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| Aurora Burlington and Lakeland Medical Center |  |

# Trauma Coordinator In-Patient Rounding Tool TC\_\_\_\_

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| Aurora MeDICAL CENTER BURLINGTON-Aurora Lakeland Medical CenterPt. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| MRN: /TR# |  | | | | |  | | Diagnosis- |
| Admitting Date/Room # |  | | |  | | | | Required Unplanned Higher-Level of Care? Y N ICU Transfer  **Comment:** |
| Review Dates |  |  |  |  |  | |  | LOS>180 Min Y N  **Comment:** |
| In Pt. Rounding Date |  | | | | | | | Trauma Activation? Y N NA |
| Discharge Date |  | | | | | | |
| Discharge Placement | **Home NH Rehab Hospice Other** | | | | | | | Trauma Level l ll ED Fall Missed Activation |
| Comorbidities | | | | | | | | Audit Filter Triggered? Y N  **Comment:** |
| Needs Review by- **TMD-EMS-Peer-Quality-Hospitalist-Surgeon-Other** |

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| CHECKLIST COMMENTS NOTES | | | |
|  | VTE Prophylaxis |  |  |
|  | PT/OT |  |
|  | Caseworker |  |
|  | Rehab |  |
|  | Surgeon - Admit Consulted NA |  |
|  | Blood Products  (if yes comment required) |  |
|  | Intubated  (if yes comment required) |  |
|  | Hospital acquired infection  (source) |  |
|  | PE/DVT  (if yes comment required) |  |
|  | Death  (if yes comment required) |  |
|  | Interventions  (-i.e. OR-IR chest tube insertion) |  |
|  | Delayed Presentation |  |