|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Review-<<Trauma Coordinator>>** | | | | | | | | | | |
| **Demographic Information** | | | | | | | | | | |
| **Last Name** | |  | | | **Arrival Date/Time** | | | |  | |
| **First Name** | |  | | | **ISS** | | | |  | |
| **DOB** | |  | | | **HAR** | | | |  | |
| **Age** | |  | | | **MRN** | | | |  | |
| **Gender** | |  | | | **Mode of Arrival** | | | |  | |
| **MOI Arrival Date/Time** | |  | | | **Reason for Review** | | | |  | |
| **Pre-Hospital** | | | | | | | | | | |
| **Service** | |  | | | **Minutes on Scene** | | | |  | |
| **Medications** | |  | | | | | | | | |
| **Brief Summary (MOI, Activation Level, HPI, PMH)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Injuries** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Emergency Department** | | | | | | | | | | |
| **ED admission Date/Time** | | |  | | **Trauma Level** | | | |  | |
| **ED attending** | | |  | | **TTA Time** | | | |  | |
| **Time of 1st antibiotic for open fracture** | | |  | | **ED Arrival to time of 1st antibiotic for Open Fracture** | | | |  | |
| **ED LOS Hours** | | |  | | **Disposition Decision Date/Time** | | | |  | |
| **ED LOC Mins** | | |  | | **Discharge Disposition** | | | |  | |
| **Initial ED Vital Signs** | | | | | | | | | | |
| **Initial Set Date/Time** | | |  | | **Respirations** | | | |  | |
| **GCS** | | |  | | **SBP** | | | |  | |
| **Temp** | | |  | | **DBP** | | | |  | |
| **Pulse** | | |  | | **BAC Tested** | | | |  | |
| **ED Transfer** | | | | | | | | | | |
| **Hospital Transferred to** | | |  | | **Transfer Delay** | | | |  | |
| **Destination Determination** | | |  | | **Transfer Delay Reason** | | | |  | |
| **Diagnostic Timeline** | | | | | | | | | | |
| **Pelvic Imaging Time** | | |  | | **CT Imaging Start** | | | |  | |
| **CXR Time** | | |  | | **CT Imaging Read** | | | |  | |
|  | | | | | **CT Imaging Completed to Read** | | | |  | |
| **Diagnostic Findings** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Admission** | | | | | | | | | | |
| **Admit Date/Time** | | |  | | **Admitting MD** | | | |  | |
| **Hospital D/C Date/Time** | | |  | | **Consulting Service (s)** | | | |  | |
| **LOS** | | |  | | **Consulting MD** | | | |  | |
| **VTE Prophylaxis** | | |  | | **Alcohol Screening Completed (Y/N)** | | | |  | |
| **Primary Review Timeline** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Primary Review Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Signature: <<Trauma Coordinator Signature>>** | | | | | **Date/Time** | | | | | |
| **Secondary Review Comments** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Action Plan** | | | | | | | | | | |
| **□ Close** | | **□ Trauma Review Committee (Tertiary)** | | | | | **□ Review at Systems/Operations Committee** | | | |
| **TMD Signature:**  **<<Trauma Medical Director Signature>>** | | | | | | **Date/TIme:** | | | | |
| **Loop Closure** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Process Improvement Audit Filters** | | | | | | | | |
| **Pre-Hospital** | | | **Emergency Department** | | | | **Acute Care** | |
| Missed Airway | | | Class 1 activation | | | | Unplanned ICU admission | |
| Main stem intubation | | | Trauma Surgeon response > 30 mins for Class 1 | | | | Unplanned return to OR | |
| GCS < 8 with no definitive airway | | | GCS < 8 with no definitive airway | | | | Re-intubation within 48 hours of extubating | |
| Appropriate Triage & Transfer Guidelines | | | ED Disposition> 2 hours | | | | Missed injury | |
| Appropriate Triage & Transfer Guidelines | | | Missed Airway | | | | Death | |
|  | | | Death | | | | Compliance with Guidelines | |
|  | | | Transfer | | | | Complications: CAUTI, CLABSI, Sepsis, pneumonia | |
|  | | | Compliance w/ Guidelines | | | | Non-surgical admissions | |
|  | | | Missed injury/Radiology Misread | | | |  | |
|  | | | Under Triage | | | |  | |
|  | | | ISS > 15 | | | |  | |
|  | | | Antibiotic for Open Fracture | | | |  | |
|  | | | Radiology Misread | | | |  | |
|  | | | MTP activation | | | | | |
|  | | | Pediatric Patient | | | | | |
|  | | |  | | | | | |
| TMD/TPM Director Discretion | | | | | | | | |

\*\* Highlight and bold audit filter met