orange activated Yes No
PRIMARY ASSESSMENT
ALERTNESS Alert Verbal Pain Unresponsive
A = AIRWAY Patent Gurgling Obstructed Other
B = BREATHING Unobstructed 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 Refl: 2 sec 3 sec Extremities temperature
D = DISABILITY
GLASGOW COMA SCALE (GCS)
EYES OPENED VERBAL RESPONSE MOTOR RESPONSE
Spontaneous 4 Oriented 5 Obeys Commands 6
To voice 3 Confused 4 Incoherent Post 5
To Pain 2 Inappropriate Words 3 Inappropriate Post 4
None 1 Incomprehensible 2 None or Flap 3
None None None
Initial GCS Total: _____ Chemically perturbed/medicated or altered
Pupil Response - MM Scale
Pupil Response: Normal Sluggish Fixed
E = EXPOSE RAD W/WRAP
Clothes removed Time
Warning Blankets Heat Hugger Packaged 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 _____ Time: _____
Phone No: _____
H = HEAD TO THE ASSESSMENT
HEAD/NECK Normal Ear drainage Nose drainage
Deviated Trachea OR CL OAD Oropharynx Other
DRESS Normal Asymmetrical Asymmetrical Oropharynx
Flat Other
MMS: Wetness Cool Hot Dry Pink Pale
Oropharynx Denture Dryness Swallow Swallow
I = INTESTINE: Normal Rigid Tender to
Distended Bowel Sounds Present Absent
EXTREMITIES: Move all Extremities Deformities
J = INSPECT POSTERIOR BACK
Lighted line Yes No Backboard wheel
Normal Tenderness to
Deformities
Rectal Tone: Normal Decreased Absent
GUCA: Positive Negative
Place patient demographic data here
106

Spec. Info: Original Poster Size