

Primary PIPS Review - Trauma Program Manager

Name:		MR#:	
Acct #:		Admit Date:	

System Related
<input type="radio"/> Trauma related death <input type="radio"/> Transfer <input type="radio"/> Requested review <input type="radio"/> Other:

Patient Care Related
<input type="radio"/> Delay in diagnosis of injury <input type="radio"/> Missed diagnosis of injury <input type="radio"/> Requested review <input type="radio"/> Other:

Notes/Issues:

Conclusion	Action	Date Complete
<input type="radio"/> No system or patient care	None	
<input type="radio"/> Trend/Track	TPM add to trend database	
<input type="radio"/> Trauma Medical Director	Submit chart to TMD for review	
<input type="radio"/> Other:		

Signature: _____ Date: _____

Trauma Program Manager