



# South Dakota Regional Trauma Performance Improvement

## Case Review Abstract Form 2

05/2023

INSTRUCTIONS: Type or print clearly. To be completed by Regional and Area Trauma Hospitals.

\*Information Pertinent to your Facility Only\*

Complete and return to [Bailey Zueber](#), Trauma Consultant or [Jamie Zilverberg](#), State Trauma Program Manager.

Tertiary Facility:

Referring Facility:

Patient Name:

Patient Gender:

Patient Age:

Transfer Team Request Time:  
FORMAT - HH:MM

Transfer Team Arrival Time:  
FORMAT - HH:MM

Arrival to Hospital Departure Time:  
FORMAT - HH:MM

Mode of transport to your facility: ALS Ground BLS Ground Air POV Other  
Procedures completed by Ground Ambulance or Flight Team (ex. O2, Intubation, IV, etc.)

Your ED Arrival Date:  
EX: MM/DD/YYYY

Your ED Arrival Time:  
FORMAT - HH:MM

ED Length of Stay:

PHYSIOLOGICAL ABSOLUTES		ANATOMIC ABSOLUTES	
<b>Airway:</b> All Ages	Airway obstruction and/or respiratory compromise requiring use of advanced airway.	Penetrating injury to chest, abdomen, head, neck Limb paralysis (associated with trauma)	
<b>Breathing:</b> All Ages	RR < 10 or > 29	Flail Chest	
<b>Circulation:</b> Neonate (0-28 days)	SBP ≤ 60 HR ≥ 180	Amputation proximal to wrist or ankle or need for arterial bleed tourniquet use	
Infant (1-12 months)	SBP ≤ 70 HR > 170	Burns > 20% BSA (partial or full thickness) and/or airway compromise	
2-5 years	SBP ≤ 75 HR > 150	2 or more long bone fractures	
6-10 years of age	SBP ≤ 85 HR > 135		
<b>Disability:</b> All Ages	GCS < 10		
<p>*Normal SBP in children age 1-10 years = 70 + (2 X age in years) *The Pediatric Assessment Triangle should be the basis for all pediatric emergencies</p>			

Did the patient meet Physiological and/or Anatomical Absolute Criteria?	Yes	No			
Facility Defined Criteria					
Was the Trauma Team activated?	Yes	No	Who activated the Trauma Team?	EMS	Hospital Staff
ED provider arrival time in minutes:			Surgeon arrival time in minutes:		

Pre-Hospital Vital Signs	Initial ED Vital Signs	Additional Vital Signs	Vital Signs Comments:
Temp	Temp	Temp	
Pulse	Pulse	Pulse	
Resp	Resp	Resp	
BP	BP	BP	
GCS	GCS	GCS	Total Inputs: (mL)
O2 Sat	O2 Sat	O2 Sat	Total outputs: (mL)

If applicable, which warming measures were taken in the care of this patient.

Mechanical Warmer (Bair Hugger) Warmed IV Fluids Warm Blankets Increasing ER Bay Temperature

Other Measures

# Trauma Assessment

Airway ET    Yes    No    N/A    ET Time:  
format - HH:MM

Breathing

Circulation

Disability

Co-Morbidities

ISS                      Traumatic  
                                 Injuries

Abnormal Lab Findings  
Pertinent to Trauma:

Portable Chest X-Ray  
Time:  
HH:MM

Portable Pelvic X-Ray  
Time:  
HH:MM

FAST  
Time:  
HH:MM

Backboard removal time  
in minutes:

CT of Head Performed  
With Contrast  
Without Contrast  
Time:  
HH:MM

CT of Neck Performed  
With Contrast  
Without Contrast  
Time:  
HH:MM

CT of Chest Performed  
With Contrast  
Without Contrast  
Time:  
HH:MM

CT of Abd. Performed  
With Contrast  
Without Contrast  
Time:  
HH:MM

CT of Pelvis Performed  
With Contrast  
Without Contrast  
Time:  
HH:MM

Procedures completed in the ED (ex. O2, Intubation, Chest Tube, X-Rays, etc.) \*\*With Times

**Patient Emergency Room Disposition**

format - m/d/yyyy h:MM:tt

Patient Died

Date/Time

Patient Discharged Home from ER

Date/Time

Patient Discharged to Tertiary Center

Date/Time

Facility:

Patient Admitted to your facility

Date/Time

LOS:

Mode of transport to your Tertiary Center:    ALS Ground    BLS Ground    Air    POV    Other

To Operating Room                                      Date/Time

LOS:

Patient Admitted to your facility                      ICU LOS                                      Hospital LOS:

If Admission-Date of Hospital Discharge                                      If Admission-Time of Hospital Discharge

Rehab    Other:

# Performance Improvement Findings/Requested Action Items

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## Section To be completed by Facility

A Primary PI review was conducted on this case  
A Secondary PI review was conducted on this case  
A Multidisciplinary review was conducted on this case

### Facility Findings

### PI Indicators

EMS Scene Time > 20 minutes  
Backboard Removal > 20 minutes  
Trauma Activation Criteria Met--Team not activated  
Provider at Patients side > 30 minutes  
CT performed after decision to transfer had been made  
CT Chest without portable X-Ray  
CT Chest/Abdomen/Pelvis without contrast  
CT scan done on pediatric case </= 16 years

Decision to Transfer > 15 minutes  
Decision to Transfer > 15 minutes and Tx protocol *NOT* followed  
GCS </= and NOT intubated  
Hypothermic (<97 degrees) without warming measures  
Hemo/pneumo diagnosed and chest tube NOT placed  
> 2 L crystalloid given before blood products started  
I and O documentation missing  
Death-Autopsy not required

Other:

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## Regional Performance Improvement Review Findings:

No action required:

Trend:

Guideline or Protocol:

Education:

CAH-Multidisciplinary Review:

Tertiary Hospital-M&M Review:

Additional Review: