**Trauma Resuscitation Record**

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| Patient Tag/Sticker  Date of Birth  Gender  Medical Record # | | | | | Admit Date / /  Patient Name  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 O2  IV size \_\_\_\_\_ site \_\_\_\_\_\_\_\_  IV #2 size \_\_\_\_\_ site \_\_\_\_\_\_\_\_  Blood sugar \_\_\_\_\_\_\_ mg/dl  CPR LBB C collar  Meds:  Dilaudid \_\_\_\_\_\_mg  Morphine \_\_\_\_\_\_mg  Ketoraloc\_\_\_\_\_\_mg  Ketamine\_\_\_\_\_\_mg  Midazolam \_\_\_\_\_\_mg  Ativan \_\_\_\_\_\_mg  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_mg | | | | | | **Pt. Medications**  unknown | | | | | **Past History**  unknown  last tetanus\_\_\_\_\_\_\_\_\_  last P.O.\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | **Allergies**  unknown | | | |
| **Mechanism of Injury** | | | | | | | | | | | | | | | | | | | | | | | |
| **Motor Vehicle** | | | | | | | | | | **Fall/Jump** | | | **Burn** | | | | | | | | **Penetrating** | | |
| 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 | | | | Approx. height:  \_\_\_\_\_\_\_\_\_\_\_\_\_  Landing surface:  Grass/dirt/earth  Stone  Concrete/brick  Tile/wood  Carpet  Water | | | Flame  Steam  Chemical  Radiation  Inhalation  Electrical voltage:\_\_\_\_\_\_\_ | | | | | | | | GSW  caliber\_\_\_\_\_\_\_\_\_  distance\_\_\_\_\_\_\_\_  Stab  blade length\_\_\_\_\_  Self inflicted  Impalement | | |
| **Primary Survey and Preliminary Interventions** | | | | | | | | | | | | | | | | **Initial ED Vital Signs** | | | | | | | |
| **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 CO2  Aspirator  CXR | | | | | Time:\_\_\_\_:\_\_\_\_\_  BP: \_\_\_\_\_\_/\_\_\_\_\_\_  Pulse: \_\_\_\_\_\_\_\_\_\_\_\_/min  Resp.: \_\_\_\_\_\_\_\_\_\_\_\_/min  Temp.: \_\_\_\_0 C site\_\_\_\_\_\_  SaO2: \_\_\_\_\_\_\_\_\_\_\_\_%  Blood Glucose \_\_\_\_\_\_\_\_\_ mg/dl  Est. weight: \_\_\_\_\_\_\_\_\_\_\_ kg | | | | | | | |
| **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 O2  Mask  NC  \_\_\_\_\_\_\_ l/m  start \_\_:\_\_ stop \_\_:\_\_ | | | | |
| **A**  **V**  **P**  **U** | Awake and alert  Verbal stimuli elicits response  Painful stimuli elicits response  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)** | | | | | | | | | | | | | | **Pupils** | | | | | | | | |
| Eye Opening | | Verbal | | | | | | Motor | | | | | | **L**  Brisk  Sluggish  Non-reactive  \_\_\_\_\_\_\_mm | | | | | | | **R**  Brisk  Sluggish  Non-reactive  \_\_\_\_\_\_\_mm | |
| 4 Spontaneous  3 To Verbal  2 To Pain  1 None | | 5 Oriented  4 Confused  3 Inappropriate response  2 Incomprehensible  1 None/Intubated | | | | | | 6 Obeys  5 Localizes pain  4 Withdraws from pain  3 Flexor posturing  2 Extensor posturing  1 None/chemically paralyzed | | | | | |

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| **Secondary Survey** | | | | | | | | | | | | | | anterior and posterior human body  **Surface Trauma** | | | | | | | | |
| **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 | | | | | | | | | | | | |
| **Ongoing Monitoring** | | | | | | | | | | | | | | | | | | | | | | |
| **Time** | : | | : | : | | | : | | | : | | : | | | : | : | | | : | : | | : |
| **BP** | / | | / | / | | | / | | | / | | / | | | / | / | | | / | / | | / |
| **Pulse** |  | |  |  | | |  | | |  | |  | | |  |  | | |  |  | |  |
| **Resp.** |  | |  |  | | |  | | |  | |  | | |  |  | | |  |  | |  |
| **SaO2** | % | | % | % | | | % | | | % | | % | | | % | % | | | % | % | | % |
| **GCS** |  | |  |  | | |  | | |  | |  | | |  |  | | |  |  | |  |
| **Temp.** | 0C | | 0C | 0C | | | 0C | | | 0C | | 0C | | | 0C | 0C | | | 0C | 0C | | 0C |
| **EKG** |  | |  |  | | |  | | |  | |  | | |  |  | | |  |  | |  |
| **ETCO2** |  | |  |  | | |  | | |  | |  | | |  |  | | |  |  | |  |
| **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 | | | | |
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|  | |  | | |  | | | : | | | : | |  | | | | | 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 | |
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| **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 | | | : | |  | | | |  | | | | | | | | | |
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| **Laboratory** | | | | | | **Imaging** | | | | | | | | | | | | |
| **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:  Helicopter  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ground  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Accompanying Pt:  Copy of chart  EMS report  X-rays & CTs  Lab report  RN\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Report called | : | | | | | | Arrived | | | : | | |  | | |  | | |
| Admitting service: |  | | | | | | Pt left ED | | | : | | |  | | |  | | |
| Admitting physician: |  | | | | | | Transferred to: | | |  | | |  | | |  | | |
| **Expired in ED** | : | | | | | | Referral hospital notified | | | : | | |  | | |  | | |
| **Patient Information** | | | | | | | | | | | | | | | | | | |
| SSN | | | | Address | | | | | | | | | | | | | Apt. # | |
| Telephone Number | | | | City | | | | | | | | State/Province | | | | | Postal Code | |
| Ethnicity  Hispanic/Latino  Non-Hispanic/Latino  Unknown | | | | Race  White  Black  Asian  Unknown | | | | American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  Other | | | | | | | Pay Source  Medicare  Uninsured  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown | | | |

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| **Services Consulted** | | | |
| General Surgery  Neurosurgery  Oral Maxillofacial Surgery  Orthopedic Surgery  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Telephone In-person  Telephone In-person  Telephone In-person  Telephone In-person  Telephone In-person | |
| **Notes** | | | |
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| [INSERT HOSPITAL NAME, ADDRESS, PHONE NUMBER] | **Signatures** | | |
| Physician | |  |
| Primary nurse | |  |
| Recorder | |  |

version 2016.1