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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 Alert (Activation Level, Trauma Page Time)** | **[ ]**  | **[ ]**  | **[ ]**  |       |
| **Trauma Documentation (Primary, Secondary, MOI, Vitals, GCS, C-collar, time of injury)** | **[ ]**  | **[ ]**  | **[ ]**  |       |
| **Interventions (radiology, C-collar application, tetanus,**  | **[ ]**  | **[ ]**  | **[ ]**  |       |
| **Inpatient Care (Quality Evaluates)** | **[ ]**  | **[ ]**  | **[ ]**  |       |
| **Transfer < 3 hours** | **[ ]**  | **[ ]**  | **[ ]**  |       |
| **Trauma Charges Applied** | **[ ]**  | **[ ]**  | **[ ]**  |       |

Comments:

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

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(Primary Nurse)

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

(Trauma Program Coordinator)

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

(Trauma Medical Director)

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