|  |  |
| --- | --- |
| Aurora Burlington and Lakeland Medical Center |  |

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

|  |
| --- |
| Aurora MeDICAL CENTER BURLINGTON-Aurora Lakeland Medical Center Pt. 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** |

|  |
| --- |
| 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  |  |