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

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| **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** | **[ ]**  | **[ ]**  | **[ ]**  |       |
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Comments:

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

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(Primary Nurse)

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

(Trauma Program Coordinator)

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

(Trauma Medical Director)

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