Date of Service:\_\_/\_\_/\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_

Setting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Reason for Audit: To monitor compliance with Trauma documentation and drive quality improvement projects based on data.* \**Indicates that an answer is required.*

**Trauma Chart Audit**

|  |  |  |
| --- | --- | --- |
| **Trauma** | **Answer** | **Comments** |
| 1. Was a Trauma Activation documented?  | Yes | No | NA |  |
| 2.\* What was the Trauma Alert Page/Trauma Activation Level? |  |  |
| Level I  | [ ] |  |
| Level II | [ ] |
| None Selected | [ ] |
| N/A | [ ] |
| 3. Was the Trauma Activation and Trauma Alert Page appropriate?  | Yes | No | NA |  |
| 4. Was the Trauma Narrator used?  | Yes | No | NA |  |
| 5. Was the EMS scene time less than 20 minutes?  | Yes | No | NA  | *EMS Scene Time* |
| 6. Was the EMS care appropriate?  | Yes | No | NA |  |
| 7.\* Was a full set of vitals documented on arrival?  | Yes | No | Includes HR, RR, BP, SpO2, and temp |
| 8.\* Was a GCS documented on arrival?  | Yes | No |  |
| 9. Was application of cervical collar documented in trauma narrator, either prearrival or during ED course? | Yes | No | NA |  |
| 10. Were times charted for paging surgeon and for response of surgeon?  | Yes | No | NA |  |
| 11. Did the radiology flow meet minimum requirements?  | Yes | No | NA |  |
| 12. Is the tetanus vaccine up-to-date (within the last 10 years) or refusal documented in the EHR? | Yes | No | NA |  |
| 13. Was a full set of vitals documented on discharge/transfer? Includes HR, RR, BP, and SpO2 | Yes | No | NA |  |
| 14. Was a GCS documented on discharge/transfer?  | Yes | No | NA |  |
| 15.\* Outcome/Disposition |  |  |
| Discharged | [ ] |
| Transferred | [ ] |
| Admitted | [ ] |
| Death | [ ] |
| Other  | [ ] |
| 16. If the patient was admitted, was the hospital care appropriate?  | Yes | No | NA |  |
| 17. It the patient was transferred, which facility were they transferred to? |  |  |
| Aurora BayCare Medical Center  | [ ] |
| Aurora Medical Center - Summit  | [ ] |
| Aurora St. Luke's Medical Center  | [ ] |
| Children's Hospital of Wisconsin | [ ] |
| Columbia/St. Mary's Hospital | [ ] |
| ThedaCare Regional Medical Center-Neenah | [ ] |
| Froedtert Hospital | [ ] |
| Other | [ ] |
| 18. If the patient was transferred, was the patient transferred within 3 hours from arrival to the ED? | Yes | No | NA  | *Transfer Time* |
| 19.\* Was the documentation free from Fall Outs?  | Yes | No |  |
| 20. Were trauma activation charges applied appropriately?  | Yes | No | NA |  |
| 21.\* Who was the provider? |  |  |
| 22.\* Who was the primary nurse? |  |  |