University of Medical Center
Shock Trauma Center
TRU Nursing Assessment

Trauma Doe# _____

PATIENT IDENTIFICATION

DATE	BAY #	PAGE OF

VITAL SIGNS

BLOOD PRESSURE / PULSE / RESPIRATION / CODE / B.P. / ARTERIAL LINE / CUFF / H.R. / APICAL / RADIAL / I.J. / X MAP / Warming Method / B - Blankets / WB - Warm Blood / WI - Warm Inhalation / WF - Warm Fluids / BH - Bair Hugger / RW - Radiant Warming	TIME																								TIME
	230																								230
	220																								220
	210																								210
	200																								200
	190																								190
	180																								180
	170																								170
	160																								160
	150																								150
	140																								140
	130																								130
	120																								120
	110																								110
	100																								100
	90																								90
	80																								80
	70																								70
	60																								60
	50																								50
	40																								40
	30																								30
	20																								20
	10																								10
TEMPERATURE (AORC)																									TOTALS
WARMING METHOD																									

INPUT

PLYTE																								
LR / 0.9% NaCl																								
IV CONTRAST																								
PRBC'S																								
PLATELETS																								
FFP																								
MEDICATION DOSAGE																								
MLs INFUSED																								
N-GT / P.O. INTAKE																								

OUTPUT

URINE (FOLEY/VOID)																								
CT #1																								
CT #2																								
GASTRIC / EMESIS																								
TURN (DIRECTION)																								

AORC - Axillary Oral Rectal Core
CT - Chest Tube

TOTAL IN	
TOTAL OUT	
BALANCE	

University of Medical Center
Shock Trauma Center

TRU Nursing Assessment

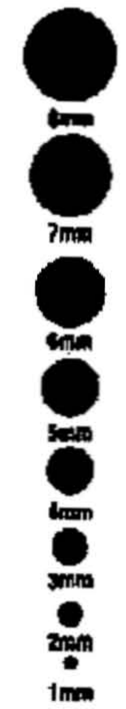
Trauma Doe# _____ **Patient Name** _____ **MR#** _____

	TIME																				
RESPIRATORY	AIRWAY																				
	RATE (MACHINE/PT)																				
	APPARATUS																				
	FiO_2 (%) LITERS O_2																				
	SaO2/EtCO2																				
	VENT MODE																				
	ETT AT GUM LINE-cm																				
	MINUTE VENTILATION																				
	TIDAL VOLUME INS / EXP																				
	AWP PEAK/MEAN																				
	PEEP/PS																				
	T_1 / T_2																				
	P_1 / P_2																				
	CUFF PRESSURE:																				
	SUCTION																				
CARDIOVASCULAR	PAM/PCWP																				
	PAS/PAD																				
	CO/CI																				
	SVR/CVP																				
	SITE CHECK																				
	PULSE CHECK DP / PT																				
	ICP / CPP																				
NEUROLOGICAL EXAM	MEDICATION																				
	STIMULUS																				
	EYE OPENING																				
	VERBAL RESPONSE																				
	BEST MOTOR RESPONSE																				
	GLASGOW COMA SCALE																				
	ORIENTATION																				
	PUPIL EQUALITY																				
	PUPIL SIZE (R/L)																				
	PUPIL SHAPE (R/L)																				
	PUPIL REACTION (R/L)																				
	CORNEALS/BLINK (R/L)																				
	FACIAL GRIMACE (R/L)																				
	STRENGTH ARMS (R/L)																				
	STRENGTH LEGS (R/L)																				
RESTRAINTS	CRITERIA FOR RESTRAINT																				
	TYPE OF RESTRAINT																				
	PATIENT BEHAVIOR CODE																				
	INTERVENTION CODE																				
	Q 2 Hr CIRCULATION/ SENSATION																				
	Q 2 Hr SKIN INTEGRITY/ OBSERVATION																				
	√ ROM/RESTRAINT RELEASE PRN																				
	√ FOOD/FLUID/TOILETING																				

O_2 APPARATUS
FM = FACE MASK
FT = FACE TENT
NR = NON REBREATHER
NC = NASAL CANNULA

AIRWAY KEY
N = NATURAL
O = ORAL
TR = TRACH
NP = NASOPHARYNGEAL
ETT = ENDOTRACHEAL TUBE

PUPIL SIZE



MEDICATIONS
S SEDATION
PL PARALYTIC
T TRANQUILIZER
P PAIN

STIMULUS
4 VOICE
3 SHAKE OR SHOUT
2 PERIPHERAL PAIN
1 DEEP PAIN

EYE OPENING
4 SPONTANEOUSLY
3 TO SPEECH
2 TO PAIN
1 NONE
0 UNTESTABLE

VERBAL RESPONSE
5 ORIENTED
4 CONFUSED
3 INAPPROPRIATE (WORDS)
2 INCOMPREHENSIBLE (SOUNDS)
1 NONE
U UNTESTABLE
T INTUBATED

BEST MOTOR RESPONSES
6 OBEYS
5 LOCALIZES
4 WITHDRAWS
3 FLEXES
2 EXTENDS
1 NONE
U UNTESTABLE

ORIENTATION
3 TIME, PLACE, PERSON
2 2 OF 3
1 1 OF 3
0 NONE
U UNTESTABLE

PUPIL EQUALITY
L > R
R > L

PUPIL REACTION
CORNEAL REFLEXES
FACIAL GRIMACES
3 NORMAL
2 DECREASED OR ABNORMAL
1 ABSENT
U UNTESTABLE

STRENGTH
5 STRONG
4 MILD WEAKNESS
3 MODERATE WEAKNESS
2 SEVERE WEAKNESS
1 TRACE
0 NONE
U UNTESTABLE

PUPIL SHAPE
R ROUND
O OVAL
I IRREGULAR
U UNTESTABLE

CRITERIA FOR RESTRAINTS
C & D - CONFUSED & DISORIENTED, UNSAFE
AG - AGITATED, HOSTILE, ABUSIVE
LOC - LOW LEVEL OF CONSCIOUSNESS
REM - UNABLE TO REMEMBER INSTRUCTIONS
ALT - ALTERNATIVE STRATEGIES UNSUCCESSFUL
AGE - AGE/DEVELOPMENTAL STAGE
GRB - GRABS OR PULLS AT DSG OR TUBES

TYPES OF RESTRAINT
VC - VEST CHEST
BW - BELT WAIST
WA - WRAP AROUND
MR - MITTS R
ML - MITTS L
MB - MITTS BOTH
SR - SIDE RAILS
ANKR - ANKLE R
ANKL - ANKLE L
ANKB - ANKLE BOTH
WR - WRIST R
WL - WRIST L
WB - WRIST BOTH

PATIENT BEHAVIOR
A - ASLEEP
B - DROWSY
C - CONFUSED
D - AGITATED
E - FREQUENT REDIRECT/REMIND
F - FOLLOWS DIRECTIONS FOR A SHORT TIME
G - ALERT, DISORIENTATED
H - ALERT AND ORIENTED
I - CALM AND COOPERATIVE
J - OTHER (DESCRIBE)

KEY
AWP - AIRWAY PRESSURE
CO/CI - CARDIAC OUTPUT/CARDIAC INDEX
DP/PT - DORSALIS PEDIS/POSTERIOR TIBIAL
PAD - PULMONARY ARTERY DIASTOLIC
PAM - PULMONARY ARTERY MEAN
PAS - PULMONARY ARTERY SYSTOLIC
PCWP - PULMONARY CAPILLARY WEDGE PRESSURE

INTERVENTION
1 OUT OF BED TO CHAIR
2 REORIENTATION
3 FAMILY VISIT
4 WOUND/TUBE DISGUISE
5 ACTIVITY/DISTRACTION
6 REDIRECT
7 ADJUST ENVIRONMENT
8 OTHER/REFER TO NOTES

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Shock Trauma Center
TRU Nursing Assessment

Trauma Doe# _____

PATIENT

MEDICATION TIMES																		
Tetanus Toxoid 0.5mL IM X 1 Site			Expires				Lot #											
MEDICATIONS																		
Hypaque 5 GMs PO / OG X 1 Now																		
MED / DOSE / ROUTE																		
Pain Score (0 - 10)																		
Response: E=Effective N=Not Effective																		
RN Initials																		
Finger Stick Glucometer (Reference Range: 70-110 mg/dL)																		
SEDATION																		
Moderate Sedation Consent Obtained ☐ Yes ☐ NA - Emergent Event																		
SEDATION SCORE (RASS)																		
POST ANESTHESIA SCORE																		
Moderate Sedation Monitors (Designated by Blue Border) Include: Vital Signs Respiratory Neurologic Sedation																		

Sedation - RASS Score
+4 = Combative +3 = Very Agitated +2 = Agitated +1 = Restless 0 = Alert & Calm
-1 = Drowsy -2 = Light Sedation -3 = Moderate Sedation -4 Deep Sedation -5 = Unarousable

Post Anesthesia Score

Consciousness	2 = Awake	1 = Arousable	0 = Unresponsive
Color	2 = Pink	1 = Pale, Dusky, Blotchy	0 = Cyanotic
Activity	2 = Moves legs, sustains head lift	1 = Moves legs, no head lift	0 = No movement
Respirations	2 = Spontaneous w support	1 = Spontaneous c artificial airway	0 = Apneic
Circulation	2 = BP 20 points of pre-op	1 = BP 20 - 40 points of pre-op	0 = BP > 40 points of pre-op

PROGRESS NOTES

INITIALS	SIGNATURE	INITIALS	SIGNATURE

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TRU Nursing Assessment

Trauma Doc# _____

IDENTIFICATION

PRIOR TO ARRIVAL

Date: _____
Military Time: patient arrived: _____ team arrived: _____
Team Leader/Resident: _____
Arrival Mode: ❑ Air ❑ Land ❑ Scene ❑ Transfer
Transferring Facility/County: _____
Medic/Trooper Number: _____

Mechanism of Injury
❑ MVC ❑ car ❑ truck ❑ van ❑ MCC ❑ bicycle
❑ ATV ❑ driver ❑ passenger front/back ❑ belt ❑ air bag
❑ carseat ❑ helmet ❑ ejected ❑ S/W broken/bent ❑ diving
❑ W/S broken/bent ❑ rear ended ❑ farm ❑ head on ❑ broadside
❑ T bone ❑ rollover ❑ unknown ❑ burn ❑ CO exposure
❑ fell_____feet ❑ industrial ❑ recreational ❑ Ped Struck
❑ assault ❑ stab ❑ GSW ❑ other _____

Time of Injury: _____
PMH: _____
Allergies: _____
Tetanus UTD: ❑ Yes ❑ No ❑ NA ❑ Unknown
Medications: _____
C-Collar: ❑ Yes ❑ No Backboard: ❑ Yes ❑ No
Location:
❑ Splint _____ ❑ Other _____
❑ Splint _____ ❑ _____
❑ Pressure Dressing _____ ❑ _____
❑ Meds PTA _____ ❑ _____
❑ Meds PTA _____ ❑ _____

Treatment in Progress on Arrival:
❑ CPR ❑ Oxygen
❑ Oral Airway ❑ V Site _____
❑ ET/NT ❑ IV Site _____ ❑ Mast on
❑ BVM ❑ Monitor ❑ Mast up ❑ Legs only

IV Fluids PTA _____ mls
Prolonged Extrication: ❑ Yes ❑ No Time _____
EBL: ❑ Sm ❑ Mod ❑ Lg
Loss of Consciousness: ❑ Yes ❑ No Amount of Time: _____

NOTIFICATIONS

Notifications
Family Notified: ❑ Yes ❑ No Time _____

Name / Relationship _____
Phone Number _____
Name / Relationship _____
Phone Number _____

Medical Examiner Notified: ❑ Yes ❑ No Time _____
TRC Notified: ❑ Yes ❑ No Ref. # _____
Notified: ❑ Police ❑ SANE ❑ Other _____

DISPOSITION

Property Disposition
Valuables:
❑ None with patient ❑ Given to family ❑ Left in patient's possession
❑ Given to police ❑ Locked in safe Envelope No. _____

Clothing: ❑ Discarded
❑ None with patient ❑ Given to family ❑ Left in patient's possession
❑ Cane ❑ Eyeglasses ❑ Dentures ❑ Hearing Aid ❑ Contacts

Police Department: District: _____
Badge #: _____ Phone #: _____

ARRIVAL ASSESSMENT

Consultant	Called	Arrived
Trauma Attending		
Anesthesiology/CRNA		
Orthopaedics		
Neurosurgeon		
Plastics/OMFS/ENT		
HBO		
Ophtho		
Other		

Blood Band Number: _____
☒ ID Band correct and in place
Admission Pain Score: _____
Oriented to: ❑ Person ❑ Place ❑ Time
❑ Unresponsive ❑ Confused ❑ Incomprehensible ❑ Unable to Test
Motor Response: _____

Sensory Response: _____

Reflexes Present:
Cough ❑ Yes ❑ No
Corneal ❑ Yes ❑ No
Gag ❑ Yes ❑ No

Blood/CSF Leak ❑ Yes ❑ No
Ears ❑ R ❑ L
Nose ❑ R ❑ L

R. PUPIL/REACTION AND SIZE:
❑ Yes
❑ No

L. PUPIL/REACTION AND SIZE:
❑ Yes
❑ No

SCI Assess: ❑ Yes ❑ No CHI Screening: ❑ Yes ❑ No
Cervical Collar: ❑ Yes ❑ No Type: _____
Time On (Include PTA Date & Time): _____
Time Off Date & Time: _____ Removed by: _____
Collar changed: ❑ Yes ❑ No Type: _____

Backboard: Date on: _____ Date off: _____
Time on (Include PTA Time): _____ Time off: _____

DISPOSITION

Disposition Final Pain Score: _____
Admitted to:
❑ MTCC 5 ❑ MTIMC 5 ❑ NTCC 4 ❑ NTIMC 4
❑ TAC-S ❑ TAC-N ❑ 4 STA ❑ Live-In
❑ OR ❑ PACU ❑ HBO ❑ UMH _____
Discharged to:
❑ Home ❑ Left before discharge ❑ Left AMA
❑ Morgue ❑ Other: _____
Transferred to:
❑ ED ❑ Clinic _____ ❑ Other _____
Mode of Transport:
❑ Stretcher ❑ W/C ❑ Ambulatory ❑ ExpressCare
❑ Other: _____
Accompanied By: ❑ Self ❑ Family/Friend
❑ Police ❑ Other: _____
Report Given To: _____
Transported with: ❑ RN ❑ Tech ❑ Monitor ❑ O2
Date & Time: _____ & _____
Condition ❑ Stable ❑ Fair ❑ Good ❑ Serious ❑ Expired

University of Medical Center
Shock Trauma Center
TRU Nursing Assessment

Trauma Doe# _____

PATIENT IDENTIFICATION

RESPIRATORY

Airway Patent: ☐ Yes ☐ No
Trachea Position: ☐ Midline ☐ Deviated ☐ Right ☐ Left
Spont. Res Effort: ☐ Yes ☐ No
Chest Movement: ☐ Normal ☐ Shallow ☐ Retractions ☐ Paradoxical
Subcutaneous Emphysema: ☐ Yes ☐ No ☐ Right ☐ Left

Breath Sounds:	Right	Left		Right	Left
Present	☐	☐	Clear	☐	☐
Diminished	☐	☐	Absent	☐	☐

Pulse Oximetry: ☐ Yes ☐ No
Adventitious Sounds: ☐ None Flail: ☐ Yes ☐ No ☐ Right ☐ Left

	R	L
Rales	☐	☐
Rhonchi	☐	☐
Wheeze	☐	☐

Secretions: _____

CARDIOVASCULAR

Cap. Refill: ☐ Absent ☐ ≤ 2 secs. ☐ > _____ secs.
Skin Color: ☐ Normal ☐ Cyanotic ☐ Pale ☐ Ashen ☐ Flushed ☐ Rash ☐ Ictoric ☐ Mottled
Skin Moisture: ☐ Normal ☐ Dry ☐ Moist ☐ Diaphoretic
Temp: ☐ Warm ☐ Cool ☐ Hot
Mucous Membranes: ☐ Normal ☐ Pale/Gray
Heart Tones: ☐ Clear ☐ Muffled
Neck Vein Distension: ☐ Yes ☐ No
Peripheral Pulses: ☐ Absent ☐ Strong ☐ Thready ☐ Weak ☐ Bounding
Peripheral Pulses Present: (0-3)

Carotid	R _____	L _____
Radial	R _____	L _____
Femoral	R _____	L _____
Dorsalis Pedal	R _____	L _____
Post Tibial	R _____	L _____

Other: _____
Chest Pain/Rib Pain: ☐ Yes ☐ No
Cardiac Monitor: ☐ Yes ☐ No
ECG Rhythm: _____

GI

Abdomen: ☐ Rounded ☐ Flat ☐ Distended ☐ Obese ☐ Firm ☐ Rigid ☐ Tender ☐ Non-Tender ☐ Guarding ☐ Rebound Tenderness ☐ Not able to assess
Bowel Sounds: ☐ Present ☐ Absent ☐ Hypo ☐ Normal ☐ Hyper
Vomiting/Gastric Drainage: ☐ Yes ☐ No
Description: ☐ Green ☐ Yellow ☐ Blood ☐ Tan ☐ Undigested Food
Time of Last PO: Food: _____ Fluid: _____
Stool: ☐ Yes ☐ No Description: _____
Rectal Bleeding: ☐ Yes ☐ No
Fast ☐ Yes ☐ No Time _____
Repeat Fast ☐ Yes ☐ No Time _____

GU

Bladder:

Normal	☐ Yes	☐ No
Distended	☐ Yes	☐ No
Incontinent	☐ Yes	☐ No
Spontaneous Void	☐ Yes	☐ No

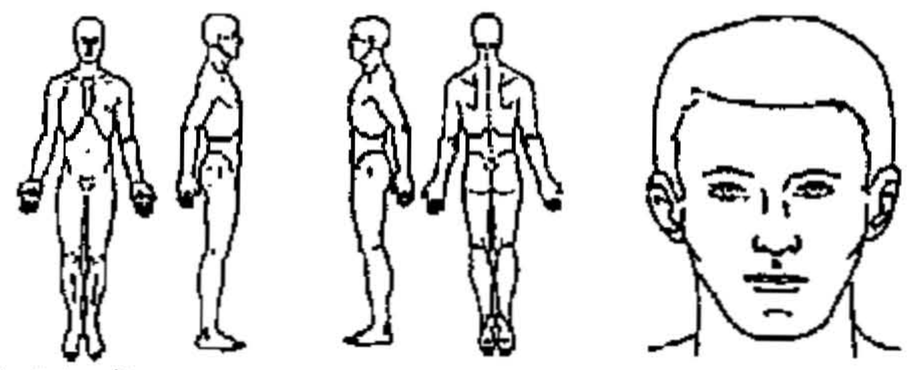
Urine:

Clear	☐ Yes	☐ No
Cloudy	☐ Yes	☐ No
Sediment	☐ Yes	☐ No

Color: ☐ Amber ☐ Yellow ☐ Bloody ☐ Straw ☐ Tea Color
Menses ☐ Yes ☐ No ☐ NA
LMP _____
Vaginal Discharge ☐ Yes ☐ No _____
Discharge: ☐ Yes ☐ No Describe _____

MUSCULOSKELETAL

☐ = Normal/Intact	AV = Avulsion
A = Abrasion	B = Burn
C = Contusion	DE = Degloving
CR = Crush	G = GSW
E = Ecchymosis	L = Laceration
H = Hematoma	PU = Puncture
M = Mottled	S = Stabwound
SW = Swollen	BT = Broken Teeth
AM = Amputation	MT = Missing Teeth
D = Dislocation	PN = Pain
CF = Closed Fracture	PR = Piercing
O = Open Fracture	SC = Scar
P = Paralysis	T = Tattoo
PR = Paresthesia	



Skin Integrity:

SKIN ASSESSMENT ON ADMISSION	
PATIENT POSITION	
LENGTH OF POSITION	
SURFACE ☐ Backboard ☐ Trauma mattress	
SKIN ASSESSMENT AT DISCHARGE FROM UNIT	

Bleeding: ☐ Sm ☐ Mod ☐ Lg
Site: _____

PSYCHOSOCIAL

Appearance
☐ Appropriate ☐ Well-groomed ☐ Disheveled ☐ Cooperative ☐ Unruly ☐ Malodorous ☐ Unkempt ☐ Not able to assess
Mood
☐ Appropriate ☐ Sad ☐ Angry ☐ Worried ☐ Anxious ☐ Other _____ ☐ Not able to assess
Affect
☐ Appropriate ☐ Labile ☐ Flat ☐ Inhibited ☐ Dull ☐ Other _____ ☐ Not able to assess
Thought Content
☐ Normal ☐ Delusions ☐ Paranoid Ideation ☐ Auditory Hallucinations ☐ Visual Hallucinations ☐ Not able to assess
Thought Process
☐ Normal ☐ Incoherent ☐ Slowed thoughts ☐ Racing ☐ Flight of ideas ☐ Loose associations ☐ Not able to assess
Speech
☐ Normal ☐ Loud ☐ Soft ☐ Slow ☐ Rapid ☐ Slurred ☐ Aphasic ☐ Other _____ ☐ Not able to assess
Psychomotor
☐ Normal ☐ Agitated ☐ Restlessness ☐ Slow ☐ Other _____ ☐ Not able to assess

University of Medical Center
Shock Trauma Center
TRU Nursing Assessment

Trauma Doe# _____

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☐ NA **NEUROSURGICAL PROCEDURES**

TIME START/STOP	PROCEDURE	PT. TOLERATED PROCEDURE WELL	SEE NARRATIVE NOTE
	Camino Initial Pressure _____	☐	☐
	IVC Initial Pressure _____	☐	☐
	GW Tongs #lbs. _____	☐	☐
	Halo	☐	☐
	Cervical Reduction #lbs. _____x-ray ☐ #lbs. _____x-ray ☐ #lbs. _____x-ray ☐ Overall cervical proc. tolerated well ☐	☐	☐
	Other	☐	☐

☐ NA **RESPIRATORY PROCEDURES**

TIME START/STOP	PROCEDURE	PT. TOLERATED PROCEDURE WELL	SEE NARRATIVE NOTE
	Intubation ☐ OT ☐ NT CMS @ gum ___	☐	☐
	Chest Tubes Size _____ Location _____	☐ 20cmSx ☐	☐
	Chest Tubes Size _____ Location _____	☐ 20cmSx ☐	☐
	Bronch	☐	☐
	Trach/Cric Size _____	☐	☐

☐ NA **CV PROCEDURES**

TIME START/STOP	PROCEDURE	PT. TOLERATED PROCEDURE WELL	SEE NARRATIVE NOTE
	PIV / Site _____ ga _____	☐	☐
	PIV / Site _____ ga _____	☐	☐
	Central Line Type _____ Site _____	☐	☐
	Central Line Type _____ Site _____	☐	☐
	Art Line Type _____ Site _____	☐	☐
	PA Catheter Site _____	☐	☐
	12 Lead EKG	☐	☐
	Echo	☐	☐
	Doppler Study	☐	☐

☐ NA **GI PROCEDURES**

TIME START/STOP	PROCEDURE	PT. TOLERATED PROCEDURE WELL	SEE NARRATIVE NOTE
	Peritoneal Tap ☐ clear ☐ pink ☐ gross blood ☐ sent to lab amt in _____mL's amt out _____mL's	☐	☐
	Gastric Tube ☐ N-GT ☐ OGT Size _____ LCS ☐ Yes ☐ No	☐	☐

☐ NA **GU PROCEDURES**

TIME START/STOP	PROCEDURE	PT. TOLERATED PROCEDURE WELL	SEE NARRATIVE NOTE
	Foley Size _____	☐	☐
	Suprapubic	☐	☐
	IVP	☐	☐
	Urethrogram	☐	☐
	Cysto	☐	☐
	Other	☐	☐

☐ NA **MUSCULOSKETAL PROCEDURES**

TIME START/STOP	PROCEDURE	PT. TOLERATED PROCEDURE WELL	SEE NARRATIVE NOTE
	Abrasion Care Location _____	☐	☐
	Suturing Location _____ Service _____	☐	☐
	Suturing Location _____ Service _____	☐	☐
	Wound Care Location _____ Service _____	☐	☐
	Splint/Cast Location _____	☐	☐
	Reduction Location _____	☐	☐
	Reduction Location _____	☐	☐
	Traction Location _____ Lbs _____	☐	☐

GW - Gardener - Wells PA - Pulmonary Artery LCS - Low Continuous Suction

University of Medical Center
Shock Trauma Center
TRU Nursing Assessment

Trauma Doe# _____

PATIENT [redacted]

RADIOLOGY

Film	Time	Time	Extremities/Other (location)	Time
C-Spine:	❑ Odontoid _____	❑ Lateral & AP _____	❑ _____	_____
CXR:	❑ Supine _____	❑ Upright _____	❑ _____	_____
Spine:	❑ Thoracic _____	❑ Lumbar _____	❑ _____	_____
Pelvis:	❑ AP _____	❑ Judet _____	❑ _____	_____
	❑ Inlet/Outlet _____		❑ LODOX	_____

	CT SCAN	Transported with MD	Transported with RN	Pt. tolerated procedure well	See Narrative Note
To _____ / From _____	Head	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Repeat Head	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	C-Spine Level _____	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	T Spine Level _____	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	L-Spine Level _____	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Chest	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Abdomen/Pelvis	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Pelvis (ortho)	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Triple Dye Abdomen	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Face/Orbits	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Coronals	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Mandible	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	CTA _____	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Other _____	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
	MRI/MRA				
To _____ / From _____	Head	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	C-Spine	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	T Spine	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	L Spine	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Other _____	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
	ANGIOGRAPHY				
To _____ / From _____	Head	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Neck	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Chest	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Pelvis	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Liver/Spleen	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Extremities	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	Other _____	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	**ESOPHAGRAM**	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
	OTHER				
To _____ / From _____	_____	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	_____	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	_____	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑
To _____ / From _____	_____	❑ Yes ❑ No	❑ Yes ❑ No	❑	❑

RADIOLOGY

University of Medical Center
Shock Trauma Center
TRU Nursing Assessment

Trauma.Doc# _____

PATIENT IDENTIFICATION

Date/Time _____

Signature _____

RESPIRATORY

Airway Patent: ☐ Yes ☐ No Spont. Res. Effort: ☐ Yes ☐ No
Trachea Position: ☐ Midline ☐ Deviated ☐ Right ☐ Left
Intubated: ☐ Yes ☐ No ☐ OT ☐ NT CMS @ gum
Chest Movement: ☐ Normal Shallow ☐ Retractions ☐ Paradoxical
Subcutaneous Emphysema: ☐ Yes ☐ No ☐ Right ☐ Left

Breath Sounds:	Right	Left		Right	Left
Present	☐	☐	Clear	☐	☐
Diminished	☐	☐	Absent	☐	☐

Pulse Oximetry: ☐ Yes ☐ No Flail: ☐ Yes ☐ No
Adventitious Sounds: ☐ None ☐ Right ☐ Left

	Right	Left
Rales	☐	☐
Rhonchi	☐	☐
Wheeze	☐	☐

Chest Tubes ☐ Yes ☐ No
Size _____
Location _____
Secretions: _____

CARDIOVASCULAR

Cap. Refill: ☐ Absent ☐ ≤ 2 secs. ☐ > _____ secs.
Skin Color: ☐ Normal ☐ Cyanotic ☐ Pale ☐ Ashen ☐ Icteric ☐ Mottled ☐ Flushed ☐ Rash
Skin Moisture: ☐ Normal ☐ Dry ☐ Moist ☐ Diaphoretic
Temp.: ☐ Warm ☐ Cool ☐ Hot
Mucous Membranes: ☐ Normal ☐ Pale/Gray
Heart Tones: ☐ Clear ☐ Muffled
Neck Vein Distension: ☐ Yes ☐ No
Peripheral Pulses: ☐ Absent ☐ Strong ☐ Thready ☐ Weak ☐ Bounding
Chest Pain/Rib Pain: ☐ Yes ☐ No
Cardiac Monitor: ☐ Yes ☐ No
ECG Rhythm: _____

PIV / Site _____ ga _____
PIV / Site _____ ga _____
Central Line Type _____ Site _____
Art Line Type _____ Site _____
PA Catheter Site _____

GI

Abdomen: ☐ Rounded ☐ Flat ☐ Distended ☐ Obese ☐ Firm ☐ Rigid ☐ Tender ☐ Non-Tender ☐ Guarding ☐ Rebound Tenderness ☐ Not able to assess
Bowel Sounds: ☐ Present ☐ Absent ☐ Hypo ☐ Normal ☐ Hyper
Vomiting/Gastric Drainage: ☐ Yes ☐ No ☐ NGT ☐ OGT
LCS ☐ Yes ☐ No
Description: ☐ Green ☐ Yellow ☐ Blood ☐ Tan ☐ Undigested Food

GU

Bladder:			Urine:		
Normal	☐ Yes	☐ No	Clear	☐ Yes	☐ No
Distended	☐ Yes	☐ No	Cloudy	☐ Yes	☐ No
Incontinent	☐ Yes	☐ No	Sediment	☐ Yes	☐ No
Spontaneous Void	☐ Yes	☐ No	Color:	☐ Amber	☐ Yellow
Foley	☐ Yes	☐ No		☐ Bloody	☐ Straw
				☐ Tea Color	

PSYCHOSOCIAL

Appearance
☐ Appropriate ☐ Well-groomed ☐ Disheveled ☐ Cooperative ☐ Unruly ☐ Malodorous ☐ Unkempt ☐ Not able to assess
Mood
☐ Appropriate ☐ Sad ☐ Angry ☐ Worried ☐ Anxious ☐ Other _____ ☐ Not able to assess
Affect
☐ Appropriate ☐ Labile ☐ Flat ☐ Inhibited ☐ Dull ☐ Other _____ ☐ Not able to assess
Thought Content
☐ Normal ☐ Delusions ☐ Paranoid Ideation ☐ Auditory Hallucinations ☐ Visual Hallucinations ☐ Not able to assess
Thought Process
☐ Normal ☐ Incoherent ☐ Slowed thoughts ☐ Racing ☐ Flight of Ideas ☐ Loose associations ☐ Not able to assess
Speech
☐ Normal ☐ Loud ☐ Soft ☐ Slow ☐ Rapid ☐ Slurred ☐ Aphasic ☐ Other _____ ☐ Not able to assess
Psychomotor
☐ Normal ☐ Agitated ☐ Restlessness ☐ Slow ☐ Other _____ ☐ Not able to assess

Date/Time _____

Signature _____

RESPIRATORY

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