Trauma Flow Sheet

Patient Tag/Sticker

Date of Birth

Gender

Medical Record #

Patient Name

Admit Date / /

Arrival Time :

Trauma Team Notification/Arrival

Trauma Team Activated? ☐Yes ☐No Time: : Tier ☐1 ☐2 ☐3

Prompt General Surgeon Communication? ☐Yes ☐No

	Name	Time called	Time arrived	Present upon Pt arrival?
General Surgeon		:	:	☐Yes ☐No
ED Physician		:	:	☐Yes ☐No
Anesthesia		:	:	☐Yes ☐No
		:	:	☐Yes ☐No

Arrived via:
☐Ambulance
☐Helicopter
☐Police
☐Self
☐
☐Transfer from:

☐EMS report in Pt chart

Pre-hospital Interventions
Airway:
☐Oral ☐Nasal ☐Intubated ☐O_2
☐IV size _____ site _____
☐IV #2 size _____ site _____
☐Blood sugar _____ mg/dl
☐CPR ☐LBB ☐C collar ☐MAST
☐Splint type _____ location _____
Meds:
☐Morphine _____ mg ☐Versed _____mg
☐ _____ _____mg

Pt. Medications
☐unknown

Past History
☐unknown
last tetanus_____
last P.O._____

Allergies
☐unknown

Mechanism of Injury

Motor Vehicle

Involved:
☐Auto
☐Light truck
☐Heavy truck
☐Motorcycle
☐ATV
☐Bicycle
☐Pedestrian
☐Watercraft
☐Sporting _____
☐

Patient was:
☐Driver
☐Passenger-front
☐Passenger-back
☐Pedestrian struck by auto
☐Bicyclist struck by auto
☐Unknown

☐Seatbelt
☐Airbag
☐Child seat
☐Helmet

☐Ejected
☐Extrication
☐Death of another occupant

Impact:
☐Front
☐Side
☐Rear
☐Rollover
☐T-bone

Fall/Jump
Approx. height:
_____
Landing surface:
☐Grass/dirt/earth
☐Stone
☐Concrete/brick
☐Tile/wood
☐Carpet
☐Water
☐

Burn
☐Flame
☐Steam
☐Chemical
☐Radiation
☐Inhalation
☐Electrical
voltage:_____

Penetrating
☐GSW
caliber_____
distance_____
☐Stab
blade length_____
☐Self inflicted
☐Impalement

Primary Survey and Preliminary Interventions

Airway
☐Patent/talking
☐Clear
☐Partially obstructed
☐Completely obstructed
☐Breathing assisted
☐Intubated
☐ _____

☐Jaw thrust
☐Suction
☐Foreign object removal/laryngoscopy
☐Oral airway
☐Nasal airway
☐Combitube/LMA/King
time: ____:____

☐Intubation ☐RSI
tube size_____
time:____:____
_____cm @ _____
#attempts:_____
☐Confirmed by:
☐End tidal CO_2
☐Aspirator
☐CXR

Breathing
☐Spontaneous
☐Labored
☐Agonal
☐No effort

Trachea:
☐Midline
☐Deviated ☐R ☐L

Chest wall symmetry:
☐Symmetrical
☐Asymmetrical

Lung sounds:
L R
☐ ☐Present
☐ ☐Clear
☐ ☐Diminished
☐ ☐Absent
☐ ☐Rales
☐ ☐Rhonchi
☐ ☐Wheezes

Assisted:
☐BVM
☐Ventilator
Vent. Rate _____

Supplemental O_2
☐Mask
☐NC
_____ l/m

start __:__ stop __:__

Initial ED Vital Signs

Time:____:____
BP: _____/_____
Pulse: _____/min
Resp.: _____/min
Temp.: ____ ^{0} C site_____
SaO2: _____%
Blood Glucose _____ mg/dl
Est. weight: _____ kg

A Awake and alert
V Verbal stimuli elicits response
P Painful stimuli elicits response
U Unresponsive to stimuli

Circulation
Skin:
☐Warm ☐Pink
☐Cool ☐Pale
☐Hot ☐Flushed
☐Dry ☐Ashen
☐Moist ☐Cyanotic
☐Diaphoretic

Pulse:
☐Central pulse present
☐Peripheral pulse present
☐No pulse

☐Strong
☐Thready
Capillary refill _____ sec.

IVs:

Time	Site	Size
____:____	_____	_____
____:____	_____	_____
____:____	_____	_____

☐Warm IV fluids

☐Warm blankets
☐Warming lights
☐Direct pressure bleeding control:

site_____

Disability

Glasgow Coma Scale (GCS)

Eye Opening
☐4 Spontaneous
☐3 To Verbal
☐2 To Pain
☐1 None

Verbal
☐5 Oriented
☐4 Confused
☐3 Inappropriate response
☐2 Incomprehensible
☐1 None/Intubated

Motor
☐6 Obeys
☐5 Localizes pain
☐4 Withdraws from pain
☐3 Flexor posturing
☐2 Extensor posturing
☐1 None/chemically paralyzed

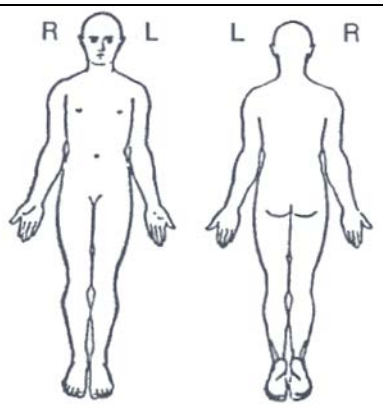
Pupils

L
☐Brisk
☐Sluggish
☐Non-reactive
_____mm

R
☐Brisk
☐Sluggish
☐Non-reactive
_____mm

MR#

Secondary Survey	
Head	☐Pain/tenderness Drainage from: ☐ears ☐nose ☐mouth
Neck	☐Pain/tenderness ☐JVD
Chest	☐Pain/tenderness ☐Dyspnea ☐ Deformity ☐ Paradoxical expansion
Abdomen	☐Pain ☐Tender ☐Rigid ☐Bowel sounds present ☐Soft ☐Guarded ☐Distended ☐Bowel sounds absent Emesis/gastrocult: ☐+ ☐-
Pelvis/Genital	☐Pain/tenderness Pelvis: ☐stable ☐unstable ☐Blood at the meatus Rectal tone: ☐present ☐absent Hemocult: ☐+ ☐-
Extremities	☐Pain/tenderness ☐CMS intact x4 ☐Moves all extremities ☐Extremities warm and pink
Back	☐Pain/tenderness ☐Deformity



Surface Trauma

Ongoing Monitoring											
Time	:	:	:	:	:	:	:	:	:	:	:
BP	/	/	/	/	/	/	/	/	/	/	/
Pulse											
Resp.											
SaO2	%	%	%	%	%	%	%	%	%	%	%
GCS											
Temp.	^{0}C	^{0}C	^{0}C	^{0}C	^{0}C	^{0}C	^{0}C	^{0}C	^{0}C	^{0}C	^{0}C
EKG											
ETCO$_2$											
Pain scale	/10	/10	/10	/10	/10	/10	/10	/10	/10	/10	/10

Medications

Drug/Procedure	Dose	Route	Start Time	End Time	Administered by	Response
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved
			:	:		☐no change ☐improved

Fluid In/Blood Products

Solution/Blood Product	Time hung	Size	Blood unit #	Time d/c'ed	Amount infused
	:	ml		:	ml
	:	ml		:	ml
	:	ml		:	ml
	:	ml		:	ml
	:	ml		:	ml
	:	ml		:	ml
	:	ml		:	ml
	:	ml		:	ml
	:	ml		:	ml
	:	ml		:	ml
	:	ml		:	ml
	:	ml		:	ml

MR#

Procedures			
Procedure	**Time**	**By**	**Detail**
☐ Cast/splint	:		
☐ Central line	:		
☐ Chest tube R	:		
☐ Chest tube L	:		
☐ Defib/Cardiovert	:		
☐ Intraosseous	:		
☐ Needle thoracotomy	:		
☐ OG/NG tube	:		
☐ RSI	:		
☐ Suture	:		
☐ Surgical Airway	:		
☐ Tourniquet	:		
☐ Urinary Catheter	:		
☐	:		
☐	:		

Laboratory		Radiology			
Lab	**Time Ordered**	**X-ray**	**Time Ordered**	**CT**	**Time Ordered**
☐BAC	:	☐CXR	:	☐Abdomen	:
☐CBC	:	☐Pelvis	:	☐Chest	:
☐Electrolytes	:	☐Skull	:	☐Head	:
☐Glucose	:	☐Spine-Cervical	:	☐Neck	:
☐hCG	:	☐Spine- Lumb/Sac	:	☐Pelvis	:
☐Hgb	:	☐Spine- Thoracic	:	☐Spine	:
☐PT/INR	:	☐	:	☐	:
☐PTT	:	☐	:	☐	:
☐pH	:	☐	:	**Ultrasound**	**Time Ordered**
☐Tox. screen	:	☐	:	☐FAST exam	:
☐Type and screen	:	☐	:	☐	:
☐UA	:	☐	:	☐	:

Patient Disposition

☐**Admitted**		☐**Transferred**			
Pt left ED	:	Ordered	:	Transfer via:	Accompanying Pt:
Report called	:	Arrived	:	☐Helicopter	☐Copy of chart
Admitting service:		Pt left ED	:	_____	☐EMS report
Admitting physician:		Transferred to:		☐Ground	☐X-rays/CTs
☐**Expired in ED**	:	Referral hospital notified	:	_____	☐ Lab report
					☐RN_____

Patient Information

SSN	Address		Apt. #
Telephone Number	City	State/Province	Postal Code

Ethnicity	Race		Pay Source
☐Hispanic/Latino	☐White	☐American Indian/Alaskan Native	☐Medicare
☐Non-Hispanic/Latino	☐Black	☐Native Hawaiian/Pacific Islander	☐Uninsured
☐Unknown	☐Asian	☐Other	☐Other _____
	☐Unknown		☐Unknown

MR#

Services Consulted		
General Surgery	☐Telephone	☐In-person
Neurosurgery	☐Telephone	☐In-person
Oral Maxillofacial Surgery	☐Telephone	☐In-person
Orthopedic Surgery	☐Telephone	☐In-person
Other: _____	☐Telephone	☐In-person

Notes

[INSERT HOSPITAL NAME, ADDRESS, PHONE NUMBER]	Signatures	
	Physician	
	Primary nurse	
	Recorder	