



Level IV Medical Record Evaluation Tool

Hospital: _____

Date of Service: _____

Reviewer: _____

Chart Category:

- Trauma Death
- Trauma Transfer
- Trauma Activation
- Non-Surgical Admission
- High ISS

Patient Age _____ Gender _____

ISS: if available _____

Data field	Time	Date Field	Time
EMS total time on scene		Team at bedside	
EMS transport time		X-ray	
EMS arrive at Hospital		CT	
Team activated		Transfer order	
Activation level		Transfer Time	
Physician at bedside		ED Dwell time	

Check the items below found in the medical record.

Pre-hospital/EMS:

<input type="checkbox"/> EMS hospital care appropriate? Yes No If no, why?
<input type="checkbox"/> EMS scene time appropriate per region? Yes No If no, why?

Emergency Department/Initial Resuscitation:

<input type="checkbox"/> Trauma team activation (TTA) at appropriate level? Yes No If no, why?
<input type="checkbox"/> Time physician, NP or PA called:
<input type="checkbox"/> Physician, NP or PA present at resuscitation within 30 minutes of patient arrival?
<input type="checkbox"/> Physician consulted by NP/PA?
<input type="checkbox"/> 1 ^o & 2 ^o surveys immediate and accurate?
<input type="checkbox"/> ATLS guidelines followed?
<input type="checkbox"/> Were the appropriate diagnostic tests ordered (lab, x-ray, CT)? Yes No <i>If no, please note in chart summary.</i>
<input type="checkbox"/> Vital signs monitored completely and periodically as appropriate for patient's hemodynamic presentation (GCS, BP, HR, Resp., SaO ₂ , temp.)?
<input type="checkbox"/> Fluids monitored in unstable patient or elderly?

<input type="checkbox"/> Blood products transfused? Yes No <i>Were there any concerns?</i>
<input type="checkbox"/> Warming methods documented? Did the methods improve or prevent hypothermia?
<input type="checkbox"/> Pain level documented and addressed?
<input type="checkbox"/> List of Injuries:
<input type="checkbox"/> Documentation of injuries, vitals, treatments, fluids complete?
<input type="checkbox"/> Admit Service: Is this the appropriate service?
<input type="checkbox"/> Consult Service: Was the appropriate service consulted?
<input type="checkbox"/> Patient Disposition (transferred, admitted, discharged home, morgue)?
<input type="checkbox"/> Any issues regarding transfer?
<input type="checkbox"/> Other Comments:

Case Summaries

Case summaries provide an important overview of the trauma program. At least two case summaries must be completed for each category below as applicable. See the *Site Reviewer Guidelines* document for detailed information on case summaries.

- 1) Write a brief description of the case including injuries, key procedures or interventions.
- 2) Describe the hospital's PI activities.
- 3) Comment on your findings, opportunities for improvement, appropriateness of care.
 - a. Consider the following to include in your PI comments:
 - a. Any system or process issues?
 - b. Any clinical care issues, including identifying the treatment of immediate life-threatening injuries?
 - c. Any guideline compliance opportunities; hip fracture or admit service?