

Date: __/__/__ Time: _____

Setting: _____ Unique ID: _____ Entered By: _____

Reason for Audit:

* Indicates that an answer is required.

AMCB Trauma Chart Audit

Trauma Chart Audit	Answer	Comments
1. Trauma activation documented?	Yes No NA	
2. If called, was level appropriate?	Yes No NA	
3. If called, was time documented?	Yes No NA	
4. If level 1, trauma surgeon arrived within 30 minutes?	Yes No NA	
5. Warming measures documented?	Yes No NA	
6.* Full vitals documented on arrival within 30 minutes? (Including temp/source)	Yes No	
7.* Glasgow Coma scale documented upon arrival within 30 minutes?	Yes No	
8.* Full vitals documented on discharge or transfer, including temperature?	Yes No	
9.* Glasgow Coma Scale documented on discharge or transfer?	Yes No	
10. Serial vital signs completed as appropriate (Change in condition/intervention)?	Yes No NA	
11. If the patient was admitted, was there a surgical consult?	Yes No NA	
12. If the patient was admitted: Patient was admitted to floor within 180 minutes (3 hours) from arrival to the ED?	Yes No NA	
13. If the patient was transferred: Patient transferred within 180 minutes (3 hours) from arrival to the ED?	Yes No NA	
14. If transferred to another facility, where did they go?		
FMLH	<input type="checkbox"/>	
CHOW	<input type="checkbox"/>	
St. Mary's Columbia	<input type="checkbox"/>	
St. Luke's	<input type="checkbox"/>	
Condell	<input type="checkbox"/>	
Loyola	<input type="checkbox"/>	
Northwestern	<input type="checkbox"/>	
Summit	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
15. Was height and weight entered?	Yes No NA	
16. Was pain management performed?	Yes No NA	
17. Was alcohol screening completed on the trauma patient?	Yes No NA	

18. Patient Outcome/Disposition?		
Home	<input type="checkbox"/>	
Admission to ICU	<input type="checkbox"/>	
Admission to Med/Surg	<input type="checkbox"/>	
Admit to surgery	<input type="checkbox"/>	
Transferred to another hospital	<input type="checkbox"/>	
Death	<input type="checkbox"/>	
Discharged to jail	<input type="checkbox"/>	
19. If quality concern identified, loop closure consisted of:		
Email sent to primary RN	<input type="checkbox"/>	
Reviewed at Trauma Committee	<input type="checkbox"/>	
Discussed with trauma medical director	<input type="checkbox"/>	
Staff Education Completed	<input type="checkbox"/>	
Policy reviewed/updated	<input type="checkbox"/>	
Procedure change implemented	<input type="checkbox"/>	
Discussed with EMS liaison	<input type="checkbox"/>	
Referred to ER Manager for follow up	<input type="checkbox"/>	
Discussed with the ER Medical Director	<input type="checkbox"/>	