

	rrival Date:(dd/mm/yyyy) Direct from Scene Transfer From						Arrival Time:(hhmm) Allergies					
								gies				
	Date of Incident: Same OR Type of Incident: MVC Bicycl Fire Indust				е Пмо	nm/yyyy) Ped	estrian	Time of Inciden Recreation Drowning		☐ Violence		
Care		A 1 . (C	Other:	HR		RR		0.0		GCS /4	/5 /0 /45	
<u>E</u>							SpO ₂		/5 /6 = /15			
Pre-Hospital	MVC Crash History Single Car Extricated Ejected from Car				lestraints Re Yes No Airbag De	Patient Position Driver: Passenger: Front		Reported (indicate site with V)				
		Roll Over Speed Rep	ported				☐ Rear		Other comment	:		
	А	☐ Pate	ent Drool tructed ETT	• =	Stridor [NTT [Swellin Burns	g	☐ ETT ☐ NTT Size _	NPA	□c	pine Precautions ollar Board -Situ On arrival	
	В	Rhythm Depth Quality		uate 🗆 S	☐ Irregular ☐ Deep☐ Shallow ☐ Wheezy☐ Laboured ☐ Asymmet				sted Ventilations st Tube Out Size	☐ Ri	-	
val	С	Reg	hythm/ Quality ⊔lar	Skin Co	nal W Ho notic Co	arm 🗌 D	ry oist aphoretic	Total V	ess #1 tral Venous Cath olume Admin od Given #			
Assessent on Arrival	D		nted x3	Combative Lethargic Unconscie Facial Dro Slurred Se Extreme N	ous oop	apillary G	ucose	☐ NG Total Output ☐ Foley Total Output ☐ Art Line ☐ Pelvic Binder ☐ Splints ☐ Other				
		Diabetes	al History Epilepsy alth Other:		nown 🗆 C	VA/Stroke		MI/ACS	G ☐ Cardiac	Other:		
			Medication P	e-Traum	a Room				Medication Hist	ory – From H	ome	
	Time	e (hhmm)	Medication	on	Dose	Route	Unk	nown				



Rev. 08/2015 (v7)



Time (hhmm)				Nurses Note	es			
						-	TI		
							TL		
							rrival Time (hl	•	
							irculating RN'	<u>S</u>	
							onsults		
							Oriodito		
							Char	ting RN Signa	ature
Time (hhmm)				Procedure	s			
	Intubation	Done By:		[☐ C-Spine p	recautions tal	en		
	E	ETT Size:	Ti	ip to Lip:	cm	า			
	Chest Tube	e(s): Left	☐ to –20	mmHg suctio	n 🗌 Outpı	ut:			
		Righ	t 🗌 to –20	mmHg suctio	n 🗌 Outpı	ut:			
		k Drawn By:			Ta	aken To Lab E			
	Central					☐ Triple Lun	nen 🗆 (Cordis	
		rastric Tube		gastric Tube					
	☐ Foley C					☐ To straigh	drainage	No blood at u	rinary meatus
			e and microso	copy L toxic	ology				
	Log roll								
	Rectal Don Arterial Line								
			one Pecul	ts Reported:	Positive	Pericardial	Positive	- Abdominal	
	Ulli asoc	iliu / FAST D	one nesui	is neporteu.		Abdominal			
	Pain As	sessment Co	mpleted	□ No analo	esia required				
				ED Departure					
		tion / O ₂ The		,			ation / O ₂ The	erapy	
Time (hhmm)	Medication	Dose	Route	Signature	Time (hhmm)	Medication	Dose	Route	Signature
					TTL Sig	nature			





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			Time (hhmm)							\perp			\Box								Time (hhmm)
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С	Se les	To Speech																			by swelling
0	Eyes Open	To Pain			\perp																= C
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Α	e e	Oriented			\perp											\perp					1
	Best Verbal Response	Confused							T					Т	T						Endotracheal Tul
•	> 000	Inappropria	te Words																		of Tracheostomy
S	est		ensible Sounds																		= T
С	Мщ	None	31.0.0.0													-					
Α		Obey Comr	mands						_	_	+		_			+		1			
L	e o	Localize Pa	nin																		Usually Record
E	Best Motor Response	Flexion / W	ithdrawal																		the Best Arm
_	¥ 000	Flexion to F	Pain																		Response
	Jes Jes	Extension to																			Пезропас
	m m	None																			
		BP ∨ Pei	rinheral								_										
1mr	m •		. 220			T	1					П						T	Ι	T	l _
		_ ^ Art	erial																		Temperature
		HR ●	200																		
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			180		+	+	1	\vdash	+	+	+			-+	-+	+	+	+		_	-
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		_														_					
			40																		
			20																		
5mi	m 💮	8mm																			
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	iratory Ra																				L Laboured
	perature				\top			\vdash		\top						+		1			A Asymmetrica
	en Satura	tion			+			\vdash		+	+		\neg	\dashv		+		1			N +O ========
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	lary Refill							\vdash		+				\dashv		+					D > 4 000000=
	(Pain Scal	e 0 – 10)			+	1		+		+	+	+		+		+	+				D > 4 seconds
uni	, an oca		Size		+	+		\vdash		+	+			+	-+	+	+				
_		Right	Reaction		+	+	_	\vdash	-	+	+		-	\rightarrow	+	+	+				+ Reacts
Pı	upils				+	-		\vdash		+	-	\vdash	-		-	+	+			-	- No Reaction
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		Normal Pov	Reaction		+	+	-	\vdash		+	+		+	+	_	+	+	1			
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В	M	Severe Wea			\perp	+		\vdash		\perp	-	\sqcup		_	_	\perp	\perp	1			Record Right (R)
	S	Spastic Flex	xion		\perp	_	_	\sqcup		\perp	_	\sqcup		\perp		\perp	\perp	1			and Left (L)
M		Extension						\sqcup		\perp		\sqcup					\perp				separately if ther
0		No Respon	se		\perp					\perp							\perp				is a difference
V E		Normal Pov	ver																		beween the two
M	L L	Mild Weakn			\top			\vdash		\top		\Box	\dashv	\neg		\top	+	1			sides
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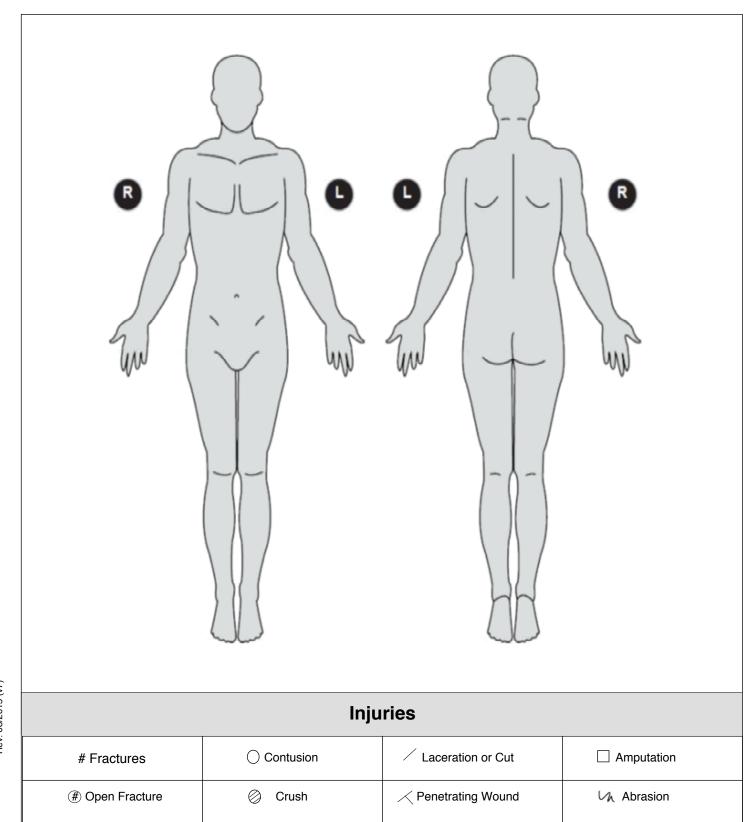




IV / IO Access														
Time (hhmm)		Site	ize		IV F		Ву							
		1												
Fluid / Blood	Pressure	Warmed	Tin (hhn											
0.9% Sodium			Hung											
Chloride			Infus	sed										
D: 1			Hur	ng										
Ringers Lactate			Infused											
Blood			Hur	ng										
(Packed Red Blood Cells)			Infus											
·			Hur	ng										
FFP			Infus											
			Hur	ng										
Platelets			Infus											
			Hur											
Medications			Infus											
		Running Totals:												
			Bloo	d Adminis										
[Transfusion Blood Dono	Order Set – ORD46, activated if applicable] Time (hhmm) Blood Donor No. or Stice								• . •			
Time (hhmm	l)		1	I IM	e (nnn	1M1 <i>)</i>	B							
	L	Sticker	<u> </u>					Sticker goes here						
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Time (hhmm)					-									
Urine														
NG/OG Tube														
Chest Tube														
Output Total														







Rev. 08/2015 (v7)



		Abue	e Screen and Res	onee – Traum	19						
Patient doe	es NOT disclose i				la						
_	 □ Patient does NOT disclose intimate partner/domestic violence at this time □ Unable to ask (Reason:) 										
☐ Patient DO	FS disclose intim	nate partner/domesti	c violence								
☐ Patient DOES disclose intimate partner/domestic violence Immediate safety concerns ☐ Yes – see Nursing Note ☐ No											
Laboratory											
Blood Gases Haematology Chemistry Radiology											
Time (hhmm)		Time(hhmm)		Time (hhmm)			Procedures	Done			
P.H.		HBG		Sodium			Chest	20.10			
PCO ₂		HCT		Potassium			Pelvis				
PO ₂		WBC		Chloride			C-Spine				
Bicarbonate		Platelets		Bicarbonate							
Base Excess		P.T.		Urea							
		P.T.T.		Creatinine							
		Fami	ily / Next of Kir	Information	n						
			er:		_	_	otified				
Name:		Numb	er:			□ No	otified				
Police attemp	pting to locate far	mily Ti	me (hhmm):								
Preliminary Lis	st of Injuries / Id	entified Issues:									
		oney and Valuables									
Transferred to	OR ICU	☐ Ward ☐ Home	1								
□Те	ertiary Care / Trau	uma Centre (specify)):	Crit	tiCall Contact	ed at		_ (hhmm)			
Acce	epting Physician:				ccepting Unit	:					
Report Given T	o:		Com	ment:							



World Health Organization (WHO) Trauma Checklist – Prior to ED Departure

	Date:	(dd/mn	n/yyyy)	Time:	(hhmm)
1.	Is airway secure or do you	anticipate further airv	vay intervention?	☐Yes	☐ No, and plan discussed with team
2.	Is the patient's GCS 8 or b	elow?		□No	\square Yes, and patient intubated
3.	Has chest x-ray been revi	ewed and hemo/pneu	mothorax ruled out?	☐Yes	
4.	Is the pulse oximeter on th	e patient and function	ing?	Yes	
5.	Has the pelvic x-ray been	reviewed to rule out a	pelvic fracture and pelvic bir	nder consider Yes	red? No (not indicated for penetrating injury)
6.	Has appropriate IV access	been obtained and flu	Yes		
7.	Has an arterial or venous b	plood gas been perfor	med?	☐Yes	
8.	Is the patient in shock (bas If yes, has the surgeon bee Has blood been ordered a	en notified?	6 or persistent tachycardia o	r hypotension Yes Yes	n)?
9.	Have you assessed for into	ernal bleeding with:	Clinical exam	(eg. abd GSV	V)
10.	Have you checked for ope	n wounds and control	ed external bleeding includin	g from scalp,	back, perineum?
11.	Have you checked neurov	ascular status of all fo	ur (4) limbs?	☐ Yes	
12.	Has temperature been rec	orded and hypothermi	a excluded (temperature less		Isius)? and action taken if needed
13.	Have analgesics, antibiotic	s, and tetanus been o	considered?	☐ Yes	
14.	Plan for Patient Disposition Patient to be transferre Patient to be operated of Further investigation re	d out of hospital on in hospital	If yes, has CritiCall been r If yes, has the operating r		☐ Yes ☐ No otified ☐ Yes ☐ No
15.	Have the necessary agent	s been prepared for tr	ansport?	□Narco	tics Anxiolytics Paralytics
16.	Has the necessary patient	documentation been	prepared for transport?	Patien	nt Record \square Diagnostics burned to disc
17.	Does any member of the troom?	auma team have any	issues or concerns that have	e not been ad	dressed prior to departure from trauma
	Nurse – Prin	ted Name		Nurse Signa	ature / Status
	Physician – F	Printed Name		Physicia	n Signature



Chart Copy - Do Not Destroy

Rev. 06/2015 (v4)