|  |
| --- |
| **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