



# South Dakota Regional Trauma Performance Improvement

## Case Review Abstract Form 1

07/2023

INSTRUCTIONS: Type or print clearly. To be completed by Community Trauma and Trauma Receiving Hospitals.

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

Facility:	Trauma Registry #:	Injury Date: ex: MM/DD/YYYY	Injury Time: FORMAT - HH:MM
Pt. Name:	Patient Age:	Patient Gender:	EMS Dispatch Time: FORMAT - HH:MM
Scene Time: (minutes)	Scene Delay: (reason)	ED length of stay: FORMAT - HH:MM	
ED Arrival Date: ex: MM/DD/YYYY	ED Arrival Time: FORMAT - HH:MM		
Mechanism of Injury: (Be Specific)			
Mode of transport to your facility:	ALS Ground	BLS Ground	Air
			POV
			Other
Procedures completed by EMS (ex.O2, Spolingting, Intubation, IV, etc.)			

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	
<b>Breathing:</b> All Ages	RR < 10 or > 29	Limb paralysis (associated with trauma)	
<b>Circulation:</b> Neonate (0-28 days)	SBP ≤ 60    HR ≥ 180	Flail Chest	
Infant (1-12 months)	SBP ≤ 70    HR > 170	Amputation proximal to wrist or ankle or need for arterial bleed tourniquet use	
2-5 years	SBP ≤ 75    HR > 150	Burns > 20% BSA (partial or full thickness) and/or airway compromise	
6-10 years of age	SBP ≤ 85    HR > 135	2 or more long bone fractures	
<b>Disability:</b> All Ages	GCS < 10		
<small>*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</small>			

Was e-Emergency/tele-medicine utilized?	Yes	No	Time e-Emergency/tele-medicine called: format - HH:MM
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Provider arrival time to patients side, <u>in minutes</u> :	Surgeon arrival time to patients side <u>in minutes</u> , if applicable:	Transfer initiated time: format - HH:MM
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Pre-Hospital Vital Signs	Initial ED Vital Signs	Additional Vital Signs	Vital Signs Comments:
Time:	Time:		
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)

# 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

Procedures completed in the ER by transport team, prior to departure (ex. O2, Intubation, Chest Tube, X-Rays, etc.) \*\*With Times

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

Patient Disposition from your ER

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:

# 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: