Your Hospital's Logo Here

DATE: ____/____/____

PATIENT IDENTIFICATION

ED TRAUMA FLOW SHEET

NOTIFICATION STATUS

TIME OF NOTIFICATION	TIME ARRIVED	ROOM #
DATE:		
CODE YELLOW PAGED ☐ YES ☐ NO		

MODE OF ARRIVAL
☐ AMBULANCE ☐ POLICE
☐ AUTO ☐ WALK IN
☐ OTHER

PRE - HOSPITAL CARE

OXYGEN THERAPY ☐ NONE
VIA AT LITERS

AIRWAY ☐ NONE
☐ EOA ☐ ETT ☐ ORAL

ACLS ☐ DEFIB ☐ OTHER
☐ ECG ☐ MEDS ☐ IV'S

BACKBOARD ☐ NONE
☐ LONG ☐ SHORT ☐ SCOOP ☐ OTHER

CERVICAL COLLAR (TYPES) ☐ NONE

DRESSINGS ☐ NONE

SPLINTS ☐ NONE

TRAUMA TEAM RESPONSE	NAME	ARRIVED TIME/CALLED IN
ED PHYSICIAN		
PRIEST		
SURGEON		
NSG SUPER		
ED TRAUMA RN #1		
ED TRAUMA RN #2		
ANESTHESIA		
RADIOLOGY		
RESPIRATORY THERAPY		

CONSULT/DISCIPLINE	NAME	TIME CALLED	TIME ARRIVED

VALUABLES ON ARRIVAL	FAMILY NOTIFIED
	TIME:
	ARRIVAL:
	NAME:

MECHANISM OF INJURY

INJURY

☐ **ASSAULT** COMMENTS: _____

☐ **BURN** ☐ FRONT ☐ BACK ☐ OTHER: _____

☐ **CRUSH** COMMENTS: _____

☐ **DROWN** COMMENTS: _____

☐ **FALL** DISTANCE: _____

☐ **GSW** LOCATION: _____

☐ **MVC** ☐ BICYCLE ☐ MOTORCYCLE ☐ RESTRAINED ☐ UNRESTRAINED
☐ NO HELMET ☐ HELMET ☐ STEERING WHL ☐ AIRBAG ☐ EXTRICATED
☐ EJECTED ☐ DRIVER ☐ PEDESTRIAN ☐ PASSENGER

☐ **STABBING** LOCATION: _____

☐ **DEATH ON SCENE** COMMENTS: _____

ESTIMATED TIME OF INJURY _____

DESCRIBED DETAILS _____

AGE _____ SEX _____ DOB _____

SIGNIFICANT PAST MEDICAL HISTORY _____

MEDICINES _____

ALLERGIES _____

LAST MEAL _____

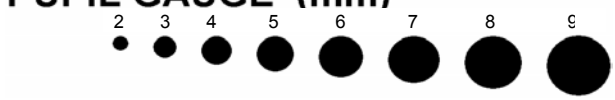
LAST TETANUS _____

LMP _____

UPT _____ TIME DONE _____

PART OF THE MEDICAL RECORD

PUPIL GAUGE (mm) →



ARTERIAL BLOOD GASSES

TIME	FI O_2	Ph	p CO_2	p O_2	HCO_3

MEDICATIONS

TIME	DRUG	DOSE	ROUTE	SITE	INITIALS

BLOOD PRODUCTS

TYPE & CROSS:	TIME SPECIMEN SENT:
EMERGENCY 2 Units of PRBC:	TIME:

UNIT #	PRBC WB	SITE	TIME UP	BY	TIME DOWN	TOTAL

TIME	REQUEST	RESULTS
	Lat Cspine Portable	
	Complete Cspine Series	
	Chest (Upright) Portable	
	Chest (Flat) Portable	
	Pelvis Portable	
	Lat Cspine Portable	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	

PUPIL LEGEND	D=Dilated	E=Equal	F=Fixed	P=Pinpoint	
TIME	1:	2:	3:	4:	5:
BP					
PULSE:					
RESP RATE					
TEMP					
O_2 SAT					
GCS					
PUPILS L / R	/	/	/	/	/
TIME	6:	7:	8:	9:	10:
BP					
PULSE:					
RESP RATE					
TEMP					
O_2 SAT					
GCS					
PUPILS L / R	/	/	/	/	/
TIME	11:	12:	13:	14:	15:
BP					
PULSE:					
RESP RATE					
TEMP					
O_2 SAT					
GCS					
PUPILS L / R	/	/	/	/	/
TIME	16:	17:	18:	19:	20:
BP					
PULSE:					
RESP RATE					
TEMP					
O_2 SAT					
GCS					
PUPILS L / R	/	/	/	/	/

LABWORK

TIME	SENT	RESULT
BS		
BUN		
Cr		
Na		
K		
Cl		
CO_2		
Ca		
Phos		
Mg		
CKO		
PT		
PTT		
WBC		
Hgb		
Hct		

PART OF THE MEDICAL RECORD

INITIAL ASSESSMENT

A — AIRWAY

AIRWAY PATENT: ☐ YES ☐ NO SPONT. RESP. EFFORT ☐ YES ☐ NO
ARTIFICIAL AIRWAY: ☐ NA ☐ ORAL ☐ NT ☐ EOA ☐ TRACH ☐ ETT
TIME PLACED: ☐ PTA _____ BY _____

CERVICAL COLLAR: ☐ NONE ☐ PTA TYPE _____
TIME PLACED _____ BY _____
TIME REMOVED _____ BY _____
BACKBOARD: ☐ NONE ☐ PTA TYPE _____
TIME PLACED _____ BY _____
TIME REMOVED _____ BY _____

B — BREATHING

SPONTANEOUS RESP. EFFORT: ☐ YES ☐ N0
CHEST MOVEMENT: ☐ NORMAL ☐ SHALLOW ☐ RETRACTIONS ☐ PARADOXICAL

BREATH SOUNDS:

	L	R
DIMINISHED	☐	☐ _____
ABSENT	☐	☐ _____
RALES	☐	☐ _____
WHEEZE	☐	☐ _____

PULSE OX _____
O_2 THERAPY TIME STARTED _____
☐ NC @ _____ L/M
☐ NRBM @ _____ L/M
☐ BVM @ _____ L/M
☐ ETT

VENTILATION
TV | $F10_2$
RATE | PEEP/CPAP

TIME INTUBATED _____ BY _____
SIZE TUBE _____ TAPED AT _____

C — CIRCULATION

SKIN COLOR: ☐ PINK ☐ DUSTY ☐ PALE ☐ CYANOTIC
SKIN: ☐ WARM ☐ DRY ☐ COOL ☐ MOIST
CAP REFILL: ☐ ABSENT ☐ < 2 SEC ☐ > 2 SEC ☐ PALLOR
APICAL HEART TONES: ☐ CLEAR ☐ MUFFLED
JVD: ☐ ABSENT ☐ PRESENT _____
CPR: TIME STARTED _____ BY _____

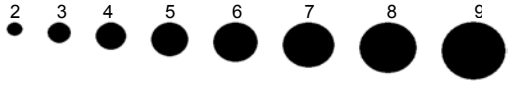
PULSES	R	L
CARTOID		
BRACHIAL		
RADIAL		
FEMORAL		
POPLITEAL		
DORSALIS PEDIS		

S=Strong W=Weak
D=Doppler A=Absent

D — NEUROLOGICAL EFFECTS

ALERT
VERBAL
PAIN
UNCONSCIOUS

PUPIL GAUGE (mm) →



PUPILS:

	R	L
BRISK		
SLUGGISH		
NO RESPONSE		
SIZE		

LOC - ORIENTED X3:
☐ PERSON
☐ TIME
☐ PLACE
☐ ALERT
☐ ORIENTED X3
☐ SOMNOLENT
☐ UNCONSCIOUS
☐ VERBAL
☐ EVENT RECALL
☐ CONFUSED
☐ TRANSIENT LOSS OF CONSCIOUSNESS

EXTREMITY MOVEMENT:

R ARM	☐ YES	☐ NO
DEFORMITY	☐ YES	☐ NO
R LEG	☐ YES	☐ NO
DEFORMITY	☐ YES	☐ NO
L ARM	☐ YES	☐ NO
DEFORMITY	☐ YES	☐ NO
L ARM	☐ YES	☐ NO
DEFORMITY	☐ YES	☐ NO

GLASCOW COMA SCALE		INITIAL		REVISED COMA SCALE		INITIAL	
EYES OPEN	Spontaneously	4	4	GLASCOW COMA TOTAL	-2	4	4
	To Speech	3	3		-3		
	To Pain	2	2				
	None	1	1		3 or less	0	0
BEST VERBAL RESPONSE	Oriented	5	5	SYSTOLIC BLOOD PRESSURE	89 mm Hg	4	4
	Confused	4	4		76 - 88 mm Hg	3	3
	Inappropriate Sounds	3	3		50 - 75 mm Hg	2	2
	Incomprehensible	2	2		1 - 49 mm Hg	1	1
	None	1	1		No Pulse	0	0
BEST MOTOR RESPONSE	Obeys Command	5	5	RESPIR-ATORY RATE	10 - 29 / Min	4	4
	Localizes Pain	5	5		29 / Min	3	3
	Withdraws to Pain	4	4		6 - 9 / Min	2	2
	Flexes to Pain	3	3		1 - 5 / Min	1	1
	Extends to Pain	2	2		None	0	0
	None	1	1				
	GLASCOW COMA TOTAL				TOTAL REVISED TRAUMA SCORE		
	Paralytic Agents On Board?	Y / N	Y / N				
	Suspected Substance Abuse?	Y / N	Y / N				

PART OF THE MEDICAL RECORD

E

EXPOSE PATIENT

☐ COMPLETELY ☐ HEAD TO TOE

F

FAHRENHEIT

☐ BLANKETS ☐ WARMING LIGHTS

G

GET FULL SET (vs.) TIME

BP R ARM _____ BP L ARM _____ HEART RATE _____ RATE _____

ORAL/RECTAL TEMPERATURE _____

MONITOR PRINTOUT OF BP+HR: _____

☐ Separate SHEET

OPEN CARDIAC MASSAGE

CODE BLUE SHEETS

INTERNAL DEFIB

CRIC

	TIME BY		INITIAL OUTPUT
ELECTROCARDIOGRAM / 12 LEAD			
PERITONEAL LAVAGE			
CHEST TUBE #1 SITE: SIZE:			
CHEST TUBE #2 SITE: SIZE:			
FOLEY SIZE			
NG TUBE SIZE			

MONITOR STRIP

H

HEAD TO TOE

BLEEDING

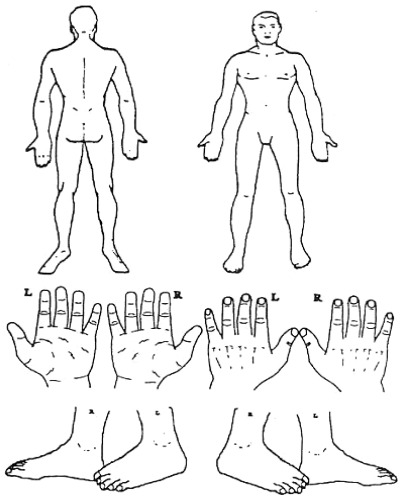
CSF -

EARS

NOSE

☐ NEEDLE DECOMPRESSION ☐ LARGE BORE IV
☐ PERICARDIOCENTESIS ☐ LARGE BORE IV
☐ NORMAL / INTACT SKIN ☐ CENTRAL LINE
☐ GAUGE: _____

A= ABRASION L= LACERATION
B= BURN M= AMPUTATING
C= CLOSED/SUSPECTED FRACTURE O= OPEN FRACTURE
P= PAIN
D= DEFORMITY S= STABWOUND
E= ECCHYMOSIS V= AVULSION
G= GUNSHOT WOUND Z= OTHER: _____



ABDOMEN: ☐ VOMITING ☐ DISTENDED ☐ BOWEL SOUNDS
☐ NON-TENDER ☐ TENDER ☐ SOFT ☐ FIRM

PELVIS: ☐ STABL STOOL GUAIC:_____ RECTAL TONE:_____
☐ UNSTABLE TO PALPITATION ☐ PAIN TO PALPITATION

GENITOURINARY: ☐ SPONT. VOID ☐ INCONTINENT

URINE: ☐ COLORLESS ☐ YELLOW ☐ RED ☐ BROWN
☐ UPT ☐ CLOUDY ☐ NONE ☐ URINE DIP

VAGINAL BLEEDING: ☐ NO ☐ YES **PRIAPISM:** ☐ NO ☐ YES

I

INSPECT BACK

INSPECT THE BACK: ☐ TIME _____

LOG ROLL: ☐ INJURIES _____

PART OF THE MEDICAL RECORD

INTAKE						
IV# / AMT	SITE	SOLUTION	TIME UP	BY	**TIME DOWN**	**TOTAL**

OUTPUT		
	TIME / AMOUNT	**TIME / AMOUNT**
URINE:		
GASTRIC / LAVAGE:		
L CHEST:		
R CHEST:		
EMESIS:		
TOTAL:		

TOTAL INTAKE AND OUTPUT	
INTAKE:	OUTPUT:
IV:	FOLEY:
BLOOD:	GASTRIC:
ORAL:	CHEST TUBE:
OTHER:	OTHER:
OTHER:	OTHER:
TOTAL:	**TOTAL:**

MONITOR STRIP

DISPOSITION:

ADMITTED: DX:_____ ATTENDING:_____

TIME ADMIT CALLED: _____ ROOM #: _____

TIME REPORT CALLED:_____ TO:_____

TIME LEFT ED: _____ ☐ O_2 ☐ RN

BELONGINGS: _____

TRANSFERRED: TO:_____ VIA: _____

BELONGINGS: _____

TIME LEFT ED: _____ TRANSFER FORM COMPLETED:_____

DEATH: TIME OF DEATH:_____ PRONOUNCED BY: _____

TIME PMD NOTIFIED: _____ CODE BLUE SHEET COMPLETED: _____

TIME CORONER NOTIFIED: _____ SIGNED DEATH CERTIFICATE? ☐ YES ☐ NO

DONOR FORM COMPLETED: ☐ YES ☐ NO WRTC NOTIFIED: ☐ YES ☐ NO

TIME BODY MOVED: _____ ☐ CORONER ☐ MORGUE

POLICE/HOMICIDE: TIME NOTIFIED: _____ TIME RESPONDED: _____

MD SIGNATURE: _____ **PRIMARY NURSE'S SIGNATURE /**

DATE: _____ **TITLE:** _____

PART OF THE MEDICAL RECORD

NURSES NOTES

NAME:

DATE / TIME:	COMMENTS:

RN SIGNATURE / TITLE

RN SIGNATURE / TITLE

PRINT NAME

PRINT NAME

PART OF THE MEDICAL RECORD