Emergency Services Trauma Flow Sheet

Example

Hospital Logo

Patient Sticker

Date: _____ Patient Arrival Time: _____

❑ N/A Pre-Hospital Treatment

❑ Transporting Ambulance_____

❑ O2 @ _____L/min/
❑ NC ❑ NRB ❑ Ambu

❑ Airway
❑ Oral ❑ Nasal ❑ Other
❑ ET tube # _____ @ _____cm

❑ CPR started @ (time)_____

❑ IV: Needle size_____
❑ LR ❑ _____

❑ Medications _____
_____

❑ C-Collar on: Yes____ No ____
_____
_____

❑ Backboard
❑ Long ❑ Short ❑ Ked
❑ Scoop

❑ Bilateral Head Supports
❑ Splint on _____
❑ Ice on _____
❑ Dressing _____
❑ Other _____

Date of Injury: _____ Time of Injury: _____ Pre-hospital trauma team alert notification:
❑ Yes ❑ No

Hospital Trauma Team Activation Yes____ No____ Time of Trauma Team Activation: _____

Trauma Team Members		
Team members notified:	Time Called	Time Arrived
❑ Nurses x _____		
❑ Physician / CNP / PA		
❑ Lab		
❑ X-ray		
❑ Other _____		

Type of Vehicle

❑ Car ❑ Pedestrian
❑ Truck ❑ ATV
❑ Motorcycle ❑ Boat
❑ Bicycle
❑ Other_____

Mechanism of Injury

❑ Speed of vehicle _____ MPH
❑ Number of vehicles
1 2 3 >3
❑ Steering wheel deformity
❑ Starred windshield
❑ Rollover
❑ Ejected
❑ Rearend
❑T-Bone
❑ Head on

Restraint Devices

❑ Lap belt ❑ Airbag deployed
❑ Shoulder belt ❑ Helmet
❑ Car seat ❑ Unrestrained

Fall	Penetrating	Blunt	Thermal	Other
❑ Fell from: _____	❑ GSW _____	❑ Assault _____	❑ Burn _____	❑ Hanging _____
	❑ Stabbing _____	❑ Crush _____	❑ Heat exposure	❑ Near drowning
Height_____ ft.	❑ Other _____	❑ Other _____		
			❑ Cold exposure	❑ Animal related

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Initial Assessment

AIRWAY

❑ Patent
❑ Oral Airway
❑ Nasal Airway
❑ ET _____
❑ Trach
❑ Crico

❑ Suctioning
❑ Bag Mask
❑ O2 _____ L.
Comments
_____
_____

BREATHING

Spontaneous			Respiratory Effort	
R	L			
		Lung sounds	❑ Normal	❑ Agonal
		Clear	❑ Shallow	❑ Nasal flaring
		Rales	❑ Stridor	❑ Tachypnea
		Rhonchi/Wheezes	❑ Dyspnea	❑ Grunting
		Decreased	❑ Retracting	❑ Absent
		Absent	❑ Intercostal	❑ Paradoxical
			❑ Substernal	❑ Cough

Smoker ❑ Yes ❑ No ❑ Unk

CIRCULATION

Capillary Refill: ❑ None ❑ Delayed (> 2 sec) ❑ Normal (< 2 sec)
Pulses Present: ❑ Carotid ❑ Femoral ❑ Radial ❑ Pedal
Palpated Pulse ❑ Regular ❑ Irregular
Heart tones ❑ Audible ❑ Absent
Jugular Vein Distension ❑ No ❑ Yes
Bleeding ❑ Controlled ❑ Uncontrolled ❑ NA
Skin Color ❑ Pink ❑ Dusky
❑ Pallor ❑ Cyanotic
❑ Flushed ❑ Mottled

DISABILITY

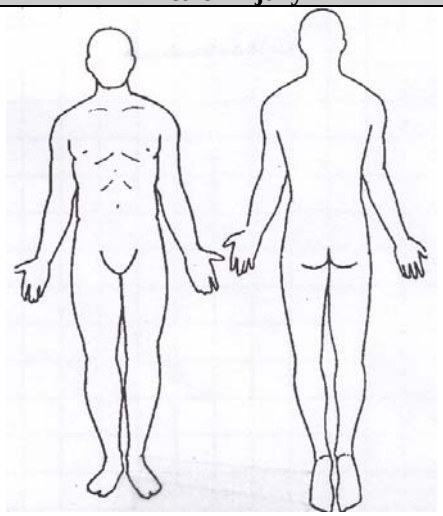
Glasgow Coma Score		Initial	Disch
Eye Opening			
Spontaneously	4		
To Speech (Shout)	3		
To Pain	2	_____	_____
No Response	1		
Verbal Response			
Oriented (Coos, Babbles)	5		
Confused (Consolable, Cry)	4		
Inappropriate Words (Persistent Cries, Screams)	3		
Incomprehensible Words (Grunts, Restless)	2		
No Responses	1	_____	_____
Motor			
Obeys (Spontaneous)	6		
Localized Pain	5		
Withdrawal to Pain	4		
Flexion to Pain (Decorticate)	3		
Extension to Pain	2		
No Response to Pain	1	_____	_____
Total GCS Score		_____	_____

Allergies : _____
Tetanus: _____ LMP:_____ Wt: _____

Procedures

Time	Procedure	Results
	ET Tube _____ Combitube ____	Size _____ Secured @ _____cm FiO2 _____ %
	Central Line/ IV	Size _____ Fr Site _____ Solution_____
	Warming Measures	❑ Fluids ❑ Mechanical ❑ Bair Hugger ❑ Blankets
	NG Tube	Size _____ Color_____
	Foley / Quick Cath	Size _____ Color_____
	Neck immobilization C-Collar Applied: _____ _____	CMS: Before_____ After _____
	Splinting _____ _____	Location:_____

Area of Injury



A = Abrasion	Fc = Closed Fracture	OW = Open Wound
B = Burns	Fd = Dislocation	P = Paralysis
C = Crepitus	Fo = Open Fracture	S = Edema
D = Deformity	L = Laceration	Ta = Total Amputation
E = Ecchymosis		Na = Near Amputation

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Secondary Assessment

Head/Scalp		Eyes	Mouth	Ears
❑ Intact	❑ Rash	❑ PEARL	❑ Intact	❑ No drainage
❑ Laceration	❑ Burns	❑ Raccoon eyes	❑ Teeth	❑ Drainage
❑ Abrasions	❑ Pain	❑ EOMS follows	❑ Missing teeth	❑ Right ❑ Left
❑ Bruising	❑ Battle Signs	❑ Visual Acuity OD ____/____ OS ____/____	❑ Dentures intact ❑ Comments_____	❑ Clear ❑ Clear ❑ Blood ❑ Clear

Neck		Chest		Heart Sounds
❑ Intact	❑ C-Collar	❑ Symmetrical	❑ Chest Pain	❑ Present
❑ Swelling	❑ Pain	❑ Asymmetrical	Location_____	❑ Distant
❑ Trachea midline		❑ Paradoxical movement	Time of onset _____	❑ Absent
❑ Trachea deviated		Location _____	Activity @ onset _____	
❑ Sub-q emphysema		❑ Crepitus	❑ Flail chest	
❑ Difficulty swallowing		Location_____	❑ Other _____	

Abdomen / Pelvis / GU

Abdomen			Bowel Sounds	Pelvis
❑ Soft	❑ Distended	❑ Last Intake:	❑ Present	❑ Intact
❑ Nontender	❑ Rigid	Food _____	❑ Absent	❑ Pain _____
❑ Tender		Liquid _____	❑ Hyperactive	_____
❑ Comments: _____			❑ Hypoactive	❑ Blood at meatus _____
				❑ Blood at rectum _____
				❑ Instability _____

Posterior	Extremities
❑ Intact	❑ Intact
❑ Deformity	❑ Fracture
❑ Pain	❑ Pain
❑ Comments _____	❑ Deformity
_____	❑ Comments _____
_____	_____
_____	_____

Time	Temp	P	R	BP	SaO2	O2 L/min	Pupil Reaction (S-slow, B-brisk, F-fixed, C-closed by swelling; U-unequal, D-dilated, = - Equal)		Pain Scale 0-10 Pain		Comments
									Scale	Type	
				/			Right	Left			
				/							
				/							
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Medications Given

Medication	Dose	Route	Time Given	Initials

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Example

Input				Output			
Source	**Prior to Arrival**	**ED**	**Total**	**Source**	**Prior to Arrival**	**ED**	**Total**
IV Fluids				Urine			
				Emesis			
				Chest Tube			
				Other			
Blood							
Fresh Frozen Plasma							

Personal Belongings
❑ Clothes
❑ Purse
❑ Wallet
❑ Jewelry _____
❑ Given to:
Name _____
Relationship _____
Nursing Staff _____

Nurse Notes: _____

RN Signature: _____