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| **Trauma Resuscitation Documentation Audit Tool** | |
| **Auditor Name:** | **Unique ID:** |
| **date:** | **MRN/Name:** |
| **Primary Nurse:** | **Provider:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audit Category** | **Met** | **Not Met** | **N/A** | **Variance** |
| **Prehospital Care (EMS only)** |  |  |  |  |
| **Trauma Documentation (vitals, GCS, C-collar)** |  |  |  |  |
| **Interventions (radiology, tetanus, c-collar application)** |  |  |  |  |
| **Inpatient Care (Quality evaluates)** |  |  |  |  |
| **Transfer Time < 3 hours** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Comments:

Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Primary Nurse)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Trauma Program Coordinator)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Trauma Medical Director)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_