**Date of Visit:** Click or tap here to enter text. **MRN:** Click or tap here to enter text. **Sex:** Choose an item. **Age:** Click or tap here to enter text.

**Facility:** Choose an item.**Time of Injury:** Click or tap here to enter text. **Arrival Mode:** Choose an item.

**Type of Trauma:** Choose an item. **MOI:** Click or tap here to enter text.

**Disposition:** Choose an item. **ED Providers:** Click or tap here to enter text.

**Diagnosis:** Click or tap here to enter text. ISS: Click or tap here to enter text.

**Correct charting:** [ ]  **Yes** [ ]  **No Reason for Review:** Choose an item.

 **Reason for Review:** Choose an item.

**Trauma Red**

 **Surgeon arrival time from paged:** Click or tap here to enter text.

**Trauma Surgeon?** Click or tap here to enter text.

 **If more than 30 minutes, why?**

**EMS**

EMS Issues or concerns?:Click or tap here to enter text. Follow up: Click or tap here to enter text.

**On Scene Time:** Click or tap here to enter text.

**ED Interventions**

[ ] Fast exam Yes Findings Click or tap here to enter text.

**Transfers**

**Transfer time out from arrival:** Click or tap here to enter text.

**If more than 3 hours, why?** Choose an item.

**Transfer Facility:** Choose an item. **Transfer Mode:** Choose an item.

**Admission**

 **What unit Admitted to:** Choose an item. **Primary Admitting Service:** Choose an item.

 **Consults:** Choose an item. **OR Procedure:** Choose an item.

*Non-Surgical Admission Nelson Score:* Click or tap here to enter text. *Score Criteria* Choose an item.

[ ]  *Age> 65 years* [ ]  *3 + comorbidities* [ ]  *ISS<10 Click or tap here to enter text.*[ ]  *MOI GLF*

[ ]  *No ICU Admission* [ ]  *No surgical intervention* [ ]  *No Blood products*

**Trauma Red or Yellow- what time, who, and any findings for the 3rd ATLS assessment:** Click or tap here to enter text.

NFTI [ ]  Yes [ ]  No/NA If met, what Criteria Choose an item. Match Trauma Red [ ]  Yes [ ]  No

Consults: [ ]  Medical [ ]  Trauma Surgery [ ]  CT Surgery [ ]  Ortho [ ]  Neurosurgery [ ]  Oral/Max [ ]  Psychology [ ]  ENT [ ]  Plastics [ ]  Urology [ ]  Neurology [ ]  Psychiatry [ ]  Anesthesiology [ ]  Intensivist [ ]  Pulmonary [ ]  Cardiology [ ]  Nephrology [ ]  Radiology [ ]  ID [ ]  GI [ ]  EP [ ]  E ICU [ ]  Hem/onc [ ]  Other

Therapies Received or consulted: [ ]  PT [ ]  OT [ ]  Speech [ ]  Nutrition [ ]  Hospice [ ]  Chaplain [ ]  RT [ ] Other [ ]  Wound [ ]  Dialysis [ ] Palliative

Others: [ ]  Case Management [ ]  Social work [ ]  IBHS [ ]  Home Health [ ]  Sitter [ ]  Avasys

Code Status [ ]  Full Code [ ]  DNR [ ]  Other/unsure

[ ]  **Straight Cath** [ ]  **Foley placed** [ ]  **Foley removed after** Click or tap here to enter text. **Days** [ ]  **External catheter**

[ ]  **TXA given prior to surgery** [ ]  **Antibiotics given prior to surgery**

[ ]  **On Anticoagulants at home** Choose an item.

[ ]  **Long Bone fx How long from arrival to pain meds:** Click or tap here to enter text.[ ]  **Pain meds PTA**

[ ]  **NPO** Choose an item.

**Inpatient Protocols used** Choose an item.

**Any concerns during admission?** Choose an item. **If yes, explain** Click or tap here to enter text.

**Did they get the appropriate therapies or consults?** Choose an item. **If not** Click or tap here to enter text.

**Hip or Rib Block performed?** Choose an item. **Explain as needed** Click or tap here to enter text.

DVT Pro Choose an item. GI Pro Click or tap here to enter text.

RT eval Choose an item. IS Choose an item.

Disposition after Admission: Choose an item. LOS: Click or tap here to enter text.

**Feedback/Loop Closures** [ ]  **Not needed**

**If other issues or above, what follow up or feedback given?** Click or tap here to enter text.

**Who was Feedback to?** Click or tap here to enter text.

**How as feedback given and received?** Click or tap here to enter text.

 **Who provided the Feedback?** Choose an item.

**Specific conversation:** Click or tap here to enter text.

**Corrective Actions:** Choose an item.

**Notes**

**Expiration**

**If expired, where did they expire?** Choose an item. Date and Time of Expiration: Click or tap here to enter text.

**If Death Certificate, exam done, what was cause of death?** Click or tap here to enter text.

**Determination of Causes:** Choose an item. **Preventable?** Choose an item.

**Any further concerns addressed:** Click or tap here to enter text.

[ ]  Sedatives/Opioids given in the 24 hours prior to death [ ]  Restraints 24 hours prior to death

Staff comments/notes prior to death: Click or tap here to enter text.

**Discussions**

**Case Closed:** [ ]  **Yes** [ ]  **No**

**Date:** Click or tap here to enter text.

Michelle Hackett, RN, Trauma Program Manager

Dr. Kreimier, WMH Trauma Medical Director

Attach:

 Trauma Red Paging form

 Death Report

 PI forms received from transfer facility