**PATIENT LABEL**

**TRAUMA RECORD**

<table>
<thead>
<tr>
<th>Trauma Code/ Alert Activated</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Whom? EMS</td>
<td>Hospital Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician: Time Notified</td>
<td>Arrival Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeon: Time Notified</td>
<td>Arrival Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab: Time Notified</td>
<td>Arrival Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Ray: Time Notified</td>
<td>Arrival Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: Time Notified</td>
<td>Arrival Time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IDENTIFYING INFORMATION**

Date: ____________ Arrival Time: ____________

Arrived By:
- EMS
- POV
- W/C
- Ambulatory
- Law Enforcement

Age: ________ DOB: ______________

Allergies: _______________________________

Medications: _______________________________

Comorbidities: _______________________________

Last Tetanus Vaccination: __________

Last Food/Drink Intake: __________

Treatment in Progress On Arrival: _______________________________

Other: _______________________________

**PREHOSPITAL SUMMARY**

Time of Injury: __________ Injury Date __________

LOC: Yes | No | Unwitnessed

Mechanism of Injury
- MVC – Speed: __________
- Rollover
- Ejection from vehicle
- Death in same passenger compartment
- Intrusion into passenger compartment
- ATV/Snowmobile
- Auto – Pedestrian
  - Description of Event: __________
- Auto – Bicycle
- Pedestrian thrown or run over
- Motorcycle Crash
- Fall – Feet: __________
- Extrication > 20 min
- Other: __________

Protective Devices
- None
- Seatbelt
- Airbag
- Helmet
- Carseat
- Other: __________

**PRIMARY ASSESSMENT**

**AIRWAY**

- Clear
- Obstructed
- Partially Obstructed

Procedures:
- Suction
- Intubation
- ETT
- NTT Size: ________

Time: ________ RSI: Yes | No | End Tidal CO2

- Oral Airway
- Nasal Airway
- Combitube

- LMA
- Other

C-Spine Protection: EMS | Hospital

- C-Collar
- Backboard
- Other

**BREATHING**

- Normal
- Labored
- Apneic
- Clear

Breath Sounds:
- Equal
- Decreased
- R | L | Both
- Absent
- Sub Q Air
- Other

Procedures:
- Oxygen
- NC
- BVM
- NRBM L: ________

- Chest Tube: R | L | Both Size: ________

- Needle Decompression: R | L | Both

**CIRCULATION**

- Pulse Present
- Absent
- CPR in progress
- Uncontrolled Bleeding
- Cardiac Rhythm

Skin:
- Warm
- Cool
- Dry
- Moist
- Pale
- Flushed
- Mottled
- Normal
- Cyanotic

Procedures:
- IV X: ________
- Fluids: ________
- Rate: ________
- Direct Pressure

**DISABILITY**

- Alert
- Oriented X: ________

- Responds to Verbal

- Responds to Pain

- Unresponsive

- Pupils: L: ________ R: ________

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## VITAL SIGNS

<table>
<thead>
<tr>
<th>Time</th>
<th>BP</th>
<th>P</th>
<th>R</th>
<th>TEMP</th>
<th>02 SAT</th>
<th>GCS TOTAL</th>
<th>Pupil (L)</th>
<th>Pupil (R)</th>
<th>Pain Scale</th>
</tr>
</thead>
</table>

## GLASGOW COMA SCALE

### TIME

<table>
<thead>
<tr>
<th>Eye Opening</th>
<th>Start</th>
<th>Size/Site</th>
<th>IV Fluids/Blood Products/Medications</th>
<th>Rate</th>
<th>Dose/Route</th>
<th>Stop Time</th>
<th>Total Infused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Spontaneously</td>
<td>4</td>
<td>4</td>
<td></td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open to Voice</td>
<td>3</td>
<td>3</td>
<td></td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open to Pain</td>
<td>2</td>
<td>2</td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Verbal Response (Pediatric)

| Oriented (coos, babbles) | 5 | 5 | 5 |
| Confused Speech (irritable, cries) | 4 | 4 | 4 |
| Inappropriate Speech (cries to pain) | 3 | 3 | 3 |
| Incomprehensible Words (moans to pain) | 2 | 2 | 2 |
| No Response | 1 | 1 | 1 |

### Motor Response (Pediatric)

| Obey Command (spontaneous) | 6 | 6 | 6 |
| Localized Pain (withdraws to touch) | 5 | 5 | 5 |
| Withdraws from Pain | 4 | 4 | 4 |
| Inappropriate Flexion (abnormal) | 3 | 3 | 3 |
| Inappropriate Extension (abnormal) | 2 | 2 | 2 |
| No Response | 1 | 1 | 1 |

## OUTPUT

<table>
<thead>
<tr>
<th>Time</th>
<th>NG/OG</th>
<th>Chest Tube</th>
<th>Emesis</th>
<th>EBL</th>
<th>Other</th>
</tr>
</thead>
</table>

## PROCEDURES

- Warm Blankets
- Hypothermia Blanket
- Warm Fluids
- Rm Temp Increased
- Cardiac Monitor
- Direct Pressure
- Needle Decompr
- C-Spine Cleared
- Other

## DIAGNOSTICS

- Time Ordered | Time Done
  - C-Spine X-ray
  - Chest X-ray
  - Pelvis X-ray
  - Other X-ray
  - CT Head
  - CT C-Spine
  - CT Chest
  - CT Abdomen
  - CT Pelvis
  - Other CT

## LABS

- CBC
- UA
- Panel 7
- PT/PTT
- ABG
- Tox
- Blood Alcohol
- Type & Cross
- Other

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SECONDARY ASSESSMENT

HEAD:  
☐ No Evident Trauma  
☐ Evident Trauma: ____________________________

NECK:  
☐ No Evident Trauma  
☐ Spinal Immobilization  
☐ Tracheal Deviation  
☐ Evident Trauma: ____________________________

THORAX:  
☐ No Evident Trauma  
☐ Paradoxical Movements  
☐ Retracting  
☐ Evident Trauma: ____________________________

☐ Seatbelt Marking  

☐ Breath Sounds: ____________________________

ABDOMEN:  
☐ No Evident Trauma  
☐ Distended  
☐ Rigid  
☐ Tender  
☐ Soft  
☐ Evident Trauma: ____________________________

☐ Bowel Sounds:  
☐ Present  
☐ Absent

PERINEUM/PELVIS:  
☐ No Evident Trauma  
☐ Evident Trauma: ____________________________

Blood At Meatus  
☐ Y  
☐ N

EXTREMITIES:  
☐ No Evident Trauma  
☐ Moves All Extremities X4  
☐ Evident Trauma: ____________________________

Exception: ____________________________

☐ Distal Pulses/Cap Refill: ____________________________

☐ Evident Trauma: ____________________________

SPINAL/BACK:  
☐ No Evident Trauma  
☐ Evident Trauma: ____________________________

ONGOING ASSESSMENT AND PLAN

PATIENT DISPOSITION

TRANSFER  
Accepting Facility ____________________________

Accepting MD ____________________________

Mode:  
☐ ALS  
☐ BLS  
☐ AIR  
☐ POV

Time Initiated: ____________________________

Discharge Time: ____________________________

Items Sent  
☐ Records/Trauma Flowsheet  
☐ Labs  
☐ X-Rays/CR Scans and Reports  
☐ Prehospital Records  
☐ Other ____________________________

ADMIT  
Date: ____________________________

Time: ____________________________

Room #: ____________________________

Adm. MD: ____________________________

DEATH  
Date: ____________________________

Time: ____________________________

DOA  
☐ Y  
☐ N

Pronounced By: ____________________________

Coroner Notified:  
☐ Y  
☐ N

DISCHARGE  
Date: ____________________________

Time: ____________________________

Follow-up With: ____________________________

D/C Instructions Given  
☐ Y  
☐ N

Accompanied By: ____________________________

D/C To: ____________________________

MISCELLANEOUS  
Police Notified:  
☐ Y  
☐ N  
☐ NA

Family Notified:  
☐ Y  
☐ N

Belongings Released To: ____________________________