



# Chart Summary Form

**Complete the chart summary form and include it as the first page of each medical record that is uploaded into the file transfer system for the reviewers.**

Hospital Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Reviewer: \_\_\_\_\_

**Chart Category:**

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

Patient Age \_\_\_\_\_ Gender \_\_\_\_\_

ISS: if available \_\_\_\_\_

List of Injuries: \_\_\_\_\_

| Data Field              | Time | Data Field         | Time |
|-------------------------|------|--------------------|------|
| EMS total time on scene |      | Surgeon at bedside |      |
| EMS transport time      |      | X-ray              |      |
| EMS arrive at Hospital  |      | CT                 |      |
| Team activated          |      | Lab                |      |
| Activation level        |      | Transfer order     |      |
| Physician at bedside    |      | Transfer time      |      |
| Team at bedside         |      | ED dwell time      |      |

**PI Level of Review:**

- Level 1: Trauma Program Manager/Trauma Nurse Coordinator
- Level 2: Physician review: TMD, liaison, other physician or provider
- Level 3: PI Committee: peer review, trauma system, EMS committee, etc.